

How to Access and Use the Rabies AHLTA Template/ AIM Form

Preventive Medicine Data: 40-5e

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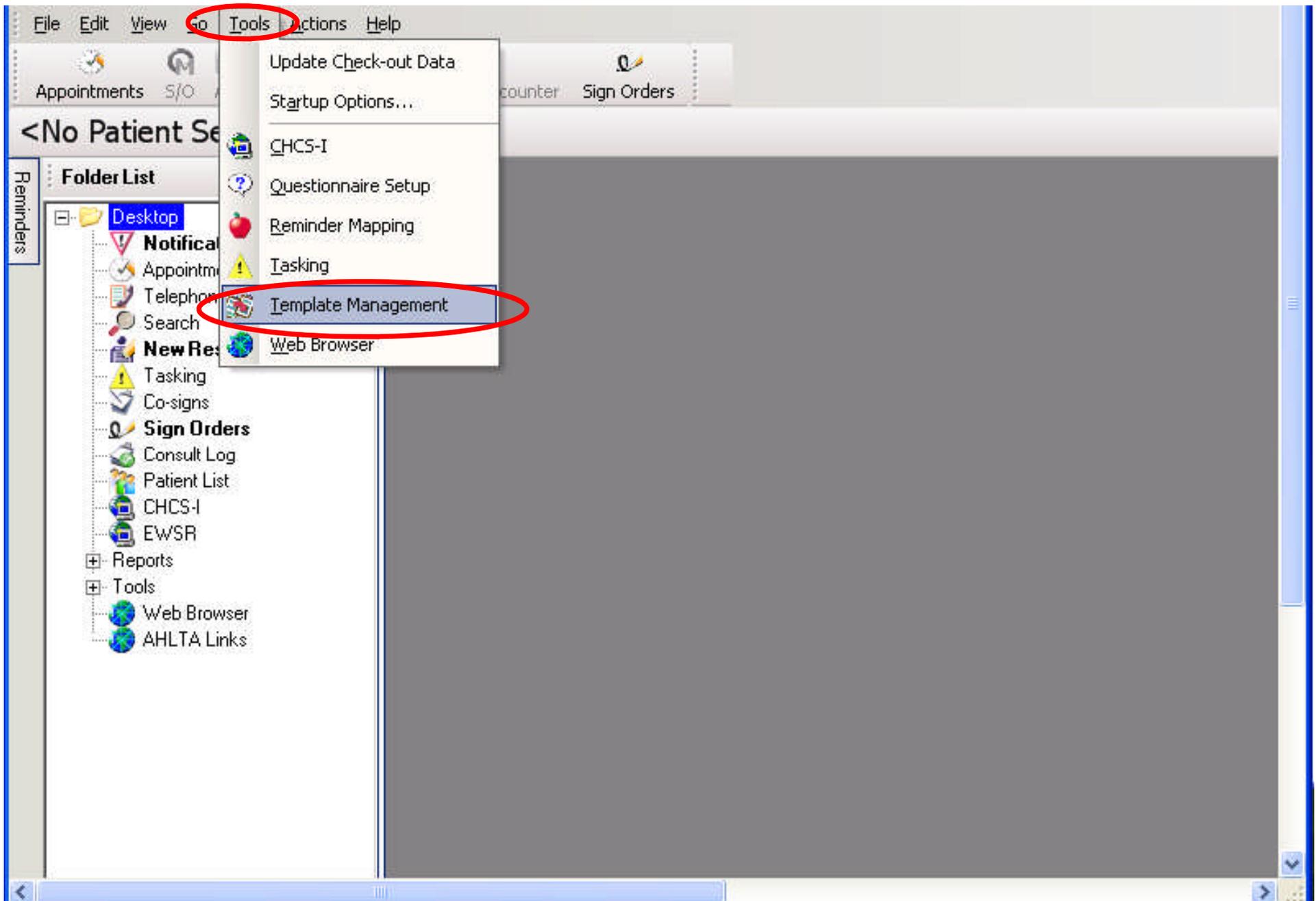
October 2011

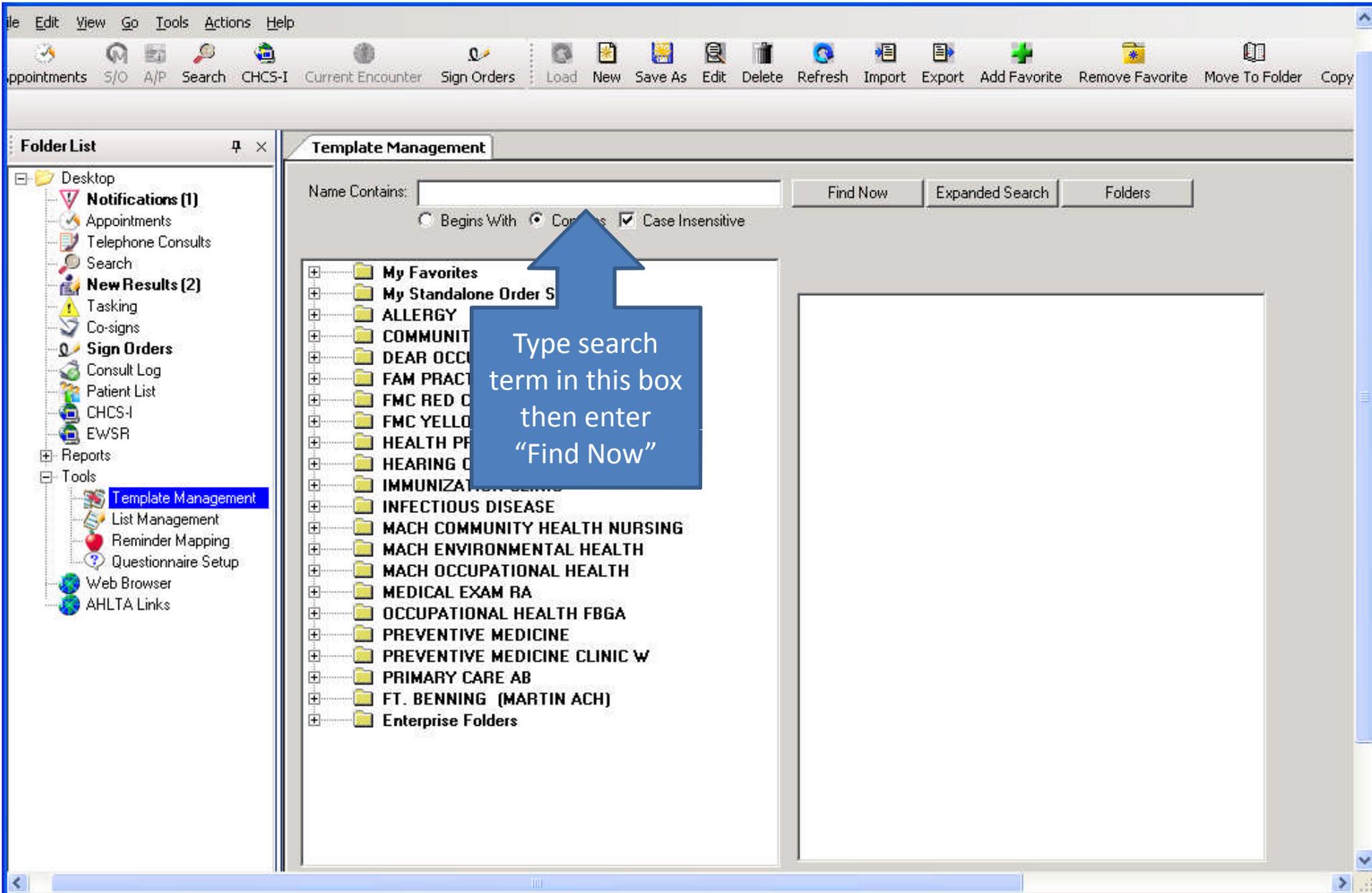


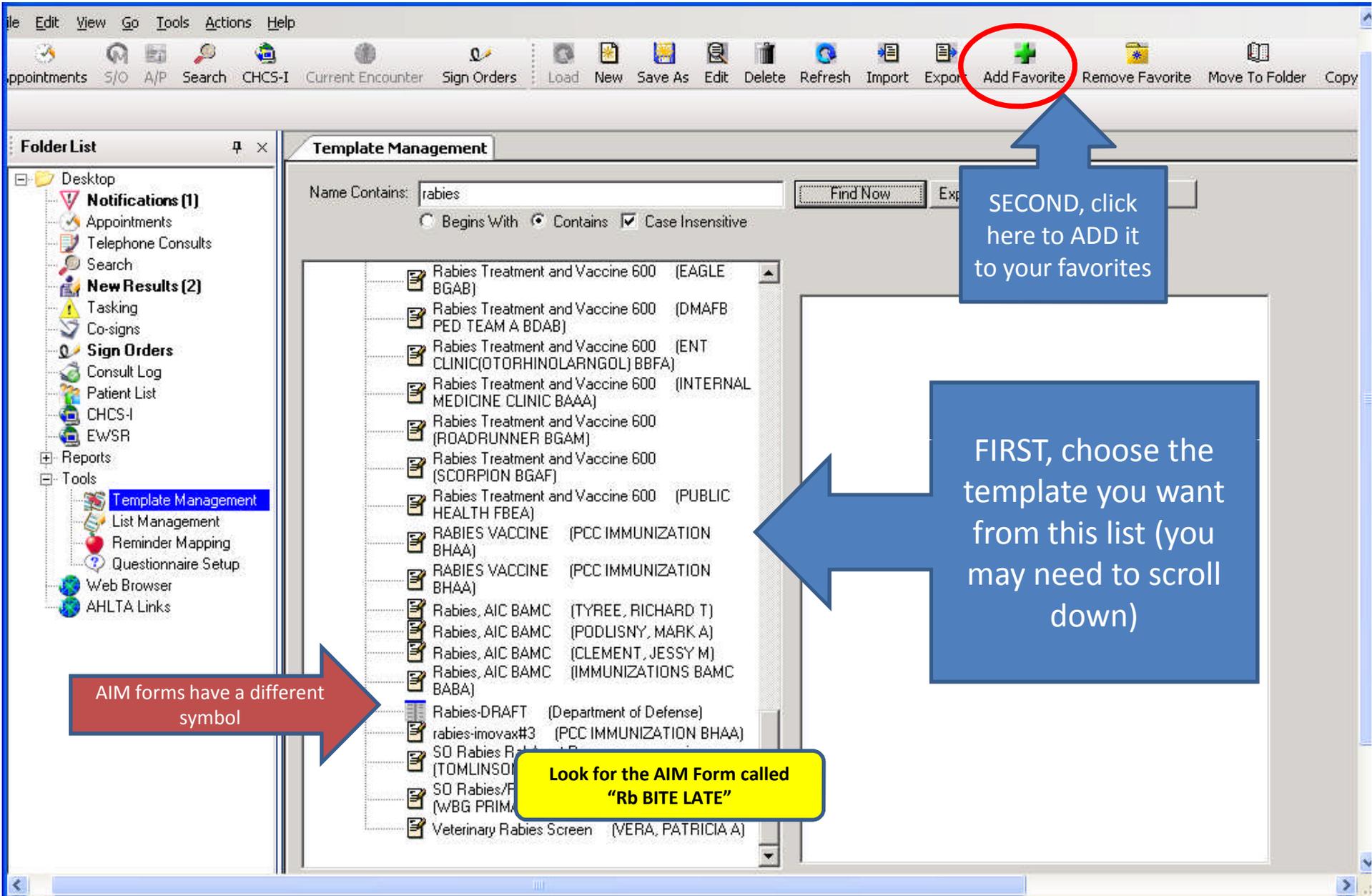
How to Access and Use the Rabies AHLTA Template /AIM Form

How to Use the AIM Form

- The template is an AIM form built from the questionnaire in the provider's packet.
 - Meant for evaluation of persons presenting with a rabies risk exposure after delay.
 - Can be used with either regular appointment templates or with t-cons.
 - See screenshots in following slides
- Go to "tool" menu and choose "template management." Enter the search term "Rb_BITE_LATE." Scroll down through the templates that are returned until you find "Rb_BITE_LATE." Click on the template name, then click on "ADD to favorites." This will add it to your list of templates. DO NOT save to favorites or you will not access the most current version.
- Now open the patient encounter you wish to use this template with. Open the S/O portion of the encounter. From the template drop-down list in the encounter, select the name of this template.
- Now you should see the AIM form. There are tabs across the top of the template form. The first three tabs are the questionnaire; the other two tabs include reference information and links to resources.
- Record the patient's responses as you go through the interview. To see what the note looks like at any point, click on the "Note View" button in the upper right corner. Click on "Form View" to return to the questionnaire.
- The AIM form can be used for the S/O and another template for the A/P.







**Now open a patient encounter or
telecon.....**

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Template Management | Current Encounter | S/O

Entry details for current selection:

History

Duration (numeric) Ons
Value Unit

Click here for a drop-down list and choose the AIM form template

Templates (History)

HP	PMH	ROS	PE	Tests	Browse	Item
<input type="checkbox"/>	history					
<input type="checkbox"/>	Past me					
<input type="checkbox"/>	Reported medical history					
<input type="checkbox"/>	Previous hospitalizations					
<input type="checkbox"/>	A previous emergency room visit					
<input type="checkbox"/>	A breast self-exam was performed					
<input type="checkbox"/>	Wearing contact lenses					
<input type="checkbox"/>	A history of cancer					
<input type="checkbox"/>	Allergy Free Text:					
<input type="checkbox"/>	Surgical / procedural history					
<input type="checkbox"/>	Medication history					
<input type="checkbox"/>	Taking medication					
<input type="checkbox"/>	Taking dietary supplements					
<input type="checkbox"/>	Taking vitamin supplements					
<input type="checkbox"/>	Taking OTC medications					
<input type="checkbox"/>	Medication noncompliance					
<input type="checkbox"/>	Prior tests were performed					
<input type="checkbox"/>	A Pap smear was performed					
<input type="checkbox"/>	A positive Pap smear					
<input type="checkbox"/>	Exposure to venereal disease					
<input type="checkbox"/>	Illness from NBC event					
<input type="checkbox"/>	Pregnancy history					
<input type="checkbox"/>	Pregnant weeks based on LMP					
<input type="checkbox"/>	Previous term delivery(s)					
<input type="checkbox"/>	Previous premature deliver(s)					

Add to Default Template

Appointments Previous Encounters Current Encounter **S/O**

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Personal Information

Personal Information
MOS:
Unit:
Email:
Cell Phone:
Work Phone:
Other Phone:

Tabs at top of page have all information, including access to references

Country where exposure occurred

Country where exposure occurred
 Afghanistan
 Iraq
 Horn of Africa
 Other (specify):

Provider simply types in an X to indicate pt responses

Type of animal

Type of animal
 Dog
 Cat
 Other (specify):

Yes No Unknown US/NATO Military Working Dog
 Yes No Unknown Feral (Stray) Animal
 Yes No Unknown Unit Mascot
 Yes No Unknown Individual Pet

Exposure Incidents

How many separate possible rabies exposure incidents (animal bite, scratch, saliva exposure) have you had during a deployment or other international travel since 1 March 2010?

One
 Two
 Three
 Other:

Exposure ____ of ____ total exposures since 1 Mar 2010

Date of exposure:

Type of Exposure

Type of exposure (check all that apply)
 Bite
 Scratch
 Animal saliva in eye, nose, mouth or broken skin
 Other (specify):

Vaccination status of animal

Vaccination status of animal
 Current (US/NATO Military Working Dog)
 Unknown

Location of exposure

Location of Exposure
 On the FOB
 On patrol
 Other (specify):

Describe how the exposure happened

Description of Event

To the best of my knowledge, all questions from the questionnaire are included in this AIM form. Only some demographic info was deleted because it is already available in the encounter. If you don't see some questions, it's possible the scroll down area wasn't captured in these screen shots.

Disposition of animal (check all that apply)

Disposition of animal

- Animal quarantine and observed for 10 days
- Animal euthanized but samples not submitted for rabies testing
- Animal euthanized and samples submitted for rabies testing at a U.S. lab
- Other (specify):

Result of rabies test if done

Result of rabies test

- Positive
- Negative
- Unknown

Who told you the rabies test results:

Animal appearance

Did the same animal appear perfectly health 10 or more days after the exposure?

- Yes, I saw the same animal and it appeared perfectly healthy
- I did not see the animal 10 or more days after the exposure
- Other (specify):

Appointments | Previous Encounters | Current Encounter | **S/O**

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Injury description

Describe the injury/injuries (bite, scratch) and the location(s) on your body:

Free text fields allow provider to type in pt responses

<input checked="" type="checkbox"/> Did the bite or scratch break the skin	<input checked="" type="checkbox"/> Did you bleed from the bite or scratch
Did the bite or scratch break the skin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	Did you bleed from the bite or scratch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A

Did you see a medical care provider for this exposure

Did you see a medical care provider for this exposure?
 Yes
 No
 Don't know

If answered YES on the above question, then answer the following:

<input checked="" type="checkbox"/> Location where treatment was provided (name of FOB, etc.):	<input checked="" type="checkbox"/> Type of medical provider
<input checked="" type="checkbox"/> Name of Provider:	Type of medical provider: <input type="checkbox"/> Physician <input type="checkbox"/> PA <input type="checkbox"/> Medic <input type="checkbox"/> Don't know <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Unit of Provider:	
<input checked="" type="checkbox"/> Date of treatment:	

<input checked="" type="checkbox"/> Did the provider say you needed rabies vaccination	<input checked="" type="checkbox"/> Did you have a pre-exposure rabies series
Did the provider say you needed rabies vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Did you have a pre-exposure rabies series? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

<input checked="" type="checkbox"/> Treatment provided (check all that apply)	<input checked="" type="checkbox"/> Do you have a paper copy of the treatment record
Treatment provided: <input type="checkbox"/> None <input type="checkbox"/> Wound cleaning with soap and water <input type="checkbox"/> Tetanus shot <input type="checkbox"/> Antibiotics <input type="checkbox"/> Rabies Immunoglobulin (RIG) (Day 0-7) <input type="checkbox"/> Rabies vaccine dose #1 (on Day-0) <input type="checkbox"/> Rabies vaccine dose #2 (on Day-3) <input type="checkbox"/> Rabies vaccine dose #3 (on Day-7) <input type="checkbox"/> Rabies vaccine dose #4 (on Day-14) <input type="checkbox"/> Rabies vaccine dose #5 (on Day-28) <input type="checkbox"/> Other (specify):	Do you have a paper copy of the treatment record? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<input checked="" type="checkbox"/> Was an electronic treatment record created
Was an electronic treatment record created? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Additional info

Additional information regarding the animal exposure:

Evaluation and Treatment of Potential Deployment-Related Rabies Exposures

IMPORTANT: THIS ALGORITHM SHOULD NOT BE USED TO EVALUATE ACUTE BITES OR EXPOSURES¹

Did the patient have contact DURING THE LAST 18 MONTHS with a mammal capable of spreading rabies?²

NOTE: Providers who have questions or concerns regarding application of this algorithm should contact their local Rabies Advisory Board for assistance.

YES

Did the patient sustain a bite that broke the skin, have wet animal saliva contact mucous membranes or broken skin, or have a bat in sleeping quarters?

NO → NO Rabies PEP Indicated
Document the incident and clinical assessment in AHLTA.

YES/UNSURE

Was the animal a US/NATO military working dog?

YES → NO Rabies PEP Indicated
Document the incident and assessment in AHLTA. Code exposure³ and use supplemental code E906 for dog bite

NO/UNSURE

Was the animal directly observed for 10 days following the exposure and appeared healthy at day 10?

YES → NO Rabies PEP Indicated
Document the incident and assessment in AHLTA. Code exposure³ and use supplemental E codes as appropriate.

NO/UNSURE

Is appropriate Rabies Post Exposure Prophylaxis (PEP) for this exposure documented in the medical record?⁴

YES → NO Rabies PEP Indicated
Document the incident and assessment in AHLTA. Code exposure³ and use supplemental E codes as

NO

Rabies PEP Indicated

- Administer both Human Rabies Immunoglobulin (HRIG) and rabies vaccine regardless of time since incident unless patient has previously received rabies vaccine series. HRIG should not be given more than 7 days after first vaccine dose if the patient already received some rabies vaccine.
- Document exposure incident, assessment, and treatment in AHLTA. Use appropriate wound code and supplemental E codes, as well as code V04.5.³ Document HRIG and rabies vaccines in Service immunization tracking system.

→ Rabies PEP Regimens⁵ (also see Prophylaxis Schedule)
Not previously vaccinated:
HRIG: 20 IU/kg body wt at site of wound and any remaining volume distal to rabies vaccine site
Rabies Vaccine⁶ 1ml IM days 0, 3, 7, and 14 (Also day 28 if immunosuppressed or on antimalarials)
Previous vaccine series or titer documented:
HRIG should not be used.

1. For acute bites and exposures, refer to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm> ?
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm> ?

2. Dogs, cats, bats, raccoons, skunks, ferrets, foxes, mongooses, jackals, and other medium-to-large mammals. Rats are not reservoirs of rabies virus. Small rodents (e.g., squirrels, chipmunks, rats, mice, hamsters, guinea pigs, and gerbils) and lagomorphs (including rabbits and hares) are rarely infected with rabies and have not been known to transmit rabies to humans.

3. Use codes 870.0-897.7 (wound, open) or 910-919 (superficial injury codes) with the appropriate supplemental code: E906 for dog bite or E906.5 for injuries due to monkey or other animal. Include code V04.5 for animal bite requiring rabies vaccination.

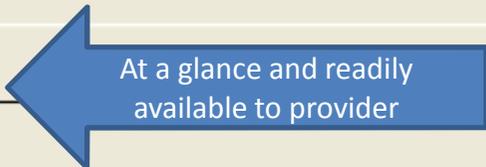
4. See protocols on Prophylaxis Schedule tab

5. If vaccine doses were missed, re-start the vaccine series.

6. Purified Chick Embryo Cell Vaccine (PCECV) should not be given to individuals with egg allergies. Human Diploid Cell Vaccine (HDCV) is safe in egg-allergic individuals.

Provider can click on link and will be taken to the web page reference

Rabies postexposure prophylaxis (PEP) schedule - United States, 2010



Vaccination status	Intervention	Regimen *
Not previously vaccinated	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent (e.g., povidine-iodine solution) should be used to irrigate the wounds
	Human rabies immune globulin (HRIG)	Administer 20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around and into the wound(s), and any remaining volume should be administered at an anatomical site (intramuscular [IM]) distant from vaccine administration. Also, HRIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of rabies virus antibody, no more than the recommended dose should be administered.
	Vaccine	Human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) 1.0 mL, IM (deltoid area ±), 1 each on days 0 §, 3, 7 and 14 ¶
Previously vaccinated **	Wound cleansing	All PEP should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
	HRIG	HRIG should not be administered.
	Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area ±), 1 each on days 0 § and 3.

* These regimens are applicable for persons in all age groups, including children.

± The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. Vaccine should never be administered in the gluteal area.

§ Day 0 is the day dose 1 of vaccine is administered.

¶ For persons with immunosuppression, rabies PEP should be administered using all 5 doses of vaccine on days 0, 3, 7, 14, and 28.

** Any person with a history of pre-exposure vaccination with HDCV, PCECV, or rabies vaccine adsorbed (RVA); prior PEP with HDCV, PCECV or RVA; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination.