



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
POSTAL SERVICE CENTER BOX 8003
CHERRY POINT, NORTH CAROLINA 28533-0003

ASO 6220.2C
NHC
5 Jan 12

AIR STATION ORDER 6220.2C

From: Commanding Officer, Marine Corps Air Station, Cherry Point

Subj: MANAGEMENT OF ANIMAL BITE INJURIES AND RABIES CONTROL

Ref: (a) CDC MMWR
(b) NAVMED INST 6220.4
(c) TRI-SERVICE REPORTABLE EVENT GUIDELINES
(d) NAVPERS 15560D

Encl: (1) Report of Animal Bite - Potential Rabies Exposure, DD Form 2341
(2) Rabies Post-Exposure Protocol
(3) Post Exposure Prophylaxis Algorithm
(4) Animal Home Quarantine
(5) Rabies Treatment Consent
(6) Refusal of Rabies Treatment

1. Situation. To establish guidelines for the treatment and management of animal bite injuries and rabies control for Military and civilian personnel aboard Marine Corps Air Station (MCAS), Cherry Point, North Carolina in compliance with the references.

2. Cancellation. AirStaO 6220.2B.

3. Summary of Revision. This Order contains major changes and should be reviewed in its entirety.

4. Mission. To effectively apprehend, control, and quarantine biting animals aboard MCAS, Cherry Point while providing treatment and management to Military and civilian personnel exposed to animal bite injuries.

5. Execution

a. Commander's Intent and Concept of Operations

(1) To implement an effective animal bite injury program and integrate it into the Air Station's rabies control program.

(2) Concept of Operations

(a) Refer all cases of animal bites and scratches to either Military Medicine (Active Duty) or Family Care Clinic (Family Member) during normal hours of operation for initial evaluation and treatment. After initial treatment, patients will be referred to Preventive Medicine Department to complete a Report

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distribution is unlimited.

of Animal bite - Potential Rabies Exposure, DD Form 2341. Preventive Medicine Department will keep the original bite report with the SF-600 or Armed Forces Health Longitudinal Technology Application (AHLTA) note, making one copy to be faxed to the Station Veterinary Office. Upon receipt of FAX, the Station Veterinary Office will retrieve original from Preventive Medicine Department. In every case, complete enclosure (1). After-hours refer patients to local emergency room for evaluation and treatment.

(b) Individually evaluate every possible exposure to rabies infection and institute treatment within 24 hours per the guidelines prescribed in this Order and reference (a).

(c) After initial evaluation and treatment, the provider will refer the patient to the appropriate clinic(s) for follow-up. Guidelines to assist in this referral include the following:

1. A physician who is on the Board or their or designated representative will be assigned as the attending physician to actively treat the patient.

2. Refer Family Care Clinic patients to their Primary Care Manager or, if not available, to the Family Care Clinic for physician assignment.

3. Refer patients who must receive other forms of treatment for wound (e.g., surgical or orthopedic) or other conditions requiring immediate treatment to the appropriate department for physician assignment. Designate the physician as the attending physician who will be responsible for the total care of the patient, including any completion of anti-rabies prophylaxis treatment, if indicated.

4. After normal working hours, weekends and holidays, any evaluation and treatment will be referred to the local emergency room. The assigned physician has the personal responsibility to ensure a continuum of treatment.

(g) An assigned attending physician may obtain assistance in evaluation and treatment from another physician, but once assigned, the attending physician is solely responsible for the maintenance of treatment to the point of completion

b. Tasks

(1) Commanding Officer, Naval Health Clinic, Cherry Point. Ensure the treatment and management of animal bite injuries and rabies control for Military and civilian personnel per references (a) through (d).

(2) Attending Physician

(a) Provide local treatment of wounds. Thoroughly clean and mechanically flush with soap solution, all bites, as well as scratches and abrasions exposed to saliva of animals. If debridement is necessary, the use of a local anesthetic is not contraindicated. Administer treatment as indicated against tetanus and bacterial wound infections.

(b) In cases of animal bites, the Military Medicine or Family Care Clinic staff will call the duty veterinarian technician immediately.

(c) Advise the patient or patient's sponsor (if patient is a minor) of the risks of rabies infection and explain the post-exposure therapy protocol using enclosure (2).

(d) Determine whether specific anti-rabies treatment should be initiated. Enclosure (3) provides the treatment flow chart/matrix. Individualize every case with specific emphasis regarding the behavior of the animal and current epidemiological information. Consult the Station Veterinarian and/or Environmental Health Officer if the attending physician is considering starting anti-rabies prophylaxis. If the animal is wild, shows signs of rabies on initial quarantine exam, or cannot be apprehended, rabies prophylaxis is indicated and should be initiated.

(e) Discuss with the Pharmacy Officer or designated representative the availability of human diploid cell vaccine (HDCV) and rabies immune globulin (RIG).

(f) Refer patient to the Preventive Medicine Department to properly complete enclosure (1). A representative from Preventive Medicine will FAX a copy to the Station Veterinarian's Office for action. Upon completion, the form will be sent to the Preventive Medicine Office for final action and distribution.

(g) Maintain the patient's health record in an active status until treatment is complete or a decision has been reached not to prescribe rabies prophylaxis. Document the completed treatment or decision in the patient's health record.

(h) Contact Provost Marshal's Office (PMO), Station Veterinarian, or Animal Control for instructions on maintaining the carcass if the animal implicated in the biting incident is dead. Advise the patient or sponsor to keep the handling of dead animals to a minimum. If patient must handle the carcass advise them to use rubber gloves and follow proper hand washing procedures.

(3) Station Veterinarian

(a) Provide advice to the patient, Environmental Health Officer, physician or necessary agencies on rabies transmission, epidemiology, incidence, and symptomology per reference (c).

(b) Process and promptly forward the head of any animal killed during the biting incident, killed during apprehension, or dying (euthanized after showing signs of rabies) during quarantine to the appropriate rabies diagnostic laboratory. Maintain and forward the animal head, under refrigeration, by government vehicle with appropriately completed rabies diagnostic laboratory forms. Promptly relay laboratory findings to the patient's attending physician and the Chairperson of the Rabies Control Board.

(4) On-base Incidents

(a) Complete enclosure (4) for pet bite incidents with current rabies vaccination record. Distribute one copy to the animal's owner and one copy to Veterinary Services. Quarantine all animals without current rabies shots in the stray animal kennel for 10 days.

(b) Ensure that PMO authorities are contacted immediately.

(c) Examine all animal rabies suspects the first day and the tenth day of the quarantine period.

(d) Coordinate the release of healthy animals from quarantine 10 days following the bite incident.

(e) Notify the attending physician if any signs of rabies appear or if the animal dies during the 10 day quarantine period or if no animal is apprehended within 72 hours of suspected encounter.

(5) Off-base Incidents

(a) Telephone the appropriate civilian authorities having jurisdiction in the area where the animal is located. Discuss the circumstances of the bite incident and request for pick-up and quarantine of the animal by the civilian authorities.

(b) Contact the quarantine official on the tenth day following the incident to ensure the biting animal remained healthy throughout the quarantine period.

(6) Head of the Environmental Health/Preventive Medicine Division.

(a) Properly complete, sign, and distribute all animal bite reports and ensure the original is provided in the patient's treatment record and a copy will be scanned into the AHLTA. The patient or the sponsor, in cases involving a minor, must sign the following and the signature MUST be witnessed:

1. Rabies Treatment Consent (maintained at the Preventive Medicine Department), enclosure (5).

2. Refusal of Rabies Treatment (maintained at the Preventive Medicine Department), enclosure (6).

3. Patient Medical Record. Enter results of the rabies diagnostic laboratory, if performed, into the record.

(b) Monitor the provisions of this Order to ensure completion of the Animal Bite/Scratch Report, notification of the appropriate civilian health agencies, and submission of a disease alert report in the event of Human Rabies Infection.

(7) Provost Marshal

(a) Contact owners of the biting animal and order them to report with the animal to Veterinary Services. If it is a stray, attempt to capture the animal.

(b) Promptly notify the duty veterinarian technician if unable to locate or apprehend an animal involved in a bite/scratch incident.

(c) Immediately notify the Station Veterinarian if the suspect animal dies, shows signs of illness, or escapes. Bring all dead rabies suspect animals to Veterinary Services.

(d) Maintain adequate records and descriptions of quarantined animals.

(8) Rabies Control Board

(a) A Rabies Control Board will meet quarterly or at the call of the Board Chairperson. The Board will review Animal Bite Reports to ensure that proper procedures pertaining to bite treatment, management, and policy are followed.

(b) Members will act in an advisory capacity to providers in the management and treatment of animal bite and scratch injuries, and will be available for consultation on matters relative to rabies control and treatment.

(c) Rabies Control Board members include:

- Medicine (chair).
1. Head, Environmental Health/Preventive
 2. Head, Veterinary Medicine Department.
 3. Head, Military Medicine.
 4. Head, Family Care Clinic.

(d) Advisory Members:

1. Wildlife Biologist.
2. Provost Marshal Office.
3. Head, Pharmacy Department.
4. Head, Occupational Health Department.

(9) General

(a) The Medical Officer of deploying units assigned to MCAS Cherry Point will ensure the rabies protocol used at this Command accompanies the unit. When an animal bite/scratch incident occurs during a unit deployment, a recommendation should be made to the host medical facility that treatment be initiated and completed at the deployment location. Returning patients should use this protocol to avoid interrupted treatment.

(b) The indications for specific post-exposure treatment will govern the administration of rabies vaccine contained in reference (a). Make deviation from the routine treatment as outlined in reference (a) without prior concurrence of the Rabies Control Board. Initiate the administration of the post-exposure therapy in the Military Medicine or Family Care Clinic at the Naval Health Clinic.

(c) A representative of the Occupational Health Department will brief personnel of MCAS Cherry Point assigned to risk duties (e.g., "Provost Marshal's Animal Control," Natural Resources Division, Veterinary Services Zoonosis Section) concerning the beneficial aspects and risks of the pre-exposure prophylaxis, administered per reference (a). The Occupational Health Department is responsible for the follow-up of the pre-exposure rabies prophylaxis.

c. Forms and Records

(1) Maintain enclosure (1) at the Naval Health Clinic Preventive Medicine Department. Sequentially number the reports for control purposes and include the control number in the patient's record.

Station Veterinarian and the Preventive Medicine Department will maintain a log of all numbered Animal Bite Reports. Preventive Medicine Department will be responsible for investigating missing report numbers and will generate animal bite report copies.

(2) Maintain HSC Form 53-R (DVS) at Veterinary Services.

(3) The Preventive Medicine Department will maintain a log book which indicates the animal case number, date of incident, address and telephone number of the patient, name of the attending physician, and date of initiation of anti-rabies treatment, if indicated.

(4) Maintain enclosure (2) at the Naval Health Clinic Preventive Medicine Department.

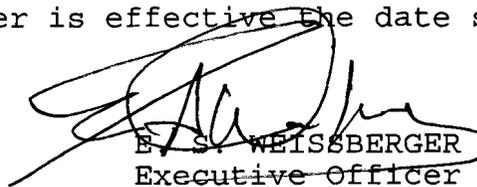
d. Point of Contacts. Station Veterinarian (252)466-2166, Provost Marshall (252)466-4366, Naval Health Clinic (252) 466-0266, Local Craven County Animal Control (252) 637-4606.

6. Administration and Logistics. The Commanding General, 2d Marine Aircraft Wing, and the Commanding Officer's, Fleet Readiness Center (East), CLC-21, and 12th Dental Company concur with the contents of this Order insofar as it pertains to members of their Command.

7. Command and Signal

a. Command. This Order is applicable to all personnel.

b. Signal. This Order is effective the date signed.


E. S. WEISSBERGER
Executive Officer

DISTRIBUTION: A

5 Jan 12

| REPORT OF ANIMAL BITE - POTENTIAL RABIES EXPOSURE <i>(Please read Privacy Act Statement before completing this form.)</i> | | | | | SEQUENCE NUMBER | |
|--|----------|---|------------------------------|---|---|---|
| PRIVACY ACT STATEMENT | | | | | | |
| <p>AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 4-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).</p> <p>PRINCIPAL PURPOSE(S): Used by medical authorities to record the history, examination, and treatment of a person who has possibly been exposed to rabies; and to record the follow-up medical care provided to the patient. Used by veterinarians to locate the animal, record examination, observations, and disposition results, and possible laboratory findings for the animal.</p> <p>ROUTINE USE(S): The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system. Information may be disclosed to aid in preventive health and communicable disease control programs and report medical conditions to Federal, state and local agencies, required by law.</p> <p>DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in the improper treatment and care being administered to the patient.</p> | | | | | | |
| 1. FROM <i>(Medical Treatment Facility)</i> | | 2. THRU <i>(Veterinary Service Activity)</i> | | 3. TO <i>(Chief, Preventive Medicine)</i> | | |
| PART I - ANIMAL BITE HISTORY <i>(To be completed by Emergency Room or Primary Care Interviewer)</i> | | | | | | |
| 4. DESCRIPTION OF ANIMAL | | | | | 5. TIME OF ATTACK | |
| a. TYPE <i>(Dog, cat, etc.)</i> | b. BREED | c. SIZE | d. COLOR | e. SEX | a. DATE <i>(YYYYMMDD)</i> | b. HOUR |
| 6. PRESENT LOCATION OF ANIMAL OR GEOGRAPHIC ADDRESS WHERE ATTACKED | | | | | <input checked="" type="checkbox"/> ON POST | <input type="checkbox"/> OFF POST |
| 7. CIRCUMSTANCES LEADING TO BITE/SCRATCH INCIDENT | | | | | | |
| 8. APPARENT HEALTH OF ANIMAL <i>(Unusual Behavior)</i> | | | | | | |
| 9. ANIMAL OWNER | | | | | | |
| a. NAME <i>(Last, First, Middle Initial)</i> | | b. STATUS <i>(X one)</i> | | c. PHONE NUMBER <i>(Include Area Code)</i> | | d. ADDRESS <i>(Street, City, State, Zip Code)</i> |
| | | <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN | | | | |
| 10. RABIES VACCINATION | | | | | | |
| a. VACCINATION STATUS OF ANIMAL | | b. YEAR ANIMAL VACCINATED | | c. TYPE VACCINE <i>(If known)</i> | | |
| 11. FORM PREPARED BY | | | | | | |
| a. NAME <i>(Last, First, Middle Initial)</i> | | | b. TITLE | | | |
| c. SIGNATURE | | | d. DEPARTMENT/SERVICE/CLINIC | | e. DATE PREPARED <i>(YYYYMMDD)</i> | |
| 12. PATIENT'S IDENTIFICATION <i>(ID impression, if available.) (For typed or written entries give name (Last, First, Middle Initial); pay grade; SSN; unit; duty and home telephone numbers; date; hospital or medical facility.)</i> | | | | | | |

5 Jan 12

| PART II - MANAGEMENT OF ANIMAL BITE CASE <i>(To be completed by Medical Officer (Information from SF 600))</i> | | | | | |
|---|--|--------------------------|--|--|------------------------------|
| 13. DESCRIPTION OF INJURY AND LOCATION ON THE BODY | | | | | |
| 14. DIAGNOSIS (Injury) (X as applicable) | | | 15. RABIES RISK ESTIMATE (X one) | | |
| <input checked="" type="checkbox"/> | ANIMAL BITE | <input type="checkbox"/> | CLAW WOUND | <input type="checkbox"/> | OTHER |
| <input checked="" type="checkbox"/> | MINIMAL | <input type="checkbox"/> | MODERATE | <input type="checkbox"/> | HIGH RISK |
| 16. INITIAL TREATMENT GIVEN (X and complete as applicable) | | | 17. RECOMMENDED FURTHER PROPHYLACTIC TREATMENT (X as applicable) | | |
| a. TIME | | b. DATE (YYYYMMDD) | | <input checked="" type="checkbox"/> a. NONE | |
| <input checked="" type="checkbox"/> c. DEEP FLUSHING AND CLEANSING WITH SOAP AND WATER | | | b. HUMAN RABIES IMMUNE GLOBULIN <i>(Consult in accordance with Service/local policy prior to treatment)</i> | | |
| d. TETANUS PROPHYLAXIS <i>(List dose given)</i> | | | c. HUMAN DIPLOID CELL RABIES VACCINE | | |
| e. ASSESSMENT OF IMMUNOCOMPETENCE AND NEED FOR ANTIBIOTIC USE | | | d. COUNSELED ON INFECTIOUS RISK OF ORAL FLORA | | |
| f. OTHER (Specify) | | | e. OTHER (Specify) | | |
| 18. PHYSICIAN | | | | | |
| a. NAME (Last, First, Middle Initial) | | | b. SIGNATURE | | |
| 19. ARMY VETERINARIAN | | | | | |
| a. CONTACTED (X one) | | | b. NAME OF VETERINARIAN (If applicable) (Last, First, Middle Initial) | | |
| <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| 20. VERBAL REPORT TO | | | | | |
| | (1) NAME (Last, First, Middle Initial) | (2) TELEPHONE | (1) NAME (Last, First, Middle Initial) | (2) TELEPHONE | |
| a. PM/PUBLIC HEALTH | | | c. OTHER (List) | | |
| b. POLICE | | | | | |
| PART III - MANAGEMENT OF BITING ANIMAL (To be completed by Veterinarian) | | | | | |
| 21. AUTHORITIES NOTIFIED (Local public health authorities, law enforcement, etc.) | | | | | |
| a. NAME (Last, First, Middle Initial) | | b. DATE (YYYYMMDD) | c. TIME | d. INITIALS | e. FOLLOW-UP |
| | | | | | (1) DATE (YYYYMMDD) (2) TIME |
| | | | | | |
| | | | | | |
| 22. INITIAL ACTION | | | 23. FORM RECEIVED BY VETERINARY SERVICES | | |
| | | | a. TIME | b. DATE (YYYYMMDD) | c. INITIALS |
| 24. LOCATION OF ANIMAL DURING OBSERVATION PERIOD (On or off post, list point of contact if not veterinary activity) | | | | | |
| 25. OBSERVED BY (Include name of military or civilian agency) | | | | | |
| 26. DATES OBSERVED (YYYYMMDD) | | | | | |
| a. FROM | | b. TO | | 27. DATE ANIMAL RELEASED FROM QUARANTINE (YYYYMMDD) | |
| | | | | | |
| PATIENT'S IDENTIFICATION (ID impression, if available.) (For typed or written entries give name (Last, First, Middle Initial); pay grade; SSN; unit; duty and home telephone numbers; date; hospital or medical facility.) | | | | | |

5 Jan 12

| PART III - MANAGEMENT OF BITING ANIMAL <i>(Continued)</i> | | | |
|--|--------------------------------|---|---|
| 28. CONDITION OF ANIMAL DURING AND AT THE END OF 10-DAY QUARANTINE <i>(Explain fully - healthy, died, escaped, not located, etc.)</i> | | | |
| 29. OTHER INFORMATION OR COORDINATION <i>(Including notification of animal status to ER or MTF; list names and dates)</i> | | | |
| 30. LABORATORY FINDINGS OF ANIMAL SUBMITTED FOR RABIES DIAGNOSIS | | | |
| a. TEST <i>(X one)</i> | | b. DATE RECEIVED <i>(YYYYMMDD)</i> | c. RESULTS <i>(X one)</i> |
| <input type="checkbox"/> (1) FLUORESCENT ANTIBODY | | | <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE |
| <input type="checkbox"/> (2) CELL CULTURE | | | <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE |
| 31. VETERINARY OFFICER | | | |
| a. NAME <i>(Last, First, Middle Initial)</i> | | b. SIGNATURE | c. DATE SIGNED <i>(YYYYMMDD)</i> |
| PART IV - RABIES ADVISORY BOARD OR OTHER MEDICAL CONSULTATION/COORDINATION | | | |
| 32. DISCUSSED BY <i>(List names, or X box at right.)</i> | | | <input checked="" type="checkbox"/> NOT REQUIRED TO MEET |
| 33. RECOMMENDATIONS | | | |
| <input type="checkbox"/> a. HUMAN RABIES IMMUNE SERUM <i>(X one)</i> | <input type="checkbox"/> LOCAL | <input type="checkbox"/> SYSTEMIC | <input type="checkbox"/> BOTH |
| <input type="checkbox"/> b. VACCINE | | | |
| <input type="checkbox"/> c. OTHER | | | |
| N/A | | | |
| 34. CHIEF, PREVENTIVE MEDICINE | | | |
| a. NAME <i>(Last, First, Middle Initial)</i> | | b. SIGNATURE | c. DATE SIGNED <i>(YYYYMMDD)</i> |
| 35. FINAL DISPOSITION OF CASE | | | |
| 36. MEDICAL OFFICER REVIEW <i>(In accordance with Service/local policy)</i> | | | |
| a. SIGNATURE | | | b. DATE SIGNED <i>(YYYYMMDD)</i> |
| PATIENT'S IDENTIFICATION <i>(ID impression, if available.) (For typed or written entries give name (Last, First, Middle Initial); pay grade; SSN; unit; duty and home telephone numbers; date; hospital or medical facility.)</i> | | | |

RABIES POST-EXPOSURE PROTOCOL

NAME _____ DATE _____
AGE _____ SEX _____ BITE REPORT NUMBER _____

1. Passive antibody, RIG, is administered only once, at the beginning of anti-rabies therapy. The dose is 20 IU/Kg. Up to half the dose should be thoroughly infiltrated around the wound and the rest administered intramuscularly in the buttocks.

2. Five 1.0 doses of HDCV should be given IM, beginning the day RIG is administered (day 0). Subsequent doses should be given on days 3, 14, and 28 after the first dose.

3. Once initiated, rabies prophylaxis should not be interrupted or discontinued because of local, mild systemic, adverse reactions. Usually such reactions can be successfully managed with anti-inflammatory and anti-pyretic agents. When a person with a history of hypersensitivity must be given rabies vaccine, antihistamine may be given; epinephrine should be readily available. All personnel should be carefully observed for at least 30 minutes after injection of the vaccine.

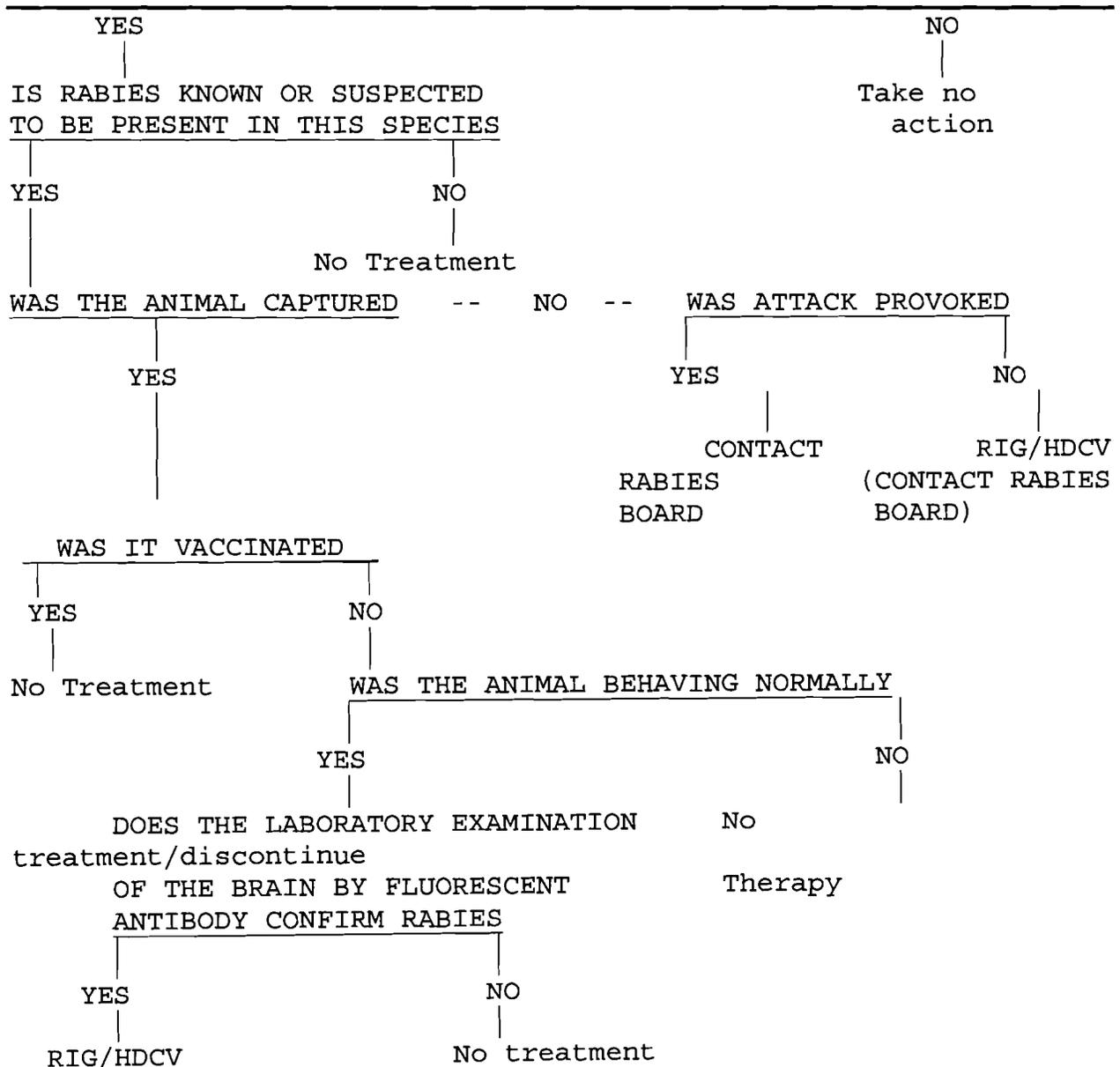
| | VACCINE TYPE | INJECTION SITE | DATE | LOT# | SIGNATURE OF INDIVIDUAL ADMINISTERING VACCINE |
|---|--------------|----------------|------|------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

ADDITIONAL INJECTIONS

| | | | | | |
|----|--|--|--|--|--|
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

POST EXPOSURE RABIES PROPHYLAXIS ALOGORITHM

Was person bitten or licked on an open wound
or mucous membrane by a possible rabid animal.



ANIMAL HOME QUARANTINE

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

AUTHORITY: Sections 133, 1071-87, 5031, and 8012, title 10,
United States Code

PRINCIPLE PURPOSE(S): The Purpose is to ensure that thorough
treatment, and epidemiological follow-up is carried out on all
animal bite cases treated at this MEDCEN/MEDDAC.

ROUTINE USES: This information will be used to locate animals'
owner(s) during quarantine to assure protection of the bite
victim.

MANDATORY OR VOLUNTARY DISCLOSURE: Providing personal
information is voluntary. If information is not provided, the
animal cannot be authorized home quarantine.

Name: _____, being the owner of a possible rabid
animal, do agree to the following as a prerequisite for
quarantining my animal at home:

1. That I will keep this animal either indoors or in an
excluded area at all times during the quarantine period.
2. That I will not allow this animal to come in contact with
other animals or anyone other than the members of my immediate
family.
3. That I will report any unusual changes in behavior or any
sudden symptoms to the Animal Disease Prevention and Control
Facility.
4. That in the event of the death of the animal, I will notify
the Disease Prevention and Control facility Ext: _____ at once.
(On weekends and holidays and ask for the Veterinarian-On-Call).
5. That I will bring said animal to the Animal Disease
Prevention and Control Facility (Building Number _____)
between _____ and _____ hours on for a checkup, final
examination, and official release from quarantine.

SIGNATURE _____ DATE _____
ADDRESS _____ UNIT _____
PHONE _____ DOCTOR _____

RABIES TREATMENT CONSENT

Incident Date: _____ Time: _____

I am aware that _____ was exposed to a
(name of patient)
potential rabies infection, was in close contact with, bitten
and/or scratched by or petted a _____
on _____ (type of animal)
(date of exposure)

I understand that the Naval Health Clinic Cherry Point, North Carolina, Rabies Control Board representative has recommended post-exposure treatment based on the available information. I also understand that therapy may be discontinued after careful consideration of additional gathered information. I have been advised by Dr. _____ of the nature and risks of a rabies infection, including the information that untreated the results of this infection are invariably fatal. I understand that the treatment includes Rabies Immune Globulin and a maximum of doses of Human Diploid Cell Vaccine. I have been informed of the nature and risks of post-exposure rabies treatment and the reasons for administration of this treatment. I realize that I may experience some pain, fever, and that there is a slight possibility of anaphylaxis, lymph node enlargement, and paralysis complications. Nevertheless, I authorize Military Medicine or Family Care Clinic personnel and assigned physician, Naval Health Clinic Cherry Point to administer such treatment to me.

Signed: _____
(Patient or Sponsor's name)

I witnessed the administration of the information above and believe that patient/sponsor appears to understand the advice and appreciates the significance of rabies infection and the approval of treatment.

Witness: _____ Date: _____

Witness: _____ Date: _____

REFUSAL OF RABIES TREATMENT

Incident Date: _____ Time: _____

I am aware that _____ was exposed to a
(name of patient)
potential rabies infection, was in close contact with, bitten
and/or scratched by or petted a _____
on _____ (type of animal)
(date of exposure)

I understand that the Naval Health Clinic Cherry Point, North Carolina, Rabies Control Board representative has recommended post-exposure treatment based on either confirming laboratory analysis or an incomplete quarantine period due to the unavailability of animal. I have been advised by Dr. _____ of the nature and results of this infection, including the information that, untreated, the results of this infection are invariably fatal. I understand that the treatment includes Rabies Immune Globulin and at least five injections of Human Diploid Cell Vaccine. Although, my failure to follow the advice I have received seriously imperils my life and health, I nevertheless refuse to allow the recommended treatment. I assume the risks and consequences and release the above named physician, Naval Health Clinic Cherry Point and its staff from all liability.

Signed: _____
(patient's or sponsor's name)

I witnessed the administration of the information above, and believe that the patient/sponsor appears to understand the advice and appreciates the significance of rabies infection and the refusal of recommended treatment.

Witness: _____

Date: _____

Witness: _____

Date: _____