

Administration (or supply) of Rabies Vaccine under Patient Group Direction

Pharmacy Name : Pyramid Pharmacy

Address : 413 Hoe Street, E17 9AP

Patient details

First Name : Surname :

Address :(no regular address [])

Post code :

DOB : Gender : NHS No :

Ethnicity (print separately):

Tel : Mobile : Email :

GP :

Patient Consent : I have had a consultation with the pharmacist and consent to receive the Rabies Vaccine.I also have had and opportunity to ask any questions regarding the consultation.

Signed:.....

Date :.....

Reason for inclusion

Patients any age, visiting areas of rabies risk. Most international travellers to rabies enzootic areas are considered to be at infrequent risk, but may require pre-exposure rabies vaccine if they are

Unable to access rabies vaccine, immunoglobulin and medical care easily at their destination

Undertaking activities considered at higher risk of exposure e.g. cycling and running

At risk for more than one month

Patient medication and comments

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Reasons for exclusions

Rabipur® vaccine is propagated on chick embryo cell, and is therefore contraindicated for those with a known anaphylaxis to egg; Rabipur® vaccine may also contain traces of neomycin, chlortetracycline and amphotericin B, so is contra-indicated in those who are allergic to those components	[]Yes	[]No
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Rabies vaccine BP may contain traces of neomycin and betapropiolactone so is contra-indicated in those who are allergic to those components	[]Yes	[]No
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Individuals who develop symptoms suggestive of hypersensitivity after vaccination should not receive further doses of the same vaccine	[]Yes	[]No
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All vaccines are contraindicated in those who have had: - A confirmed anaphylactic reaction to a previous dose of a vaccine containing the same antigens, or - A confirmed anaphylactic reaction to another component contained in the relevant vaccine, e.g. neomycin, streptomycin or polymyxin B (which may be present in trace amounts in some vaccines): check the SmPC for the individual vaccine to confirm excipients.	[]Yes	[]No
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Pregnant women should be referred to their GP for advice; nbsp;nbsp;	[]Yes	[]No
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Breastfeeding women should be referred to their GP for advice;	[]Yes	[]No
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In individuals with an evolving neurological condition, immunisation should be deferred until the neurological condition has resolved or stabilised;	<input type="checkbox"/>]Yes	<input type="checkbox"/>]No
Patients with impaired immunity: the immune response could be impaired by immunosuppressive treatment or in immunodeficiency states: patients should be referred to their GP for advice;	<input type="checkbox"/>]Yes	<input type="checkbox"/>]No
Post-exposure prophylaxis; 	<input type="checkbox"/>]Yes	<input type="checkbox"/>]No
No valid consent	<input type="checkbox"/>]Yes	<input type="checkbox"/>]No

Administration Details				
Product Name	Batch No	Expiry date (MM/YYYY)	Route of administration (Oral, Left arm, Right arm, etc)	Date & Time

Premise:]Pharmacy other via sonar authorisation

Name of Pharmacist :..... Signature :