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### COLLECTIVE PRESCRIPTION

Initiating single-dose doxycycline in an asymptomatic person with a tick bite that occurred in a PEP (post-exposure prophylaxis)-designated geographical area

No. 628012

Institution:

Collective prescription number:

Validity period:

### CLINICAL SITUATION OR TARGET POPULATION

A person bitten by a tick in a PEP-designated geographical area, as indicated on the MSSS's website, and who meets all of the following criteria:

- ▶ Specimen still attached to the skin and identified as being a tick. If the specimen has been removed: it can be documented that it was a tick, **and**
- ▶ No manifestations suggestive of Lyme disease, **and**
- ▶ 72 hours or less from tick removal to the presumed time of PEP dosing, **and**
- ▶ Tick attached to skin for at least 24 hours

### HEALTH PROFESSIONALS OR OTHER PERSONS WHO CAN EXECUTE THE PRESCRIPTION<sup>1</sup>

**!** Health-care facilities that wish to draft collective prescriptions for PEP using this template **must specify in this section the health professional or group of health professionals** who can execute the prescription.

### CONTRAINDICATIONS TO USING THIS PRESCRIPTION

Same contraindications as those listed for the application of the Québec's national medical protocol, namely:

- ▶ The bite occurred in a non-PEP-designated geographical area
- ▶ Not possible to document that the specimen is/was a tick
- ▶ The presence of manifestations suggestive of Lyme disease
- ▶ A history of allergic reaction to a tetracycline antibiotic, such as doxycycline, minocycline or tetracycline

as well as:

- ▶ An in-progress pregnancy, confirmed or suspected<sup>2</sup>
- ▶ Redness at the bite site or elsewhere on the body
- ▶ Person under 8 years of age

**!** Health-care facilities that wish to draft collective prescriptions for PEP using this template **must decide to include or exclude children under 8 years of age, based mainly on the possibility of quickly consulting a physician or a primary care nurse practitioner so as not to exceed the maximum of 72 hours from tick removal to the expected time of PEP dosing. Depending on the decision, remove or keep this population (children under 8 years of age) in the final version of the prescription. The instruction in italics (!) must be deleted as well.**

### QUÉBEC'S NATIONAL MEDICAL PROTOCOL

Refer to Québec's national medical protocol No. 628012, written by the Institut national d'excellence en santé et en services sociaux.

<sup>1</sup> The health professional or other person who executes the prescription must be sure to have the necessary qualifications to execute the prescription (e.g., training).

<sup>2</sup> As a precaution, it is best not to administer single-dose doxycycline PEP during pregnancy. A thorough benefit-risk evaluation should be performed by a physician on a case-by-case basis.

## LIMITS OR SITUATIONS WHERE A VISIT WITH A PRIMARY CARE NURSE PRACTITIONER OR A PHYSICIAN IS MANDATORY

- ▶ Manifestations suggestive of possible Lyme disease, such as redness
- ▶ Person under 8 years of age, if all the criteria for proposing PEP are met
  - ! *Depending on the decision to include or exclude children under 8 years of age in the contraindications to using the prescription, facilities that wish to draft collective prescriptions for PEP using this template must keep or delete this population (children under 8 years of age) in the final version of their prescription. The instruction in italics (!) must be deleted as well.*

## DOCUMENTING

Record in the person's chart the information that warrants using or not using the prescription, the action taken, including referral to a physician or a primary care nurse practitioner, the instructions given and the follow-ups, if applicable.

Complete a follow-up sheet and give it to the person. At a minimum, it should indicate the date of the visit, the decision regarding PEP and the reasons for another visit with a health professional. The Follow-up sheet created by INESSS can be used. Tell the person to bring it to the next visit, if applicable.

Complete the community pharmacist liaison form. If need be, consult the template available in the section entitled "Protocoles médicaux nationaux et ordonnances associées" on INESSS's website.

Enter the prescription into the medication profile as per the usual procedure.

## PRESCRIBER IDENTIFICATION

Name:

Practice license number:

Name of institution or clinical setting:

Telephone number:

Mailing address:

Signature:

## RESPONDING PHYSICIAN IDENTIFICATION

Name:

Practice license number:

Name of institution or clinical setting:

Telephone number:

Mailing address:

Signature:

## IMPLEMENTATION PROCESS

- 1. DEVELOPMENT OF CURRENT VERSION** (identification of the physician or physicians concerned and of the persons responsible, if applicable)
- 2. VALIDATION OF CURRENT VERSION** (identification of the physician or physicians concerned and of the persons responsible, if applicable)
- 3. APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION'S CPDP**

Last name:

First name:

Signature:

Date:

- 4. APPROVAL OF THE COLLECTIVE PRESCRIPTION BY THE SIGNING PHYSICIANS (NON-INSTITUTIONAL)**

Last and first name	License number	Signature	Telephone	Fax

- 5. REVIEW**

Effective date:

Date of last review (if applicable):

Scheduled date of next review:

Signature of responding physician (if applicable):

Signature:

Date: