



NWT RSV PROPHYLAXIS RISK ASSESSMENT & ORDER FORM 2023/2024 (SYNAGIS® PALIVIZUMAB)

All parts of page one and the top of page 2 need to be completed in order for the Territorial Pediatrician to determine patient eligibility. Please refer to the NWT RSV Prophylaxis Guidelines for 2023/2024 for more information.

SEND COMPLETED FORM TO RSV COORDINATOR BY SECURE FILE TRANSFER

Last Name:	First Name:	DOB (DD/MM/YY):
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	HCP:	Birth Weight (grams):
Language:	Hospital Discharge Date (DD/MM/YY):	Discharge Weight (grams):
Address/Community:		Gestational Age:
Parent 1/Guardian Last Name:	First Name:	Phone:
Parent 2/Guardian Last Name:	First Name:	Phone:

ELIGIBILITY CRITERIA: 2023/24 (PLEASE CHECK ALL THAT APPLY)	YES	NO
1. Premature: Less than or equal to 32 ⁶ / ₇ weeks gestational age born after May 31, 2023 <i>(must be less than 6 months of age as of December 1, 2023)</i>		
2. Premature 33 ⁰ / ₇ to 35 ⁶ / ₇ weeks gestational age, born after September 30, 2023, AND lives more than 1 hour by road from a hospital that can provide bronchiolitis treatment (Fort Smith, Hay River, Inuvik, or Yellowknife)		
3. Twin of approved child		
4. Premature: Less than or equal to 35 ⁶ / ₇ weeks gestational age and less than 2 years of age as of December 1, 2023 with chronic lung disease as evidenced by: <input type="checkbox"/> on home O ₂ within 6 months of RSV season (after May 31, 2023) AND/OR <input type="checkbox"/> on long-term prophylaxis or recent exacerbation needing systemic steroids		
5. Hemodynamically significant cardiac disease and less than 2 years of age as of December 1, 2023, Diagnosis:		
6. Severe pulmonary disability/congenital anomaly of the airway or lung and less than 2 years of age as of December 1, 2023		
7. Severe immune deficiency or cystic fibrosis and less than 2 years of age as of December 1, 2023		
8. Trisomy 21 and less than one year of age as of December 1, 2023		
9. Other/Comments		



RSV PROPHYLAXIS (SYNAGIS® PALIVIZUMAB) STANDING ORDER FORM 2023/2024

Last Name:	First Name:	DOB (DD/MM/YY):
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	HCP:	Community:

Other Medical Conditions/Notes:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Physician Signature:	Date:
Physician Notes:		
Pharmacy Address: <input type="checkbox"/> Stanton Territorial Hospital, 550 Byrne Road, Yellowknife NT, X1A 3G8 <input type="checkbox"/> Inuvik Regional Hospital, 289 MacKenzie Road, Inuvik NT, X0E 0T0		

ADMINISTRATION:

- There is no need to delay or modify routine immunizations including live virus vaccines when SYNAGIS® is used
- Dosage for SYNAGIS®: 15 mg/kg of body weight**
- Reporting and documentation:**
 - Send this form via SFT to the RSV coordinator **after each dose** is given and documented below
 - Ensure that each dose of SYNAGIS® is immediately documented in the Electronic Medical Record (EMR) including any historical doses the child received out of territory (usually in Edmonton prior to discharge)

SYNAGIS® ADMINISTRATION RECORD SEND TO RSV COORDINATOR BY SFT AFTER EACH DOSE

Dose number:	Weight:	Dose		Administered by	Date (DD/MM/YY):
		mg/kg	ml		
First (initial)					
Second					
Third					
Fourth					
Fifth					
Sixth					