



## NWT RSV PROPHYLAXIS RISK ASSESSMENT & ORDER FORM 2021/2022 (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 2021/2022 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: 2021/22 (PLEASE CHECK ALL THAT APPLY)	YES	NO																																														
1. Premature: Less than or equal to 32 <sup>6</sup> / <sub>7</sub> weeks gestational age born after May 31, 2021 <b><i>(must be less than 6 months of age as of December 1, 2021)</i></b>																																																
2. Premature 33 <sup>0</sup> / <sub>7</sub> to 35 <sup>6</sup> / <sub>7</sub> weeks gestational age, born after September 31, 2021 <b><i>and this section must be filled out:</i></b>																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">RISK FACTORS:</th> <th style="width: 5%;">Y</th> <th style="width: 5%;">N</th> <th style="width: 5%;">S</th> <th style="width: 30%;">RISK FACTORS:</th> <th style="width: 5%;">Y</th> <th style="width: 5%;">N</th> <th style="width: 5%;">S</th> </tr> </thead> <tbody> <tr> <td>Discharged in November, December, January, or February?</td> <td></td> <td></td> <td style="text-align: center;">27</td> <td>More than 5 individuals in the home counting the child?</td> <td></td> <td></td> <td style="text-align: center;">15</td> </tr> <tr> <td>Small (<b><i>less than 10th percentile</i></b>) for gestational age?</td> <td></td> <td></td> <td style="text-align: center;">14</td> <td>One or more than one smoker in the household?</td> <td></td> <td></td> <td style="text-align: center;">13</td> </tr> <tr> <td>Gender is male?</td> <td></td> <td></td> <td style="text-align: center;">13</td> <td rowspan="2">Lives more than 1 hour by road from a hospital that can provide bronchiolitis treatment (<b><i>Fort Smith, Hay River, Inuvik, or Yellowknife</i></b>)</td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">20</td> </tr> <tr> <td>Child or preschool sibling less than or equal to 4 years of age attends daycare more than or equal to 3 half days per week?</td> <td></td> <td></td> <td style="text-align: center;">19</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL SCORE</b></td> <td colspan="4" style="text-align: right;">/121</td> </tr> </tbody> </table>	RISK FACTORS:	Y	N	S	RISK FACTORS:	Y	N	S	Discharged in November, December, January, or February?			27	More than 5 individuals in the home counting the child?			15	Small ( <b><i>less than 10th percentile</i></b> ) for gestational age?			14	One or more than one smoker in the household?			13	Gender is male?			13	Lives more than 1 hour by road from a hospital that can provide bronchiolitis treatment ( <b><i>Fort Smith, Hay River, Inuvik, or Yellowknife</i></b> )			20	Child or preschool sibling less than or equal to 4 years of age attends daycare more than or equal to 3 half days per week?			19			<b>TOTAL SCORE</b>				/121					
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3. Twin of approved child																																																
4. Premature: Less than or equal to 35 <sup>6</sup> / <sub>7</sub> weeks gestational age and less than 2 years of age as of December 1, 2020 with chronic lung disease as evidenced by: <input type="checkbox"/> on home O <sub>2</sub> within 6 months of RSV season (born after May 31, 2021) <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, 2021 <input type="checkbox"/> Diagnosis:																																																
6. Severe pulmonary disability/tracheostomy and less than 2 years of age as of December 1, 2021																																																
7. Severe immune deficiency or cystic fibrosis and less than 2 years of age as of December 1, 2021																																																
8. Trisomy 21 and less than one year of age as of December 1, 2021																																																
9. Other (please provide reasons and/or documentation):																																																



## RSV PROPHYLAXIS (SYNAGIS® PALIVIZUMAB) STANDING ORDER FORM 2021/2022

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					

