



NWT RSV PROPHYLAXIS RISK ASSESSMENT & ORDER FORM 2019/2020 (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 2019/2020 for more information.

FAX OR SEND BY SECURE FILE TRANSFER COMPLETED FORM TO THE NWT OCPHO (867) 873-0442.

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: 2019/20 (PLEASE CHECK ALL THAT APPLY)	YES	NO																																															
1. Premature: Less than or equal to 32 ⁶ / ₇ weeks gestational age born after May 31, 2019 (must be less than 6 months of age as of December 1, 2019)																																																	
2. Premature 33 ⁰ / ₇ to 35 ⁶ / ₇ weeks gestational age, born after October 31, 2019 and this section must be filled out:																																																	
<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 (less than 10th percentile) 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 (Fort Smith, Hay River, Inuvik, or Yellowknife)</td> <td></td> <td></td> <td 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> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL SCORE</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 (less than 10th percentile) 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 (Fort Smith, Hay River, Inuvik, or Yellowknife)			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				TOTAL SCORE				/121					
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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, 2019 with chronic lung disease as evidenced by: <input type="checkbox"/> on home O ₂ within 6 months of RSV season (born after May 31, 2019) on long-term <input type="checkbox"/> prophylaxis or recent exacerbation needing systemic steroids																																																	
5. Hemodynamically significant cardiac disease and less than 2 years of age as of December 1, 2019 <input type="checkbox"/> Diagnosis:																																																	
6. Severe pulmonary disability/tracheostomy and less than 2 years of age as of December 1, 2019																																																	
7. Severe immune deficiency or cystic fibrosis and less than 2 years of age as of December 1, 2019																																																	
8. Trisomy 21 and less than one year of age as of December 1, 2019																																																	
9. Other (please provide reasons and/or documentation):																																																	



RSV PROPHYLAXIS (SYNAGIS® PALIVIZUMAB) STANDING ORDER FORM 2019/2020

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: <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">- Fax this page to the NWT OCPHO (867) 873-0442 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 FAX TO OCPHO (867) 873-0442 AFTER EACH DOSE

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