



NWT RSV PROPHYLAXIS RISK ASSESSMENT & ORDER FORM 2022/2023 (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 2022/2023 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: 2022/2023 (PLEASE CHECK ALL THAT APPLY) | YES | NO |
|--|-----|----|
| 1. Premature: Less than or equal to 32 ⁶ / ₇ weeks gestational age born after May 31, 2022 (<i>must be less than 6 months of age as of December 1, 2022</i>) | | |
| 2. Premature 33 ⁰ / ₇ to 35 ⁶ / ₇ weeks gestational age, born after September 30, 2022 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, 2022 with chronic lung disease as evidenced by: <input type="checkbox"/> on home O ₂ within 6 months of RSV season (after May 31, 2022) 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, 2022 Diagnosis: | | |
| 6. Severe pulmonary disability/congenital anomaly of the airway or lung and less than 2 years of age as of December 1, 2022 | | |
| 7. Severe immune deficiency or cystic fibrosis and less than 2 years of age as of December 1, 2022 | | |
| 8. Trisomy 21 and less than one year of age as of December 1, 2022 | | |
| 9. Other/Comments | | |



RSV PROPHYLAXIS (SYNAGIS® PALIVIZUMAB) STANDING ORDER FORM 2022/2023

| | | |
|--|-------------|-----------------|
| 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: Stanton Territorial Hospital, 550 Byrne Road, Yellowknife NT, X1A 3G8
 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 | | | | | |