



# For Respiratory Infection in Infants approved for Palivizumab and admitted for Respiratory Illness up to April 30, 2021

Name of Patient: \_\_\_\_\_ DoB: \_\_\_\_\_

Provincial Reference #: \_\_\_\_\_ PHN: \_\_\_\_\_

Admitting Hospital: \_\_\_\_\_ Attending Physician: \_\_\_\_\_

Admitted (dd/mmm/yyyy): \_\_\_\_\_ Discharged (dd/mmm/yyyy): \_\_\_\_\_

If Transferred:

Name of Hospital: _____	Attending Physician: _____
Admitted (dd/mmm/yyyy): _____	Discharged (dd/mmm/yyyy): _____

Reason(s) for Hospitalization (e.g., apnea, respiratory distress): \_\_\_\_\_

Final RSV test result:  Negative  Positive  Unknown

Other significant viruses/bacteria isolated: \_\_\_\_\_

### **Medical support while in hospital**

Supplemental O2:  No  Yes: Number of days: \_\_\_\_\_

NG feeding:  No  Yes: Number of days: \_\_\_\_\_

IV fluids:  No  Yes: Number of days: \_\_\_\_\_

PICU admission:  No  Yes: Number of days: \_\_\_\_\_

CPAP:  No  Yes: Number of days: \_\_\_\_\_

Intubated/Ventilated:  No  Yes: Number of days: \_\_\_\_\_

Other treatments? Please specify: \_\_\_\_\_

*Please complete as much information as possible, then fax to 604-875-2879, or toll-free 1-877-625-7555.*