(For use by clinic / point of care as an individual administration record)

Patient Name: _____ **DoB (dd/mmm/yyyy):** _____

Parent / Legal Guardian Name: _____ **Provincial Health #:** _____

Phone: _____ **Provincial Reference #:** _____

Other Phone / Contact: _____

Circle #doses approved
3 4
Eligibility Criteria:

Dosing 15mg/kg
2nd dose 3-4 weeks after 1st
Subsequent doses 4-5 weeks apart

Consent obtained? ☐ NO ☐ YES
Course complete? ☐ NO ☐ YES

Dose #	When Taken	Where Dose Was Administered	Date (dd/mmm/yy)	Lot Number	Expiry Date	Weight (kg)	Dose (mg)	Admitted with any respiratory infection in previous month?	Admitted with RSV+ infection in previous month?	Clinic for next dose?
1		☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
2	3-4 weeks after Dose 1	☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
3	4-5 weeks after Dose 2	☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
**NOTE: the standard administration is three to four doses; a fifth dose may only be given to patients who have undergone cardiac bypass surgery.*										
4th?	4-5 weeks after Dose 3	☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
5th?		☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
Final f/up		☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____

At the end of <u>each day</u>, fax this page to the RSV Program and to any clinic that the patient attends. 604-875-2879 or 1-877-625-7555

If the patient has been hospitalized for <u>any</u> respiratory infection, then please fill out a Hospitalization Data form and send to <u>rsv@cw.bc.ca</u>. BC RSV Immunoprophylaxis Program, as of 2019/20 Season