



Fax: 1-615-782-7822

RSV Risk Assessment

Pediatric Screening Tool and Pharmacy Enrollment Form

Patient Information				
Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Address	City	State	Zip	
Date of Birth	SSN#			
Phone # (Home)	(Work)			
Mother/Caregiver's Name				
Insurance Information				
Primary Insurance/MCO	Effective Date	Phone#		
Policy Holder	Policy #	Group#		
Medical Assessment				
Age	months	weeks	Allergies	
Weight	lbs/oz	Kg		
Length	inches	cm		
Barriers to access healthcare noted:				
Diagnosis Information				
<input type="checkbox"/> 765.0 Extreme Immaturity <1,000 grams	Gestational age at birth (weeks)			
<input type="checkbox"/> 770.0 Chronic Respiratory Disease				
<input type="checkbox"/> 765.1 Preterm Infant 1,000 – 2,499 grams	Gestational age at birth (weeks)			
<input type="checkbox"/> 748.4 Congenital Cystic Lung				
<input type="checkbox"/> 515 Post inflammatory Pulmonary Fibrosis (Cystic Fibrosis)				
<input type="checkbox"/> 466.11 Acute Bronchiolitis d/t Respiratory Syncytial Virus	(Diagnosed at < 1 year of age)	Date:		
<input type="checkbox"/> 480.1 Pneumonia d/t Respiratory Syncytial Virus	(Diagnosed at < 2 years of age)	Date:		
<input type="checkbox"/> 493-493.9 Asthma	(Diagnosed at < 2 years of age)	Date:		
<input type="checkbox"/> Other ICD-9 (Please specify)* **				
Approval Criteria ^{1,2}				
<input type="checkbox"/> Infant with a gestational age of ≤ 28 weeks and ≤ 12 months old at the onset of the RSV season				
<input type="checkbox"/> Infant with a gestational age of 29-32 weeks and ≤ 6 months old at the onset of the RSV season				
<input type="checkbox"/> Infant with a gestation age of 32-35 weeks and ≤ 6 months old, at the start of the season with significant risk factors that make them susceptible to sever lower respiratory tract infections. Risk factors:				
<input type="checkbox"/> Passive smoke exposure <input type="checkbox"/> Twins/Multiple birth <input type="checkbox"/> Daycare attendance <input type="checkbox"/> Young siblings <input type="checkbox"/> Other				
<input type="checkbox"/> Child ≤ 24 months old with a clinical diagnosis of chronic lung disease (BPD) requiring medical tx within the past six (6) months of the RSV season				
* Note: the FDA has not licensed Palivizumab or RSV-IgIV prophylaxis for patients with CHD. Available data indicate that RSV-IgIV is contraindicated in patients with cyanotic CHD. ³ However, patients with CLD, who are premature or both, and who meet the criteria (above) and who also have asymptomatic acyanotic CHD (eg, PDA or VSD) may benefit from prophylaxis. ¹				
** Note: Palivizumab or RSV-IgIV prophylaxis has not been evaluated in randomized trials in immunocompromised children. Although specific recommendations for immunocompromised patients cannot be made, children with severe immunodeficiencies (eg, severe combined immunodeficiency or severe acquired immunodeficiency syndrome) may benefit from prophylaxis. If these children are receiving standard immune globulin intravenous (IgIV) monthly, physicians may consider substituting RSV-IgIV during the RSV season. ¹				
Prescription Information	Medication	Dose/Frequency	Quantity	Refills
	Synagis (Palivizumab)	15mg/kg IM	QS 1 month	
<input type="checkbox"/> Physicians Office <input type="checkbox"/> RSV Clinic Outpatient-site: <input type="checkbox"/> Patient's Home				
Next Treatment Date:				
Physician Name		Office Contact		
Institution		Phone	Fax	
Address		E-mail		
City/State/Zip		License#	Dea#	
Signature _____		May Substitute <input type="checkbox"/> May not Substitute <input type="checkbox"/>		

1. Committee of Infectious Disease Committee on Fetus and Newborn, *Pediatrics*, 1998; 102(5): 1211-1216.
2. Meissner CH, Welliver RC, Chartrand SA, et al. *Pediatr Infect Dis J*. 1999; 18:223-231
3. Simoes EAF, Sondheimer HM, Top FH, et al. (RSV-Ig for prophylaxis against RSV disease in infants and children with CHD). *J Pediatr*. In press