

RSV PROPHYLAXIS SCREENING
NOVEMBER THRU MARCH SEASON
PARENTS, PLEASE COMPLETE THE FOLLOWING:

Baby's Name: _____ DOB: _____

Parent's Name: _____

Home Phone: _____ Birth Hospital: _____

Was your baby born early? ___ Yes ___ No If yes, how many weeks early? _____

Did your baby have breathing difficulties at birth? ___ Yes ___ No If yes please explain:

Please check any of the following that apply:

_____ Daycare (First year of Life)

_____ Tobacco use in home

_____ Siblings @ home

_____ Group play with other children >4hrs/wk

_____ Twins/Multiple births

TO BE FILLED OUT BY THE PHYSICIAN:

Synagis Eligibility

_____ **PREMATURITY**---- < GA 28 wks, 6 days AND < 12mos at start of the RSV season

_____ **CHRONIC LUNG DISEASE (CLD)**--- CLD of prematurity defined as GA < 31 wks, 6days, AND requirement for 21% oxygen for at least 28 days after birth.

_____ <12months of age w CLD

_____ 12-24 months of age with CLD AND continues to require medical support during the 6mo Period before second RSV season AND Supplemental O2, Diuretic therapy, Bronchodilators, Chronic Corticosteroids.

_____ **CONGENITAL HEART DISEASE (CHD)**--<12 months of age at start of RSV season

With hemodynamically significant CHD such as :

_____ Acyanotic heart disease and receiving medications

_____ Moderate to severe pulmonary hypertension

_____ <24 months of age undergoing cardiac surgery during the RSV season

_____ Cyanotic Heart Disease

_____ **AIRWAY/NEUROMUSCULAR CONDITIONS**--< 12mos of age at start of season AND due to: Significant abnormality of the airway, Neuromuscular condition, Cystic Fibrosis

_____ **NO, this baby does not qualify for RSV prophylaxis**

Physician signature: _____ Date _____