

RSV PROPHYLAXIS SCREENING

2006-2007 Season

PARENTS, PLEASE COMPLETE THE FOLLOWING:

Baby's Name: _____

What was your baby's birth weight? _____

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

Did your baby have breathing difficulties at birth? ___ Yes ___ No

If yes, please explain:

Was your baby diagnosed with a heart problem? ___ Yes ___ No

Will your baby be in daycare during the first year of his/her life? ___ Yes ___ No

Will your baby attend "Mother's Morning Out", church nursery, group play, or be around children other than family members more than 4 hours per week? ___ Yes ___ No

Are there other children in the home? ___ Yes ___ No

Is your baby one of twins/multiple births? ___ Yes ___ No

Will your baby be exposed to tobacco smoke in the home? ___ Yes ___ No

Does your baby share a bedroom with another person? ___ Yes ___ No

TO BE FILLED OUT BY THE PHYSICIAN:

Synagis Eligibility Assessment _____ Gestational Age _____

___ Yes ≤ 24 months of age with BPD/CLD and medical intervention for CLD within the past 6 months
(Born Oct. 1, 2004 or after)

___ Yes ≤ 24 months of age with Congenital Heart Disease (Born Oct. 1, 2004 or after)

___ Yes ≤ 28 weeks gestational age and < 1 year of age @ onset of RSV season (Born Oct. 1, 2005 or after)

___ Yes 29-32 weeks gestational age @ onset of RSV season (Born April 1, 2006 or after)

___ Yes 33-35 weeks gestational age and < 6 months of age @ onset of RSV season (Born April 1, 2006 or after)

WITH one risk factor listed below: *(Please check all that apply)*

___ Passive smoke exposure

___ Daycare attendance (exposure to other children and adults for > 4 hours per week)

___ Two or more individuals sharing a bedroom

___ Young siblings

___ Multiple birth

___ Distance and availability of hospital care for severe respiratory illness

___ Yes Other medical conditions: _____

___ No, this baby does not qualify for RSV prophylaxis.

Physician Signature: _____ Date: _____

If **yes**, please give chart to Synagis coordinator. Chart # _____