

Ontario Risk Assessment Tool

Respiratory Syncytial Virus (RSV) Prophylaxis For 33-35 Completed Week Gestational Age Infants

Who are Aged ≤ 6 Months at the Start of, or During, the Local RSV Season

| | |
|--------------------------|----------------------------------|
| Date: | _____ |
| Patient Initials: | _____ |
| Date of Birth: | Day _____ Month _____ Year _____ |
| Gestational Age: | _____ weeks |

To Whom It May Concern:

Upon examination the above-mentioned patient presents the following RSV risk factors and I am therefore requesting Palivizumab prophylaxis.

| Risk Factor | Yes | | No | | Score |
|---|-----|-----------|----|----------|-------|
| | Y | Yes value | N | No Value | |
| a) Birth Month is November, December or January? | | 25 | | 0 | |
| b) Infant to attend Day Care or siblings in Day Care? | | 17 | | 0 | |
| c) More than five individuals in the home including the infant (i.e. 6 or more)? | | 13 | | 0 | |
| d) Small for Gestational Age (Birth Weight <10th percentile for GA) | | 12 | | 0 | |
| e) Immediate family (mother, father, sibling) without history of eczema? (without eczema = YES) | | 12 | | 0 | |
| f) Gender is Male? | | 11 | | 0 | |
| g) More than one smoker in the household (i.e. 2 or more)? | | 10 | | 0 | |
| Total Score: | | | | | |

| Category | Score | Action |
|---------------|----------|--|
| Low Risk | 0 – 48 | Will not be approved. <i>Note: If the infant is in the low risk category with additional risk factors that justify prophylaxis, please submit an additional letter of support for consideration.</i> |
| Moderate Risk | 49 – 64 | Can be submitted for consideration. |
| High Risk | 65 – 100 | Will be approved. |

Regards,

Dr.....