

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Pediatric RSV Prevention Risk Assessment

Fax completed form to respective program (2 pages)

For more information go to www.albertahealthservices.ca/info/rsvprogram.aspx

Northern Alberta RSV Prevention Program
Edmonton & Northern Alberta (includes Red Deer)
Fax: (780) 670-3223 Phone: (780) 407-3978

Southern Alberta RSV Prevention Program
Calgary and Southern Alberta
Fax: (403) 476-9615 Phone: (403) 955-2283

Referral Site/Unit	Completed by (name, designation)	Phone	Date (dd-Mon-yyyy)
Child's Last Name		Child's First Name	ULI/RHRN #
Birth Gestational Age	Date of Birth (dd-Mon-yyyy)	Birth Weight (grams)	Current Weight (grams)
Mother's Last Name		Mother's First Name	Cell
Father's Last Name		Father's First Name	Cell
Primary Language	Place of Residence		Home Phone

Eligibility Criteria	Yes	No
1. Premature: less than or equal to 29 6/7 weeks gestational age and born after April 30, 2024 (less than 6 months of age as at November 01, 2024)		
2. Premature: 30 0/7 to 32 6/7 weeks gestational age and born after August 31, 2024		
3. Premature: 33 0/7 to 35 6/7 weeks gestational age and born after September 30, 2024 and answers yes to one of the following questions: Does the family live more than 2 hours from the nearest hospital that provides bronchiolitis treatment? Does the family live in a remote location with no permanent road access? (i.e. Fox Lake) <i>Point of emphasis: In some situations, there may be an increased risk of severe RSV infection. These risks include being male, SGA (< 10th percentile) part of a crowded household, exposure to smoking and siblings at daycare. In extreme situations, RSV prophylaxis may be warranted. For consideration of a patient with unusual combinations of the above issues, please submit a detailed request to the RSV Prevention Program. It is expected there will be very few approvals based on these grounds.</i>		
4. Premature: less than or equal to 35 6/7 weeks gestational age and less than 2 years of age as at November 01, 2024 with chronic lung disease as evidenced by: (Check all applicable factors) <input type="checkbox"/> home oxygen after April 30, 2024 <input type="checkbox"/> on long term prophylaxis or recent exacerbation needing systemic steroids <i>Requirement for oxygen due to central apnea or obstructive sleep apnea are not indications for use of RSV Immunoprophylaxis</i> Details: _____		
5. Severe hemodynamically significant congenital heart disease: age less than 1 years of age as at November 01, 2024		
Provide specific diagnosis and/or cardiac medications		
Approved by Cardiologist (Name)		

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Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

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Eligibility Criteria continued	Yes	No
6. Tracheostomy: age less than 2 years of age as at November 01, 2024. Prophylaxis may be considered in those aged less than 4 years as at November 01, 2024 and ventilator dependent		
7. Trisomy 21: age less than 2 years of age as at November 01 2024.		
8.a) Other Categories: age less than 2 years of age as at November 01, 2024	Yes	No
Persistent requirement for home oxygen due to pulmonary hypertension, chronic lung disease, meconium aspiration or gastro-esophageal reflux disease.		
Congenital anomaly of airway i.e. trachea-esophageal fistula, congenital diaphragmatic hernia, Pierre Robin Sequence, moderate to severe laryngomalacia.		
Congenital anomaly of the lung i.e. congenital pulmonary airway malformation, interstitial lung disease.		
8.b) Other Categories: Exception with no age restriction	Yes	No
Neuromuscular disorders. Exception with no age restriction: spinal muscular atrophy type 1 weighing less than 15 kg		
Significant immunodeficiency. Exception with no age restriction: severe combined immunodeficiency, stem cell transplant or bone marrow transplant first year post transplant.		
State Diagnosis: _____ _____		
9. Others not listed above, please include supporting health history documentation for program director review and consideration. State Diagnosis: _____ _____		
Completed by <i>(name, designation)</i>	Phone	Date <i>(dd-Mon-yyyy)</i>

Reconsideration of Referrals: contact your regional Alberta RSV Prevention Program	
Northern Alberta RSV Prevention Program RSV.Edmonton@albertahealthservices.ca	Southern Alberta RSV Prevention Program RSV.Calgary@albertahealthservices.ca