

**(For use by clinic / point of care as an individual administration record)**

**Patient Name:** \_\_\_\_\_ **DoB (dd/mmm/yyyy):** \_\_\_\_\_

**Parent / Legal Guardian Name:** \_\_\_\_\_ **Provincial Health #:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Provincial Reference #:** \_\_\_\_\_

**Other Phone / Contact:** \_\_\_\_\_

Circle #doses approved

3 4

Dosing 15mg/kg  
2nd dose 3-4 weeks after 1st  
Subsequent doses 4-5 weeks apart

**Consent obtained?**  NO  YES

**Course complete?**  NO  YES

**Eligibility Criteria:**

Dose #	When Taken	Where Dose Was Administered	Date (dd/mmm/yy)	Lot Number	Weight (kg)	Expiry Date	Dose (mg)	Admitted with any respiratory infection in previous month?	Admitted with RSV+ infection in previous month?	Clinic for next dose?
1		<input type="checkbox"/> No <input type="checkbox"/> Yes, at: _____						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____
2	3-4 weeks after Dose 1	<input type="checkbox"/> No <input type="checkbox"/> Yes, at: _____						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____
3	4-5 weeks after Dose 2	<input type="checkbox"/> No <input type="checkbox"/> Yes, at: _____						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____
<i>*NOTE: the standard administration is three to four doses; a fifth dose may only be given to patients who have undergone cardiac bypass surgery.</i>										
4 <sup>th</sup> ?	4-5 weeks after Dose 3	<input type="checkbox"/> No <input type="checkbox"/> Yes, at: _____						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____
5 <sup>th</sup> ?		<input type="checkbox"/> No <input type="checkbox"/> Yes, at: _____						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____
Final f/up		<input type="checkbox"/> No <input type="checkbox"/> Yes, at: _____						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____

At the end of each day, fax this page to the RSV Program and to any clinic that the patient attends.

If the patient has been hospitalized for any respiratory infection, then please fill out a Hospitalization Data form and send to [rsv@cw.bc.ca](mailto:rsv@cw.bc.ca).