Le Bonheur Children's Medical Center

attach patient label

PHYSICIAN ORDERS

Palivizumab (Synagis) Order Form

(Please allow 48 hours for verification and dispensing.)

Date:_____ Time:_____ Height:_____cm Weight:_____kg BSA _____

1. Palivizumab (15 mg/kg) _____ mg IM x one dose.
Patients must meet at least one of the following criteria, never have been home, **and have plans for discharge within 1 week.***
2. Please select indication for use:
[ ] ≤ 32 weeks EGA infant who is less than 6 months of age
[ ] ≤ 29 weeks EGA infant who is less than 1 year of age
[ ] Between 32-35 weeks EGA infant who is less than 6 months of age in October with additional risk factors.
Additional Risk factors include:
[ ] day care attendance
[ ] multiple < 8 year old children in household
[ ] tobacco smoke in home
[ ] severe neuromuscular disease
[ ] congenital malformations affecting the respiratory tract
[ ] Infant with Chronic Lung Disease who is less than 2 years of age in October if:
systemic steroid, oxygen, or diuretic dependent within the last 6 months.
[ ] Infant with severe immunodeficiency (ex: recent transplantation, SCID, prolonged high-intensity chemotherapy)
who is less than 2 years of age in October if significant exposure to RSV is likely.
[ ] Infant less than 2 years of age with hemodynamically significant congenital heart disease
as judged by the patient's pediatric cardiologist.
*Patients who have previously been home should receive their palivizumab from their PCP. If necessary, the PCP can send the patient's dose to the hospital to be dispensed by the pharmacy. The Infectious Diseases Service should be contacted for use outside the above criteria.

Physician Name_____ Date_____ Time_____

Physician Signature_____ Physician #_____