Requests for RSV Immunoglobulin (palivizumab) will be considered by the Drug Usage Committee (DUC) on a case by case basis. Criteria for use have been established following consultation with relevant clinicians.

In general, therapy will only be approved for infants in first year of life, although DUC may consider application for use in second year of life in exceptional circumstances.

**Brief Clinical Summary**

*Age now: ......................  Age at onset of next RSV season (1st April): .................*

**For Infants with Severe BPD/CLD:**

**Diagnosis:**

☐ infant was born prematurely (gestation = ..................weeks)

☐ infant is currently hospitalised and likely to remain so for a significant part of the RSV season (April to September)

**Details**

☐ infant receives continuous oxygen therapy

☐ infant is likely to require oxygen for at least 12 months.

☐ infant currently requires systemic corticosteroids to control the lung disease

**Other relevant factors:**

Age of siblings: ___________________
Diagnosis:

- Infant’s sole source of pulmonary blood flow is:
  - a Sano shunt,
  - a systemic-to-pulmonary artery shunt,
  - a bidirectional cavopulmonary shunt.

- Infant has moderate to severe pulmonary hypertension

Evidence for this:

- Infant has poorly controlled heart failure despite optimal therapy
- Infant has other additional risk factors such as major disease affecting other system(s)

Details

- Infant is currently hospitalised and likely to remain so for a significant part of the RSV season (April to September)

Details

Age of siblings: _______________

Consultant requesting therapy:

Name _______________ Signature: _______________ Date: _______________

Date of DUC approval: _______________ Signature: _______________

NB: Requesting consultants will be asked to provide feedback/evaluation to DUC of therapy outcomes at end of the RSV season.
Recommendations

For Infants with Severe BPD/CLD - Chief of Medicine

Signature

Name

Date

For Infants with haemodynamically serious congenital heart disease - Director of Cardiology

Signature

Name

Date

Approved by Drug Usage Committee

Signature

Name

Date

Note: Current evidence does NOT support the use of RSV immunoglobulin in the following situations:
   a) cystic fibrosis
   b) cardiac lesions adequately corrected or palliated by surgery
   c) haemodynamically insignificant congenital heart disease
   d) treatment of RSV disease
   e) post-exposure prophylaxis of RSV
   f) immunodeficiency
   g) upper airway obstruction
RSV IMMUNOGLOBULIN THERAPY - EVALUATION REPORT

UR Number………………………………
Surname………………………………
First Name……………………………………
DOB………………………………

This report is required by the Drug Usage Committee within 60 days of the last dose of palivizumab.

1. Date of last dose __________

2. Number of doses given __________

3. Did the patient acquire RSV (proven by Immunofluorescence)?

_________________________________________________________
_________________________________________________________

4. During this admission, the child required ventilation? Y/N

5. Brief comments on efficacy of palivizumab.

_________________________________________________________
_________________________________________________________
_________________________________________________________

Signature: ______________________
Date:  ______________________

Please forward to Brian Lilley Secretary, DUC