

SYNAGIS REFERRAL FORM 2017-2018

****FAX COMPLETED FORM TO SYNAGIS REFERRAL PROGRAM at 585-461-1231****

BABY'S NAME: _____ **DATE OF BIRTH:** _____
ADDRESS: _____
PHONE #s: _____
INSURANCE: _____ **POLICY # :** _____
CARD HOLDER: _____ **RELATION TO BABY:** _____
SECONDARY INS INFO: _____
REFERRING PHYSICIAN: _____ **PHONE:** _____

(1.) Prematurity

Patient's Gestational Age: _____ wks _____ days Birth Weight: _____
Current Weight _____ kg lbs (circle one) Date Recorded _____

- Gestational age of <28 6/7 weeks and <12 months of age at the start of RSV season (DOB December 1, 2016 or later)
- Gestational age of 29 0/7-31 6/7 weeks, <12 months of age at the start of RSV season (DOB December 1, 2016 or later) with a requirement for >21% oxygen for at least the first 28 days after birth

NICU HISTORY: Yes No

Was there a NICU/HOSPITAL dose administered? Yes; date administered: _____ No

(2.) Diagnosis of chronic pulmonary disease (CLD/BPD), gestational age of 31 6/7 weeks or less, active therapy 6 months before the start of the RSV season (6/2017 or later) and DOB 12/1/2015 or later

Yes

Is patient receiving medical treatment of (check all that apply & provide the last date received):

- Oxygen Date: _____
- Diuretics Date: _____
- Corticosteroids Date: _____

(3a) Diagnosis of complex congenital heart disease and/or cyanotic heart disease with DOB 12/1/2016 or later (first year only)

Yes Indicate type of heart problem and ICD-9 diagnosis code:

- Diagnosis of moderate-severe pulmonary hypertension Diagnosis of congestive heart failure
- Cardiac medications: _____ Date last received: _____
Peds Cardiology Only-please indicate MD or NP referring: _____

(3b) Children <2 years undergoing heart transplantation during RSV season may be considered for prophylaxis

Yes Indicate date of transplant _____

(4.) Diagnosis of congenital airway abnormality or severe neuromuscular weakness with DOB 12/1/2016 or later, with impaired ability to clear secretions from the upper airway because of ineffective cough

Diagnosis: _____

(5.) Children less than 24 months who undergo solid organ or hematopoietic stem cell transplantation and are profoundly immunocompromised during the RSV season (DOB 12/1/2015 or later)

Diagnosis: _____

(6a) Diagnosis of Cystic Fibrosis with clinical evidence of CLD and/or nutritional compromise (weight for length less than the 10th percentile)**with DOB 12/1/2016 or later**

- Chronic lung disease
- Weight for length <10th percentile

(6b) Diagnosis of Cystic Fibrosis with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on CXR or chest CT) **or weight for length < 10th percentile during the second year of life (DOB 12/1/2015 or later)**

- Chronic lung disease
- Weight for length <10th percentile

Reference:

Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection

www.pediatrics.org/cgi/doi/10.1542/peds.2014-1665