

 <p style="text-align: center;">CREDIT VALLEY THE CREDIT VALLEY HOSPITAL</p>	CLINICAL PRACTICE GUIDELINE	PROFESSIONAL PRACTICE
TITLE: Respiratory Syncytial Virus (RSV) Prophylaxis with Palivizumab		
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	ISSUED BY: _____ TITLE: President	

Purpose:

To provide a guideline for newborns and children who would be appropriate for Respiratory Syncytial Virus (RSV) prophylaxis.

Definition:

RSV is a very common virus that causes croup symptoms and infections in the lower part of the lungs. RSV can be harmful to newborns and some young children. RSV prophylaxis is indicated for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients at high risk of RSV disease.

Selection Criteria:

Inclusion

- Infants born less than 32 weeks gestation and aged less than or equal to 6 months as of the start of the RSV season (fall to spring).
- Children less than or equal to 2 years of age with bronchopulmonary dysplasia and who have required oxygen within the 6 months preceding the RSV season

Exclusion

RSV prophylaxis should not be given to children with:

- blood clotting problems
- low platelets
- a previous reaction to RSV prophylaxis
- cyanotic congenital heart disease

Responsibilities:

RSV prophylaxis with Palivizumab (Synagis tradename) is released through a special program from Abbott Laboratories. The Canadian Blood Services "Respiratory Syncytial Virus Prophylaxis Case Application Request Form" must be completed and faxed to Abbott Laboratories (Fax #514-832-7251) before release of the drug.

Treatment and Monitoring:

1. Treatment with Palivizumab is a series of up to 5 intramuscular injections commencing at the start of the RSV season. Patients get 1 injection each month, for 5 months or until the end of the RSV season.
2. Infants transferred to SCN who have started prophylaxis with Palivizumab will continue to get their monthly injections while in SCN.
3. Infants born at CVH will have RSV prophylaxis with Palivizumab started at 29 weeks gestation if stable.
4. The recommended dose of Palivizumab is 15mg/kg of body weight.
5. Injection volumes over 1mL should be given as a divided dose.
6. Patients who develop an RSV infection, should continue to receive monthly doses throughout the RSV season.

Discharge:

Patients discharged home after starting the RSV immunization schedule will have subsequent injections given in the Pediatrician's office.

Evaluation:

All patients receiving RSV prophylaxis will be evaluated one year after completing the RSV immunization schedule. The following criteria will be measured:

- Incidence of RSV-related hospitalizations
- Length of stay for hospitalization
- Adverse Reactions including
 - Allergic reactions
 - Side effects

These outcome measures will be collected through a review of the Patient Care Inquiry computer module and a telephone follow-up call will be made to the Paediatrician's office.

References:

American Academy of Pediatrics Policy Statement. Prevention of Respiratory Syncytial Virus Infections: Indications for the Use of Palivizumab and Update on the Use of RSV-IGIV. Nov. 1998 Vol 102:5:1211-1216.

Canadian Blood Services. Respiratory Syncytial Virus Prophylaxis Case Application Request Form.

Canadian Paediatric Society, Infectious Diseases and Immunization Committee: Palivizumab and Respiratory Syncytial Virus Immune Globulin Intravenous for the Prophylaxis of Respiratory Syncytial Virus Infection in High Risk Infants. Paediatrics and Child Health 1999; 4(7):474-480.

Mayock D: Recommended Guidelines for the Use of Synagis and RespiGam in Infants and Children. University of Washington Academic Medical Center. NICU-WEB, October 1999.

Approval:

Department of Paediatrics: January 2000

SCN Committee: December 2000

Perinatal Steering Committee: January 2000

Professional Practice Committee: February 2000

Clinical Quality Care Committee: June 2000

Medical Advisory Committee: August 2000