

RSV RISK ASSESSMENT

PATIENT'S NAME: _____ DATE: _____

DATE OF BIRTH: _____ GESTATIONAL AGE (GA): _____ weeks BIRTH WEIGHT: _____ (kg)

REGIONAL RSV SEASON START DATE: ___/___/___ PROJECTED OR ACTUAL (circle one)

1. Will patient be less than 2 years of age at the start of the season (Born after: ___/___/___)?

Yes
 Proceed to Question #2

No

2. Does patient have Chronic Lung Disease (CLD/BPD), hemodynamically significant Congenital Heart Disease (CHD), or other serious condition that compromise pulmonary or immune function (other than prematurity)?

Yes
 Proceed to Question #3

No

3. Was patient born prematurely (<36 weeks' GA)?

Yes
 See prematurity section

No

<p style="text-align: center;">≤28 Weeks Gestational Age</p> <p style="text-align: center;">Less than 1 year old at the start of the season (Born after: ___/___/___)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p style="text-align: center;">29-32 Weeks Gestational Age</p> <p style="text-align: center;">Less than 6 months old at the start of the season (Born after: ___/___/___)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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32-35 Weeks Gestational Age

Less than 6 months old at the start of the season WITH additional risk factors (check all that apply)
(Born after: ___/___/___)

Yes
 No

<ul style="list-style-type: none"> <input type="checkbox"/> School-age siblings <input type="checkbox"/> Daycare attendance (>2 unrelated children for >4 hours per wk¹) <input type="checkbox"/> Exposure to environmental air pollutants <input type="checkbox"/> Severe neuromuscular disease <input type="checkbox"/> Congenital abnormalities of the airways 	<ul style="list-style-type: none"> <input type="checkbox"/> Low birth weight (<2500 grams) <input type="checkbox"/> Crowded living conditions <input type="checkbox"/> Multiple birth <input type="checkbox"/> Family history of asthma <input type="checkbox"/> Other _____
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Risk factors may change over time and may need to be reassessed.

* This form is intended for use in assessing infants for risk of acquiring severe RSV disease. The form has been provided as a guide. This is not intended to be a substitute for or an influence on the independent medical judgment of the physician.

1. References available upon request