Soldiers' MEMORIAL HOSPITAL Orillia

Medical Directive #82: Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration to Paediatric Patients

ACTION

Description of Procedure

Administer the Respiratory Syncytial Virus (RSV) monoclonal antibody (Beyfortus/nirsevimab) to all infants and high-risk children up to 24 months old in the Regional Women and Children's Program during the RSV season. The RSV season typically begins in October and ends in March, this is indicated by the Ministry of Health each year.

Clinical Criteria

Inclusion Criteria

- All infants born in the current year and during the RSV season
- Children aged up to 24 months, in their second RSV season, with any of the following conditions:
  - Chronic lung disease (i.e. bronchopulmonary dysplasia requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months prior to the start of the RSV season)
  - Cystic Fibrosis with respiratory involvement and/or growth delay
  - Hemodynamically significant chronic cardiac disease
  - Severe immunodeficiency
  - Down Syndrome/Trisomy 21
  - Neuromuscular disease
  - Severe congenital airway anomalies impairing clearing of respiratory secretions

Exclusion Criteria

- Substitute decision maker does not consent to the RSV monoclonal antibody
- Birthing parent received antenatal RSV vaccination between 32 – 36 weeks gestation in current RSV season and at least 2 weeks prior to the date of birth of the infant
- Hypersensitivity with first RSV monoclonal antibody administration (if applicable)
- Prior confirmed RSV infection in current RSV season
- Patients with known bleeding disorders (consult MRP prior to administration)
- Moderate or severe acute illness (consult with MRP prior to administration)

Additional Implementation Guidelines

- Provide the substitute decision maker with written educational information about RSV
- Complete consent documentation with substitute decision maker
- Provide parent or substitute decision maker with yellow immunization record
- Can be provided administered concomitantly with other vaccines

Authorized To

Registered Nurses, Registered Practical Nurses and Registered Midwives working in the Regional Women and Children's Program at OSMH who have successfully completed the Medical Directive General Overview eLearning module

Initiation of Medical Directive:

ID	PRINTED NAME	YYYY-MM-DD HH:MM	SIGNATURE

Approved

DATE	AUTHORIZING PHYSICIAN

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ACTION

Medical Directive Orders

☒ For infants weighing less than 5 kg, give nirsevimab 50 mg (0.5 ml) IM x 1 dose in anterolateral thigh
☒ For infants weighing 5 kg or more, give nirsevimab 100 mg (1 mL) IM x 1 dose in anterolateral thigh
☒ For high risk children up to 24 months old and in their second RSV season, give nirsevimab 200 mg (2 mL) as two 1 mL injections of 100 mg/mL administered in two separate injection sites
  ☒ If the child weighs less than 10 kg entering their second RSV season, notify MRP for dosing instruction
☒ Monitor patient for 15 minutes post injection for possible hypersensitivity reaction. If concerns for hypersensitivity arise (i.e. rash, pyrexia), observe for a minimum of 30 minutes

Pain Management

☒ Consider Medical Directive # 42 Topical Anaesthetic to a Patient Under Care of a Paediatrician for children greater than 1 month
☒ Sucrose 24% PO once on the anterior tip of the tongue and the buccal mucosa, allowing the infant to suck on a soother or gloved finger for 2 minutes prior to the injection
  ☒ Gestational age 33-37 weeks: 0.5 mL – 1 mL
  ☒ Gestational age 37 weeks: 1mL – 2mL
☒ Non-Pharmacological methods of pain management (e.g. skin-to-skin, breastfeeding, swaddling, soother)

Documentation

Nurse or Midwife will document the following in the patient record

- Initiation of Medical Directive including date and time
- Name and number of the medical directive
- Name and signature of the implementer, including credential
- Name of the Physician/Authorizer responsible for the directive and patient
- Lot and expiry of medication administered
- Document on yellow immunization record and provide to substitute decision maker

Monitoring and Evaluation

***These orders do not require a prescribing practitioner signature ***

This Medical Directive has been approved by MAC **2024-10-03** and complies with the Medical Directive: Creation and Approval Policy and Procedure 2020.

Medical Directive Authorization Form

Initiation of Medical Directive:

ID	PRINTED NAME	YYYY-MM-DD HH:MM	SIGNATURE

Approved

DATE	AUTHORIZING PHYSICIAN