

Standard Work for Administration of RSV Prophylaxis in the NICU

Name: Marissa Sylvester, Kayla Moss, Anna Palmieri, Lindsey Verduyn, Fiona Guy & Becky Thomas

Date: 2024-09-25



Purpose: RSV Prophylaxis will be offered universally to all newborns born during the RSV season during their admission in hospital after birth.

	On Major Steps	Details (if applicable)	Reasons (Why)
1	MRP identifies: <ul style="list-style-type: none"> • Infant may be discharged home within 7 days • If any contraindications to receiving Beyfortus are present 	Allow time for conversations with family re: informed decision and planning for parents/caregivers to be present to buffer pain/provide comfort.	
2	MRP/Pharmacist to review patient information with families regarding RSV prophylaxis with Beyfortus and obtain consent from Substitute Decision Maker (SDM)	<ul style="list-style-type: none"> • Provide fact/teaching sheet to families on RSV prophylaxis (PCMCH Parent Sheet) • Ensure questions answered to family satisfaction • Confirm verbal consent for prophylaxis with RN 	Consent must be obtained in order for RN to place order under medical directive.
3	RN places order for prophylaxis in EMR via Medical Directive #44015	<ul style="list-style-type: none"> • Ensure weight-based dosing is reviewed in medical directive #44015 	
4	RN dispenses Beyfortus from pharmacy refrigerator in NICU and sucrose 24% to prepare for administration	Beyfortus not kept in automated medication dispensing cabinet because of need for refrigeration	Infants preparing for discharge home are on full feeds; if sucrose is contraindicated, please discuss with MRP prior to administration
5	Collect supplies required to administer prophylaxis via intramuscular route	<ul style="list-style-type: none"> • 25g needle obtained by RN for injection (not included in Beyfortus package) • Collect chlorohexidine swab, band aid, sucrose (if applicable) 	

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		<ul style="list-style-type: none"> Plan for comfort and pain management (i.e. parents present to soothe, hand-hugs, swaddling, soother, sucrose as per orders) 	
6	Review procedure with family, explaining injection technique and determining a pain minimization strategy.		Family-centered approach includes families as buffers for pain; consider skin to skin care if possible
7	Scan patient ID, Beyfortus and sucrose in EMR as per routine steps of barcode medication administration		Ensures safe medication administration and documentation in EMR
8	Landmark injection site of the anterolateral aspect of the thigh (vastus lateralis muscle) and cleanse injection site with chlorhexidine swab for 30 seconds to disinfect.	Allow 30 seconds dry time to properly disinfect, and minimize pain related to disinfectant during injection	NICU skin disinfectant is: chlorhexidine swab
9	Administer RSV prophylaxis according to monograph		

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	On Major Steps	Details (if applicable)	Reasons (Why)
10	Apply light pressure for 30 seconds to injection site and place band aid over site if required.	<ul style="list-style-type: none">• Continue comfort measures as long as infant indicating they are feeling pain/stress i.e. sustained holding, skin-to-skin and soothing measures• Consider OIT or breastfeed if clinically appropriate	
11	Monitor for signs and symptoms of reaction and provide education on this to parents, including steps to take if reaction occurs	<ul style="list-style-type: none">• If injection occurs just prior to discharge, ensure family teaching complete with respect to how to manage any reactions/side-effects at home• Please see medical directive for information on signs/symptoms of adverse reaction	