**E-LEARNING QUIZ QUESTIONS**

**What is Respiratory Syncytial Virus (RSV) and who is most at risk?**

a) A bacterial infection affecting the lungs; elderly adults

b) A viral infection primarily affecting the respiratory tract; infants, young children, and older adults

c) A parasitic infection; people with compromised immune systems

d) A fungal infection of the sinuses; teenagers

**Which of the following is a common symptom of RSV in infants?**

a) High fever and rash

b) Cough, wheezing, and difficulty breathing

c) Nausea and vomiting

d) Headache and joint pain

**What is the primary mode of RSV transmission?**

a) Bloodborne

b) Airborne droplets and direct contact with contaminated surfaces

c) Sexual contact

d) Waterborne transmission

**What are key prevention strategies for RSV?**

a) Hand hygiene, avoiding close contact with sick individuals, and cleaning touched surfaces frequently

b) Wearing gloves at all times

c) Taking antibiotics prophylactically

d) Regularly taking vitamin supplements

**Why is early recognition and supportive management important in RSV cases?**

A) To start antiviral medication promptly

B) To prevent the progression to severe illness, such as bronchiolitis or pneumonia

C) To reduce the likelihood of needing surgery

D) To immediately begin antibiotics

**What is the purpose of RSV prophylaxis?**

A) To cure RSV infections

B) To diagnose RSV infections

C) To prevent serious lower respiratory tract infections caused by RSV

D) To treat mild RSV symptoms in infants

**RSV prophylaxis involves the administration of what type of intervention?**

A) A vaccine

B) An antibiotic

C) A long-acting monoclonal antibody

D) An antiviral medication

**Beyfortus *®* (nirsevimab) is a new monoclonal antibody for RSV prevention. How does it work?**

A) It cures RSV infections

B) It neutralizes RSV before it can infect respiratory cells

C) It is a vaccine that provides lifelong immunity

D) It acts as a decongestant for infants

**Beyfortus ® (nirsevimab) helps protect infants and young children from lower respiratory tract infections caused by RSV through passive immunization that offers immediate protection**.

True

False

**Which of the following recommended dosing of Beyfortus ® (nirsevimab) is correct?**

A)<5 kg = 50 mg; ≥ 5 kg= 100 mg; 2nd Children(aged 24 months or less ) who are vulnerable to severe RSV disease in their second season=200mg

B)<5 kg = 100mg; ≥ 5 kg = 200 mg; Children(aged 24 months or less ) who are vulnerable to severe RSV disease in their second season= 250mg

C)<5 kg = 50 mg; ≥ 5 kg = 50 mg; Children(aged 24 months or less ) who are vulnerable to severe RSV disease in their second season=100mg

D)<5 kg = 100 mg; ≥ 5 kg= 100 mg; Children(aged 24 months or less ) who are vulnerable to severe RSV disease in their second season =200mg

**Which muscle is used for the intramuscular injection of Beyfortus ® (nirsevimab)?**

A) Deltoid

B) Gluteus maximus

C) Vastus lateralis

D) Biceps brachii

**MEDICAL DIRECTIVE QUESTIONS**

**Who is authorized to administer Beyfortus ® (nirsevimab) under the medical directive?**

A) Physicians only

B) Nurses (RNs and RPNs), Physician Assistants and Midwives who have completed an annual review of the directive

C) Pharmacists

D) Respiratory therapists

**Under the medical directive at Hamilton Health Sciences (HHS), when may nurses and midwives administer RSV Prophylaxis (Beyfortus ® (nirsevimab)) to an infant or pediatric patient?**

A) When the patient's Substitute Decision Maker (SDM) has consented

B) Infant entering or during their first RSV season as per the Ministry of Health guidelines.

C) Infant is clinically stable, at least 30 weeks + 0 days corrected gestational age, and weighs more than 1800 grams.

D) Children(up to 24 months of age ) who are vulnerable to severe RSV disease due to conditions like chronic lung disease, congenital heart disease, immunocompromised conditions, Down syndrome, cystic fibrosis, neuromuscular disease, or congenital airway anomalies.

E) all of the above

**Which of the following is a contraindication for administering Beyfortus ® (nirsevimab) under this medical directive?**

A) The patient is afebrile but has mild upper respiratory tract infection (URTI) symptoms.

B) The patient has a history of severe hypersensitivity reactions, including anaphylaxis, to BEYFORTUS or any of its components.

C) The patient’s Substitute Decision Maker (SDM) has provided consent.

D) The patient is on anticoagulation therapy but has been cleared for IM injections by the physician.

**What is the appropriate action to take if an outpatient pediatric patient shows signs of anaphylaxis, such as dyspnea or hives, after receiving BEYFORTUS (nirsevimab)?**

A) Wait 10 minutes to see if symptoms improve before taking action.

B) Call a Pediatric Code Blue for pediatric outpatients in the clinic.

C) Call a Code Pink for pediatric inpatients in Neonatal Intensive Care Unit/Level 2 Nursery, MUMC L&D, 4C Postpartum, Midwifery Care Unit and WLMH Obstetrics Unit.

D) Call a Code Pink for pediatric outpatients in clinic.

**What is the appropriate action to take if a patient on 4C shows signs of anaphylaxis, such as dyspnea or hives, after receiving BEYFORTUS (nirsevimab)?**

A) Wait 10 minutes to see if symptoms improve before taking action.

B) Call a Pediatric Code Blue for pediatric outpatients in the clinic.

C) Call a Code Pink for pediatric inpatients in Neonatal Intensive Care Unit/Level 2 Nursery, MUMC L&D, 4C Postpartum, Midwifery Care Unit and WLMH Obstetrics Unit

D) Call a Pediatric Code Blue for pediatric inpatients on all inpatient units

**Which of the following must be documented in the patient’s health record after administering Beyfortus ® (nirsevimab)**

A) The patient’s allergy history.

B) The patient’s response to the prophylaxis and verbal consent obtained.

C) The patient's immunization history.

D) The time and date of the patient's last RSV season.

**When documenting the administration of BEYFORTUS (nirsevimab) on the electronic Medication Administration Record (eMAR), which of the following must be included?**

A) The patient’s weight and height.

B) The dose, route, site of injection, date and time, brand name, lot number, expiry date, and the name and designation of the individual administering it.

C) The patient’s medical history.

D) The number of previous RSV infections.