Beyfortus (Nirsevimab) Screening Questionnaire

Lansing Pediatric Associates

The following criteria must be met to proceed with Beyfortus immunization. Please initial all that apply.

_____ Child is less than 8 months of age, has not previously received Nirsevimab and is born during or entering their first RSV season (Oct - March) AND

_____ Mother did not receive RSV vaccination (Abrysvo) at least 14 days before delivery, in the current RSV season. (This vaccine is offered to pregnant women between week 32 and 36 of pregnancy during September through January)

OR

_____ Child is age 8-19 months of age, entering their second RSV season and has one of the following conditions that increase their risk for severe RSV:

- **Severe lung disease of prematurity which required medical support during the 6 months before RSV season starts**
- **Immunocompromised**
- **Severe cystic fibrosis**
- **Alaska native or Native American**

All of the following must apply to proceed with immunization:

_____ Child has not had a severe allergic reaction to Nirsevimab or any of its components

_____ Child does not have a moderate to severe illness or fever > 101.5 F

Use caution and **discuss with ordering provider if any of the following:**

- **Child has a mild illness with low-grade fever**
- **Child has thrombocytopenia (platelet disorder), any bleeding disorder, or is on anticoagulation therapy (heparin, etc)**

Patient Name: _____ Date of Birth: _____

Weight: _____

Parent Name: _____

RN/Physician Signature: _____