

 <b>Lakeridge Health</b>	<b>Respiratory Syncytial Virus (RSV) Monoclonal Antibody (Nirsevimab) Ordering – Medical Directive</b>	
	Manual: Medical Directives & Delegated Controlled Acts	Original Date: 01NOV2024
	Section: Paediatrics and Neonatology	Version Date: 01NOV2024
	Document Owner: Women’s and Children’s Health	Next Review Date: 01NOV2026
	Approved by: Women’s and Children’s Quality Council, Pharmacy and Therapeutics Committee	
Cross Reference to:		
<p>A printed copy of this document may not reflect the current, electronic version on Lakeridge Health’s Intranet, ‘OASIS.’ Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use. Contact policies@lh.ca for version history.</p>		

## Authorizing Prescriber(s)

All Lakeridge Health Physicians for the following sections:

- Paediatrics
- Neonatology
- Family Medicine Obstetricians

## Authorized to Whom

Registered Midwives with privileges in the Women’s and Children’s Program at LH.

## Patient Description/Population

Newborns delivered at a Lakeridge Health facility being cared for in Labour and Delivery and/or Post Partum areas.

## Order and/or Procedure

### 1. Medication Orders

- For newborns weighing less than 5 kg give Nirsevimab 50 mg (0.5 mL) intramuscularly x 1 dose in anterolateral thigh
- For newborns weighing 5 kg or more, give Nirsevimab 100 mg (1 mL) intramuscularly x 1 dose in anterolateral thigh

## Indications to the Implementation of the Directive

All newborns delivered during the RSV Season (typically October to March, as defined by the Ministry of Health)

## Contraindications to the Implementation of the Directive

This material has been prepared solely for the use at Lakeridge Health. Lakeridge Health accepts no responsibility for use of this material by any person or organization not associated with Lakeridge Health. No part of this document may be reproduced in any form for publication without the permission of Lakeridge Health.

- Caregiver(s) or parent(s) do not consent to the RSV monoclonal antibody
- Birthing person received antenatal RSV vaccinations between 32-36 weeks' gestation in current RSV season AND at least two weeks prior to the date of birth of the infant

### **Special Considerations**

- If other immunizations due at birth, do not implement directive
- If maternal blood borne infections (E.g. Hepatitis B, Hepatitis C, etc.), do implement directive
- Newborns with known bleeding disorders (consult Physician)

### **Consent**

The Registered Midwife will obtain consent from the caregiver prior to the implementation of this medical directive.

### **Documentation Requirements**

In addition to standard documentation practices, the Registered Midwife implementing this medical directive must ensure the following is documented in the patients' electronic health record (EHR)

- The name of the Registered Midwife will be the ordering provider
- The name of the Paediatrician/Neonatologist or Family Medicine Physician will be the authorizing provider
- The full name of this medical directive will be outlined in the comment section (e.g. RSV medical directive)

### **Review/Evaluation Process**

This medical directive will be reviewed every 2 years by the Women's and Children's program.

### **References**

Association of Ontario Midwives. (n.d.). *Respiratory syncytial virus*.  
<https://www.ontariomidwives.ca/respiratory-syncytial-virus>

Professional Practice Network of Ontario. (2024). *Nirsivimab RSV vaccine*.  
<https://www.ppono.ca/wp-content/uploads/2024/10/Nirsivimab-RSV-Vaccine-102024v1.pdf>

Provincial Council for Maternal and Child Health. (n.d.). *RSV provider fact sheet*.  
<https://www.pcmch.on.ca/wp-content/uploads/pcmch-rsv-provider-fact-sheet.pdf>

Public Health Agency of Canada. (2023). *Respiratory syncytial virus*. In *Canadian immunization guide: Part 4 – Active vaccines*. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html>