

Saskatchewan RSV Prophylaxis Program

After each dose given, fax completed form to the RSV Coordinator for your area:

Northern Saskatchewan

(Former Saskatoon, Heartland, Kelsey Trail, Prairie North, Athabasca, Prince Albert Parkland, Keewatin Yatthe, and Mamawetan

Churchill River Health Regions)

Royal University Hospital

Box 87-103 Hospital Drive, Saskatoon, SK S7N 0W8

Office: 306-655-0679 Cell: 306-321-5610

Fax: 306-655-1224

Southern Saskatchewan

(Former Regina Qu'appelle, Sunrise, Cypress, Five Hills and Sun Country Health Regions)

Regina General Hospital

c/o Pediatric Outpatients

1440-14th Avenue, Regina, SK, S4P0W5

Phone: 306-766-4574

Fax: 306-766-3461

SYNAGIS INJECTION RECORD

Health Care site: _____

Client Name: _____

Date of Birth: _____ PHN # _____

Dose # _____

Date dose given: _____

Current Weight (kg): _____ x 15 mg/kg = Dose (mg): _____

Injection Site on Client: _____

Lot # of Vial: _____

Expiry date on Vial: _____

Dose given by: _____ RN NP MD

of Synagis[®] Vials remaining at your site after giving this dose: _____

Reactions/Comments: _____

FOLLOW UP APPOINTMENT: Date: _____ Time: _____