

Beyfortus (*nirsevimab*)

Referral Form



Useful Contact Information

Beyfortus TCP Homecare Phonenumber **01 427 6022**

Beyfortus TCP Homecare Fax **01 429 8721**

What is Beyfortus (*nirsevimab*)

Beyfortus is given as a single injection into the thigh muscle. It is given once before the RSV season starts or at birth for infants born during the RSV season. The recommended dose is 50mg for infants weighing less than 5kg and 100mg for infants weighing 5kg or more.

**This service is available
to high risk babies.**

A patient visit report is sent following each home visit. Please supply an email address for visit reports to be forwarded to. If you choose not to provide an email address, this will be taken as an indication that you are declining a visit report.

Beyfortus (*nirsevimab*) Referral Form

INFANT DETAILS

Infant's First Name	DOB	M	F
Infant Surname	Parent's Full Name		
Telephone (H)	Telephone (M)	Hospital MRN	
Home Address			

HOSPITAL DETAILS

Hospital Name	Hospital Emergency Tel
Referring Consultant	Consultant Specialty
Hospital Nurse	Nurse Tel Number
Email address(es) for Reports	

BEYFORTUS (*nirsevimab*)

Chronic Lung Disease	Prematurity	Please State GA
Congenital Heart Disease	Other	Please Specify

BEYFORTUS REQUIREMENTS

Date of Discharge	Weight of Infant on Discharge	Current Weight of Infant
Past Medical History/Allergies		
Current Medications		
Additional Comments		
Any Precautions		

TO BE COMPLETED BY THE REFERRING CLINICIAN

Please register the patient for the Beyfortus patient support services. I confirm that I am the patient's consultant OR I am a healthcare professional and have been instructed by the patient's consultant, to discuss the services with the patient's parent, guardian and/or carer (the 'Carer'), and they have consented to receive the services. I understand and have explained to the Carer that in order to participate in these services, the personal data of the patient and the Carer will be passed securely to TCP Homecare patient support service providers, who will provide additional information on the services, complete the patient's enrollment and will contact the Carer by phone to facilitate the above, including the health data set out above in order to ensure that the service provider is able to adequately deliver the Beyfortus home administration service to which they have consented. I agree that the patient remains under the care and responsibility of the referring hospital for the duration of their treatment.

Print Name	Date
Signature	

Beyfortus (nirsevimab) IM Injection Prescription

PATIENT INFORMATION			
Name:			
Address:			
Patient Weight in Kilograms (date of prescription):			
Telephone No. NOK/Carer:	Mobile:	Date of Birth:	
	Home:	Allergies:	

MEDICATION AND ADMINISTRATION		
Beyfortus (nirsevimab) pre-filled syringe		
DOSE (Tick One Clearly)	FREQUENCY	ROUTE
50mg <input type="checkbox"/> 100mg <input type="checkbox"/> Other <input type="checkbox"/> _____ mg	Single Dose	Intramuscular injection

EMERGENCY MEDICATION REQUIREMENTS		
The medications listed below will only be administered to treat an adverse reaction if required		
Medication	Dose by Age	Route
Epinephrine(Adrenaline) 1:1,000 (1mg/ml)	Aged less than 6 months 0.1mL (100 micrograms)	IM PRN Up to 3 doses may be given at 5minute intervals
	Aged 6 months-5 years 0.15mL (150 micrograms)	

PRESCRIBER INFORMATION			
Consultant/Prescriber:		Hospital:	
Email:			
MCRN:		Phone /Bleep no.:	
Prescriber signature:		Date:	

Please scan a copy of the prescription from a valid Healthmail or HSE email address to pharmacy@tcp.ie and Homecarepcb@tcp.ie