



CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC0029-001NS Rev. 8/2022

Palivizumab (SYNAGIS)
Injection Therapy Plan

BASELINE PATIENT DEMOGRAPHIC

To be completed by the ordering provider.

NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

Allergies: _____

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

Weigh Patient

Height

INTRA-PROCEDURE

Please select all appropriate therapy

palivizumab (SYNAGIS) inj 15 mg / kg (Dosing Weight)

15 mg / kg, INTRAMUSCULAR, ONCE, for 1 dose

Dose: _____

Adjust dose per protocol.

INTERVAL: Every 28 days

DURATION: _____