RSV PREVENTION TOOLKIT

2025-2026 SEASON

September 2025

NORTHERN MATERNAL CHILD NETWORK
RÉSEAU MÈRE-ENFANT DU NORD

www.nmcn.ca | info@nmcn.ca

Adapted with permission from the Women and Children's Health Network – Central Region

Disclaimer

This Respiratory Syncytial Virus (RSV) Prevention Toolkit is intended for use by healthcare professionals and administrative staff involved in the prevention and management of RSV in perinatal and pediatric care settings. The information provided herein is based on current guidelines from the Provincial Council for Maternal and Child Health (PCMCH), The Canadian Paediatric Society (CPS), National Advisory Committee on Immunization (NACI) and the Center for Disease Control and Prevention (CDC) as of the 2024/2025 RSV season. The resources provided and linked are expected to be updated for the 2025/2026 season as soon as possible.

This toolkit is not a substitute for clinical judgment or institutional policies. Users are responsible for ensuring that all practices comply with local regulations, organizational protocols, and the most current clinical evidence. Consent forms and educational materials should be reviewed and adapted to meet the legal and linguistic needs of your patient population. The authors and contributors of this toolkit assume no liability for the use or misuse of the information contained within.

Contents

Provincial Council for Maternal and Child Health Provider Resources

PCMCH has numerous resources for Healthcare Providers and Families, available in multiple languages. Focusing on prevention for infants and high-risk children in Ontario for the 2025/26 Season:

- RSV Fact Sheet for Healthcare Providers[1]
- RSV Fact Sheet - For Parents[2]
- RSV Fact Sheet IPHCC/PCMCH (Factsheet for Indigenous Parents, Caregivers and Families)
- A poster for healthcare spaces with QR codes linking directly to the parent fact sheet in multiple languages: Protecting Your Child from RSV Poster
- Letter resource that can tailored and provided to patients for the upcoming season in Appendix B

Evidence on Beyfortus Effectiveness in Infants (0–12 months)[1]:
Beyfortus has shown strong real-world effectiveness in protecting infants from severe outcomes due to RSV, consistent with clinical trial results. A systematic review and meta-analysis found that infants who received Beyfortus had:

- 83% lower odds of RSV-related hospitalization
- 81% lower odds of admission to the intensive care unit (ICU)
- 75% lower odds of lower respiratory tract infection (LRTI)

2025/26 Season Updates as per the Ministry of Health

Ontario's Infant RSV Program highlights two products that used to prevent RSV in infants and high-risk children[3]:

Product Name	Type	Who Receives It	Purpose
Beyfortus® (nirsevimab)	Monoclonal Antibody	- Infants before or during their first RSV season - High-risk children up to 24 months	Direct protection against RSV during infancy
Abrysvo™	Vaccine (RSVpreF)	Pregnant individuals	Protects infants after birth via maternal antibodies

[1]*Provincial Council for Maternal and Child Health. (2025, August). Protecting infants and high-risk children during the RSV season: Fact sheet for healthcare providers. https://www.pcmch.on.ca/wp-content/uploads/pcmch-rsv-provider-fact-sheet.pdf[1](https://www.pcmch.on.ca/wp-content/uploads/pcmch-rsv-provider-fact-sheet.pdf)*

[2]*Provincial Council for Maternal and Child Health. (2025, August). Protecting infants and high-risk children during the RSV season: Fact sheet for parents and expectant parents. https://www.pcmch.on.ca/wp-content/uploads/pcmch-rsv-parent-fact-sheet.pdf[1](https://www.pcmch.on.ca/translated-rsv-parent-fact-sheets-now-available/)*

[3]*Provincial Council for Maternal and Child Health. (2025, August 21). Infant and high-risk children respiratory syncytial virus (RSV) prevention program: Guidance for health care providers (Version 2.0). (https://www.pcmch.on.ca/wp-content/uploads/EN_Infant-RSV-Guidance-for-Health-Care-Providers.pdf)*

Beyfortus Eligibility Criteria Summary

The National Advisory Committee on Immunization (NACI) preferentially recommends Nirsevimab (Beyfortus) for Infants over RSVpreF (Abrysvo) for pregnant people.

Infants and Children who meet any one of the following criteria[3]:

- Infants born April 1 or after **and** less than 8 months of age up to the end of the RSV season

Children up to 24 months old who are still at high risk for severe RSV during their second RSV season following a discussion with a healthcare provider, including children with:

- Chronic lung disease of prematurity (CLD), including bronchopulmonary dysplasia, requiring recent respiratory support or treatment, rrequiring ongoing assisted ventilation, supplemental oxygen, or chronic medical therapy within the six months preceding the start of the RSV season
- Congenital heart disease (CHD) that is hemodynamically significant, requiring surgery, cardiac medications, or associated with pulmonary hypertension
- Severe immunodeficiency
- Down Syndrome (Trisomy 21)
- Cystic fibrosis with lung involvement or growth issues
- Severe congenital airway abnormalities that impair mucus clearance
- Children under 12 months who were approved for coverage in the previous RSV season due to CLD or bronchopulmonary dysplasia remain eligible

Administration- Intramuscular Injection:

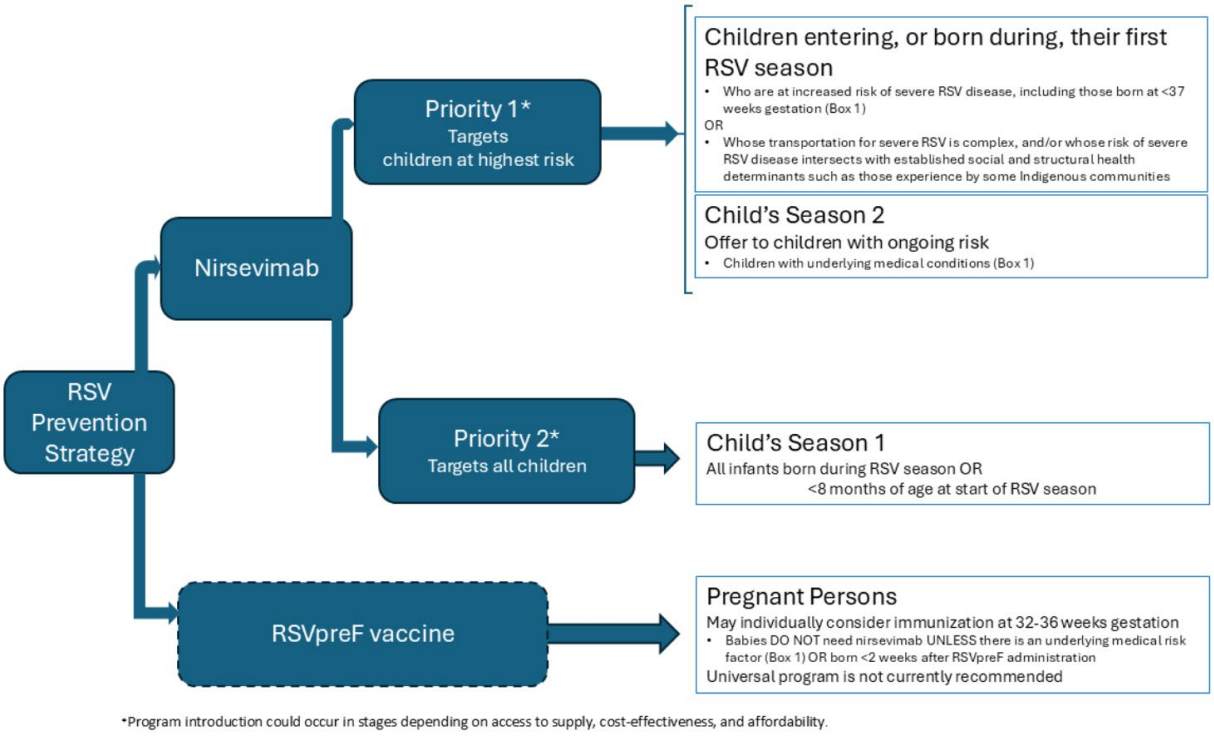
- For infants under 12 months of age, the preferred site is the anterolateral thigh region
- For children over 12 months of age, the preferred administration site is the upper arm's deltoid region

Category	Weight	Dose	Timing
Infants born during the current RSV season**	< 5 kg	50 mg in 0.5 mL (100 mg/mL)	Administered from birth
	≥ 5 kg	100 mg in 1 mL (100 mg/mL)	Administered from birth
Infants born April 1 or after and less than 8 months of age up to the end of the RSV season	< 5 kg	50 mg in 0.5 mL (100 mg/mL)	Shortly before or during the RSV season**
	≥ 5 kg	100 mg in 1 mL (100 mg/mL)	Shortly before or during the RSV season**
Children over 8 months and up to 24 months of age and at continued high-risk from RSV infection during second RSV season	N/A	200 mg (two 1 mL injections of 100 mg/mL)†	Shortly before or during the RSV season**

[3]*Provincial Council for Maternal and Child Health. (2025, August 21). Infant and high-risk children respiratory syncytial virus (RSV) prevention program: Guidance for health care providers (Version 2.0). (https://www.pcmch.on.ca/wp-content/uploads/EN_Infant-RSV-Guidance-for-Health-Care-Providers.pdf)*

The Canadian Paediatric Society

Position Statement regarding Respiratory syncytial virus (RSV) prevention strategies for the 2024-2025 viral respiratory illness season[4]:



NOTE: The above diagram depicts RSV guidance for Canada. In Ontario, Nirsevimab is available **equally** to eligible children, without priority sequence.

Administration of both the vaccine to the pregnant individual and a monoclonal antibody to the infant is **NOT** recommended except under specific circumstances[3]:

- Infants born less than 14 days after administration of RSVpreF (Abrysvo)

OR

- Infants who meet the medical criteria for increased risk of severe RSV disease:
- All premature infants (i.e. <37 weeks gestation)
- Infants who meet any of the high-risk criteria

[4]*Canadian Paediatric Society. (2024, November 6). Respiratory syncytial virus (RSV) prevention strategies for the 2024–2025 viral respiratory illness season. https://cps.ca/en/documents/position/rsv-prevention-2024-2025*

[3]*Provincial Council for Maternal and Child Health. (2025, August 21). Infant and high-risk children respiratory syncytial virus (RSV) prevention program: Guidance for health care providers (Version 2.0). (https://www.pcmch.on.ca/wp-content/uploads/EN_Infant-RSV-Guidance-for-Health-Care-Providers.pdf)*

ABRYSVO Eligibility Criteria Summary

Summary of NACI Recommendations for RSVpreF (Abrysvo)[5]

Recommendation: NACI states RSVpreF (Abrysvo) *may be considered* by a pregnant woman or pregnant person in consultation with their care provider, before or during RSV season, to help prevent severe RSV disease in their infant.

Program Status: NACI does not currently recommend a universal immunization program for RSVpreF (Abrysvo). This is a discretionary recommendation, and future updates are expected as more data becomes available.

Key Considerations

Consideration	Details
Respect for Autonomy	Emphasizes the importance of informed, autonomous decision-making for pregnant individuals, acknowledging historical medical paternalism
Overlap	RSVpreF (Abrysvo) may not be necessary if a universal nirsevimab (Beyfortus) program is in place
Timing	Ideally administered at ≥32 weeks gestation, at least 2 weeks before birth, to allow for antibody transfer e.g., starting in September for babies due in November
Repeat Doses	No current data on safety or efficacy of RSVpreF (Abrysvo) in subsequent pregnancies
Past Infection	RSVpreF (Abrysvo) can be given regardless of prior RSV infection

The CDC Recommendations for Abrysvo[6]

For pregnant women at 32–36 weeks gestational age:

- **Either** maternal RSV vaccination or infant immunization with Beyfortus
- A one-time 0.5 mL dose is required
- Do not revaccinate for subsequent pregnancies
- For subsequent pregnancies, the infant should be immunized with Beyfortus
- In September–January to protect the infant during their first RSV season
- Abrysvo can be given during the same visit as other vaccines, or on its own

[5]*Public Health Agency of Canada. (2024, May 17). Summary: Statement on the prevention of respiratory syncytial virus disease in infants. Government of Canada. https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-statement-prevention-respiratory-syncytial-virus-disease-infants.html*

[6]*Centers for Disease Control and Prevention. (2025, April 30). ABRYSVO: Respiratory syncytial virus (RSV) vaccine (Publication No. 357088-B_FS_ABRYSVO_508-04302025). https://www.cdc.gov/vaccines/vpd/rsv/downloads/357088-B_FS_ABRYSVO_508-04302025.pdf*

Guidance for Prenatal Care Providers on RSV Immunization Options

1. If a pregnant patient is interested in receiving the Abrysvo vaccine:
Prenatal care providers should discuss the benefits and limitations of Abrysvo. Abrysvo is given as a one-time intramuscular injection. It should be administered between 32 and 36 weeks of pregnancy, ideally during RSV season. It should not be given outside this gestational window or repeated in future pregnancies.

2. NACI recommendation:
NACI recommends prioritizing Nirsevimab **(Beyfortus)** for infant protection due to its strong efficacy, longer duration of protection, and favorable safety profile. As such, Beyfortus is the preferred option for safeguarding infants against RSV.

3. Questions about implementation:
For clinical or logistical questions regarding vaccine implementation, providers should consult local public health authorities, institutional protocols, or refer to CDC and NACI guidance documents.

4. Counseling patients on RSV protection options:
Prenatal care providers should inform patients about both maternal vaccination (Abrysvo) and infant monoclonal antibody (mAb) protection (Beyfortus). However, only **one** of these options is recommended in most cases. Exceptions may apply for high-risk infants born to vaccinated individuals.

Statistics Available from 2024-2025 Season

The Center for Disease Control and Prevention released the *Interim Evaluation of Respiratory Syncytial Virus Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products*, United States, October 2024–February 2025. Highlighting that during the 2024–25 RSV season, two major preventive tools, maternal RSV vaccination and Beyfortus, became widely available to protect infants and young children from severe RSV disease.

A comparison of hospitalization rates from the 2024–25 season with those from 2018–20 showed significant reductions, especially among infants aged 0–7 months. The greatest impact was seen in infants aged 0–2 months and during peak RSV months (December–February). These findings support public health recommendations to administer these preventive measures early in the RSV season or shortly after birth to maximize protection.

A concise summary of the key statistics[7]:

- Overall reduction in RSV hospitalizations (2024–25 vs. 2018–20):
  - **RSV-NET:** 43% reduction (95% CI: 40%–46%)
  - **NVSN:** 28% reduction (95% CI: 18%–36%)

- Greatest reduction observed in infants aged 0–2 months:
  - **RSV-NET:** 52% reduction (95% CI: 49%–56%)
  - **NVSN:** 45% reduction (95% CI: 32%–57%)

For the article see here: Interim Evaluation of Respiratory Syncytial Virus Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products — United States, October 2024–February 2025 | MMWR

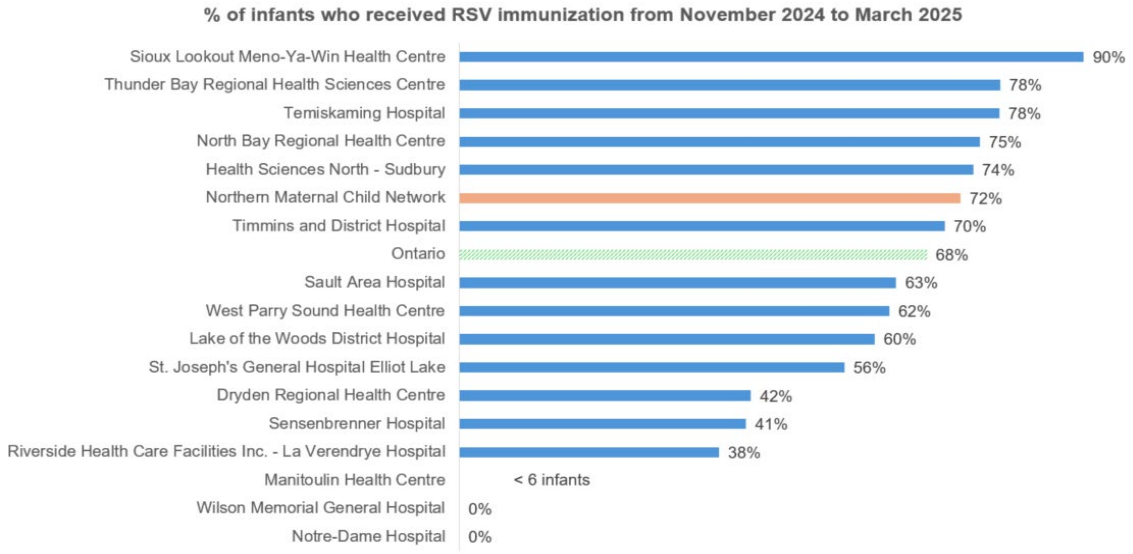
BORN Data Collection

BORN Ontario (Better Outcomes Registry & Network) collects RSV-related data on both prenatal vaccination (Abrysvo) and infant monoclonal antibody (Beyfortus) administration.

Posters: Summary of BORN RSV Survey Results, BORN RSV Uptake Data

Key data elements include:

- Whether RSV protection was given
- Product used (e.g., Abrysvo or Beyfortus)
- Date of administration
- Reason not given (e.g., parental refusal, no supply, midwives not authorized)
- This supports province-wide monitoring and improvement of RSV prevention efforts.



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[7]*Patton, M. E., Moline, H. L., Whitaker, M., Tannis, A., Pham, H., Toepfer, A. P., ... & Dawood, F. S. (2025). Interim evaluation of respiratory syncytial virus hospitalization rates among infants and young children after introduction of respiratory syncytial virus prevention products — United States, October 2024–February 2025. Morbidity and Mortality Weekly Report, 74(16), 273–281. https://www.cdc.gov/mmwr/volumes/74/wr/mm7416a1.htm*

Administration Timing

Within the Northern Region, healthcare providers have been proactively discussing the RSV immune globulin with expectant parents during prenatal visits or while serving as the Most Responsible Provider in the hospital. Upon receiving parental consent, the immune globulin is administered to newborns during the postpartum period, prior to hospital discharge.

Midwifery Considerations

As per the Association of Ontario Midwives (AOM), Midwives in Ontario can prescribe and administer RSVpreF (Abrysvo) to pregnant clients. However, nirsevimab (Beyfortus), is not currently included in the approved drug list. Until this is updated, midwives must use a medical directive or refer clients to another provider to administer it. The AOM and CMO are working to address this gap[1].

Catch Up Clinics

Information for newborns who are not receiving the immune globulin in hospital, that meet eligibility requirements, will be released in September. Parents should be encouraged to contact their family doctor and Public Health Clinics for unattached newborns or family doctors without access to the immune globulin.

For region specific information on RSV prevention, vaccine eligibility, and program updates, please refer to your local public health unit's RSV webpage.

Documentation of Consent

- Should be adapted to your site's legal and language needs
- Administration Example Appendix C
- Medical Directive Example Appendix D

Checklist for Providers

a. Step-by-step guide to ensure proper screening, consent, administration, and documentation
b. Include a checklist for staff to ensure all steps are followed: Appendix A
    - ✓ Confirm eligibility
    - ✓ Provide education materials
    - ✓ MRP to obtain consent
    - ✓ Administer RSV prevention Beyfortus
    - ✓ Documentation (EMR)
    - ✓ Provide the parent with administration information upon discharge for their baby's immunization records

[1]*Provincial Council for Maternal and Child Health. (2025, August). Protecting infants and high-risk children during the RSV season: Fact sheet for healthcare providers. https://www.pcmch.on.ca/wp-content/uploads/pcmch-rsv-provider-fact-sheet.pdf[1](https://www.pcmch.on.ca/wp-content/uploads/pcmch-rsv-provider-fact-sheet.pdf)*

Education & Communication Materials

The Northern Maternal Child Network is supporting RSV education and prevention for this upcoming RSV season. It will aim to promote awareness and uptake of RSV prevention measures among eligible infants and high-risk children in Ontario. The focus is on raising awareness about eligibility for RSV prevention programs, using resources like the RSV Fact Sheet for Providers, and promoting inclusive communication through multilingual and Indigenous-language materials. We will be supporting education to healthcare providers about Beyfortus, emphasizing that it is a monoclonal antibody—not a vaccine—and explaining how and when it is administered.
This campaign leverages data to advocate for RSV prevention, using dashboards and statistics (from sources like BORN Ontario and PHO) to highlight RSV trends, prevention uptake, and hospitalization rates.
For more information in your area please contact your local public health unit.

Adverse Reactions

Reactions to Beyfortus were minimal and presented as a rash occurring within 14 days post dose and an injection site reaction occurring within 7 days pot dose. Adverse reactions were reported in 1.2% of subjects who received BEYFORTUS; most (97%) of adverse reactions were mild to moderate in intensity[8].

Reactions to the Abrysvo vaccine during clinical trials included pain at the injection site, headache, myalgia (aching, tenderness, or soreness in the muscles), and nausea[9].

Summary of Common Side Effects for Beyfortus and Abrysvo[10]

Side Effect	Beyfortus	Abrysvo
Rash	✓	✓
Fever	✓	✓
Pain, swelling or redness at injection site	✓	✓
Nausea		✓
Headache		✓
Muscle aches		✓

[8]*Centers for Disease Control and Prevention. (2025, August 18). RSV immunization guidance for infants and young children. U.S. Department of Health and Human Services. https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html*

[9]*Ontario Ministry of Health. (2024, October 17). Infant and high-risk children respiratory syncytial virus (RSV) prevention program: Guidance for health care providers – Abrysvo™ (Version 1.1). https://www.ontario.ca/files/2024-10/moh-infant-high-risk-children-rsv-abrysvo-guidance-hcp-en-2024-10-17.pdf*

[10]*Provincial Council for Maternal and Child Health. (2025). Infant RSV guidance for health care providers . https://www.pcmch.on.ca/wp-content/uploads/EN_Infant-RSV-Guidance-for-Health-Care-Providers.pdf*

Appendix A: Administration Template

Step	Details	Rationale
MRP discuss with patient/ families regarding RSV mAb during prenatal visits or during hospital stay	• Provide fact/teaching sheets • Document consent obtained if able to do so	Ensure families are informed and to support shared decision-making
Nursing staff to verify consent	• Provide fact/teaching sheets • Answer questions within scope • Escalate to MRP if outside scope	Ensure families are informed and to support shared decision-making
Obtain RSV prophylaxis from refrigerator and prepare for administration	• Not stored in automated medication dispensing cabinet due to refrigeration needs • Ensure correct dose	Maintain medication integrity and safety
Collect supplies required to administer prophylaxis via intramuscular route	• Supplies: alcohol swabs, 25g needle, band-aids, gauze, tape	Ensure proper and safe administration
If possible, place newborn skin to skin with parent/support person to administer prophylaxis	• If unable to do skin to skin, implement other forms for pain control i.e., sucrose administration	Skin to skin provides comfort during pain inflicting treatments /interventions and minimizes newborn and parental distress to action
Administer RSV prophylaxis and watch for signs and symptoms of reaction	• Administered via intramuscular injection • Observe infant for at least 15–30 minutes post-injection. • Watch for signs such as rash, swelling, difficulty breathing, or irritability	Although rare, hypersensitivity or allergic reactions can occur. Early detection ensures prompt intervention
Provide education on this to parents, including steps to take post-discharge if reaction occurs	• Explain common mild side effects (e.g., redness, swelling at injection site) • Instruct parents to seek immediate care if serious symptoms appear (e.g., difficulty breathing, persistent vomiting, high fever)	Serious symptoms were very rare
Document administration information on newborn MAR according to protocol	• In the electronic medical record or paper documentation	Ensure patient has a copy of the documentation of the vaccine to provide to PCP

Appendix B: Letter to Parents

Dear Parents,

Re: RSV Prevention for Infants and High-Risk Children – 2025/26 Season

Respiratory Syncytial Virus (RSV) is a leading cause of hospitalization in infants under one year of age. Ontario's publicly funded RSV Prevention Program helps protect eligible infants and high-risk children during the RSV season, which typically runs from November to April.

Your child may be eligible to receive Beyfortus (nirsevimab), a long-acting monoclonal antibody that provides passive immunity against RSV. This product is not a vaccine and it is offered at no cost through the provincial program and is not available for private purchase.

Who is eligible to receive Beyfortus:

- Infants born April 1 or after **and** less than 8 months of age up to the end of the RSV season
- High-risk children up to 24 months of age entering their second RSV season, including those with:
    - Chronic lung disease of prematurity
    - Hemodynamically significant congenital heart disease
    - Severe immunodeficiency
    - Down syndrome
    - Cystic fibrosis with respiratory involvement
    - Severe congenital airway anomalies

We are here to support you in making informed decisions about your child's health this respiratory illness season. If you have questions or would like to schedule an appointment to discuss RSV prevention or arrange for Beyfortus administration, please contact our office.

Warm regards,

Appendix C: Administration Record Example

RSV Monoclonal Antibody (RSV mAb) Administration Record

☐ Consent discussion occurred previously with: _____
Provider Name

☐ Consent Verified by: _____ on _____
Printed Name and Designation *Date/Time*

OR

☐ Informed consent discussion by: _____ _____
MRP Name *MRP Signature*

☐ Date/Time: _____

☐ Patient received Beyfortus prior to discharge from hospital:

Date: _____ Time: _____

Lot #: _____ Expiry: _____ Dose: _____ ml

Injection Site: _____ Initials: _____

☐ Patient **did not** receive Beyfortus prior to discharge

Reason:
☐ Parent/Guardian declined
☐ Parental RSV vaccine greater than 2 weeks before birth and not high-risk
☐ No supply available
☐ Confirmed RSV infection
☐ Other, specify:
_____

Provide Copy to Parent/Guardian

Retain Original for Medical Record

Appendix D: Example Medical Directive for RSV Administration

Description of Procedure
Administer the Respiratory Syncytial Virus (RSV) monoclonal antibody (Beyfortus/Nirsevimab) to all infants and high-risk children up to 24 months old during the RSV season. The RSV season typically begins in October and ends in March; this is indicated by the Ministry of Health each year.

Clinical Criteria
Inclusion Criteria

- Infants born April 1 or after **and** less than 8 months of age up to the end of the RSV season
- Children aged up to 24 months, in their second RSV season, with any of the following conditions:
    - Chronic lung disease (i.e. bronchopulmonary dysplasia requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months prior to the start of the RSV season)
    - Cystic Fibrosis with respiratory involvement and/or growth delay
    - Hemodynamically significant chronic cardiac disease
    - Severe immunodeficiency
    - Down Syndrome/Trisomy 21
    - Neuromuscular disease
    - Severe congenital airway anomalies impairing clearing of respiratory secretions

Exclusion Criteria

- Substitute decision maker does not consent to the RSV monoclonal antibody
- Birthing parent received antenatal RSV vaccination between 32 – 36 weeks gestation in current RSV season and at least 2 weeks prior to the date of birth of the infant
- Hypersensitivity with first RSV monoclonal antibody administration (if applicable)
- Prior confirmed RSV infection in current RSV season
- Patients with known bleeding disorders (consult MRP prior to administration)
- Moderate or severe acute illness (consult with MRP prior to administration)

Additional Implementation Guidelines

- Provide the substitute decision maker with written educational information about RSV
- Complete consent documentation with substitute decision maker
- Provide parent or substitute decision maker with yellow immunization record
- Can be provided administered concomitantly with other vaccines

Authorized To
Registered Nurses, Registered Practical Nurses and Registered Midwives

Medical Directive Orders

- ☒ For infants weighing less than 5 kg, give nirsevimab 50 mg (0.5 ml) IM x 1 dose in anterolateral thigh
- ☒ For infants weighing 5 kg or more, give nirsevimab 100 mg (1 mL) IM x 1 dose in anterolateral thigh
- ☒ For high risk children up to 24 months old and in their second RSV season, give nirsevimab 200 mg (2 mL) as two 1 mL injections of 100 mg/mL administered in two separate injection sites
    - If the child weighs less than 10 kg entering their second RSV season, notify MRP for dosing instruction
- ☒ Monitor patient for 15-30 minutes post injection for possible hypersensitivity reaction. If concerns for hypersensitivity arise (i.e. rash, pyrexia), observe for a minimum of 30 minutes

Pain Management

- ☒ Consider Topical Anesthetic to a Patient Under Care of a Pediatrician for children greater than 1 month
- ☒ Sucrose 24% PO once on the anterior tip of the tongue and the buccal mucosa, allowing the infant to suck on a soother or gloved finger for 2 minutes prior to the injection
    - Gestational age 33-37 weeks: 0.5 mL – 1 mL
    - Gestational age 37 weeks: 1mL – 2mL
- ☒ Non-Pharmacological methods of pain management (e.g. skin-to-skin, breastfeeding, swaddling, soother)

Documentation

Nurse or Midwife will document the following in the patient record

- Initiation of Medical Directive including date and time
- Name and number of the medical directive
- Name and signature of the implementer, including credential
- Name of the Physician/Authorizer responsible for the directive and patient
- Lot and expiry of medication administered
- Document on yellow immunization record and provide to substitute decision maker

***These orders do not require a prescribing practitioner signature ***