



**PHYSICIAN'S ORDERS**

**INFANT OF HIV POSITIVE MOTHER**

Length of Gestation: \_\_\_\_\_ weeks GU0600 Appendix A

Allergy: \_\_\_\_\_ ( November 2003)

WEIGHT						
HEIGHT						
Pharmacy Use Only	Date & Time	PROVIDE MD NAME, COLLEGE NUMBER AND SIGNATURE				Noted By RN/ UC
		<p><b>Prevention of Mother to Child Transmission (PMCT) of HIV</b>            PMCT infant medications located in - Inpatient Pharmacy (7am-midnight)            - Night cupboard (midnight-7am)</p> <p><i>These orders are for infants born to HIV positive women</i></p> <p><b>Check appropriate box and complete doses: Weight: _____ kg</b></p> <p><b>1. Zidovudine (ZDV) – also known as AZT</b></p> <ul style="list-style-type: none"> <li>▪ Oral zidovudine preferred; give by IV if infant unable to tolerate oral feeding.</li> <li>▪ Begin within 8-12 hours after birth if mother received full course of IV ZDV.</li> <li>▪ Begin immediately if mother did not receive IV ZDV during labour.</li> </ul> <p><input type="checkbox"/> <b>Infants ≥ 35 weeks:</b></p> <ul style="list-style-type: none"> <li>▪ PO Zidovudine (ZDV) 2 mg/kg/dose: _____ milligrams PO <b>q6h for 6 weeks. OR</b></li> <li>▪ IV Zidovudine (ZDV) 1.5 mg/kg/dose: _____ milligrams IV <b>q6h for 6 weeks.</b></li> </ul> <p><input type="checkbox"/> <b>Preterm infants 30-34 weeks:</b></p> <ul style="list-style-type: none"> <li>▪ PO Zidovudine (ZDV) 2 mg/kg/dose: _____ milligrams PO <b>q12h for 2 weeks then q8h until 6 weeks. OR</b></li> <li>▪ IV Zidovudine (ZDV) 1.5 mg/kg/dose: _____ milligrams IV <b>q12h for 2 weeks then q8h until 6 weeks.</b></li> </ul> <p><input type="checkbox"/> <b>Preterm infants &lt;30 weeks:</b></p> <ul style="list-style-type: none"> <li>▪ PO Zidovudine (ZDV) 2 mg/kg/dose: _____ milligrams PO <b>q12h for 4 weeks then q8h until 6 weeks. OR</b></li> <li>▪ IV Zidovudine (ZDV) 1.5 mg/kg/dose: _____ milligrams IV <b>q12h for 4 weeks then q8h until 6 weeks.</b></li> </ul>				
		<p><b>2. Oral Nevirapine liquid</b> (no IV formulation available)</p> <ul style="list-style-type: none"> <li>▪ If mother is ON antiretroviral therapy AND has most recent viral load ≤1000 copies/mL then:</li> </ul> <p><input type="checkbox"/> <b>Nevirapine NOT needed.</b></p>	<p><b>Give only if mother:</b></p> <p>a) Did not receive ANY antiretroviral therapy antenatally/ intrapartum <b>OR</b></p> <p>b) Received antiretrovirals but has unsuppressed viral load ( most recent viral load &gt;1000 copies/mL).</p> <p><input type="checkbox"/> <b>Nevirapine (2 mg/kg/dose)</b> _____ milligrams PO x 1 dose</p>			
		<p><b>3. Labs: The following labs are required within 24-36 hours of delivery:</b></p> <ul style="list-style-type: none"> <li>▪ CBC, differential, AST, ALT, bilirubin</li> <li>▪ HIV DNA PCR and HIV EIA (Antibody) Send 2 mL blood in EDTA (lavender top) tube using BC CDC HIV Serology Req</li> </ul>				
		<p><b>4. Breast feeding is NOT recommended.</b></p>				
		<p><b>5. Notify</b> Oak Tree Clinic of delivery - 604-875-2212. BC Guidelines for Antiretroviral Use in Pregnancy: <a href="http://www.oaktreeclinic.bc.ca">www.oaktreeclinic.bc.ca</a></p>				
		<p>Signature: _____            CPSID#: _____ CMBC#: _____</p>				