



**PHYSICIAN'S ORDERS**

**INFANT OF MOTHER AT HIGH RISK OF  
HIV INFECTION and UNKNOWN HIV STATUS**

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

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 women at high risk of HIV but have unknown HIV status at time of delivery</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 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>▪ <b>Nevirapine 2 mg/kg/dose _____ milligrams PO x 1 dose</b></li> </ul>			
			<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> </ul> <p><b>When mother is unavailable for HIV testing: Add</b></p> <ul style="list-style-type: none"> <li>▪ HIV DNA PCR and HIV EIA (Antibody).            Send 2 mL blood in EDTA (lavender top) tube using BC CDC HIV Serology Requisition.</li> </ul>			
			<p><b>4. Breast feeding is NOT recommended until HIV status known</b></p>			
			<p><b>5. Notify Oak Tree Clinic of delivery - 604-875-2212.</b>            BC Guidelines for Antiretroviral Use in Pregnancy: <a href="http://www.oaktreeclinic.bc.ca">www.oaktreeclinic.bc.ca</a></p>			
			Signature: _____			
			CPSID#: _____ CMBC#: _____			