



HIV - Infant of Mother who is Known HIV Positive

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DATE ____/____/____ TIME _____
 DD MM YYYY

WEIGHT: _____ KG GESTATIONAL AGE (GA) _____

ALLERGY CAUTION sheet reviewed

Reminders

- ▶ **Breastfeeding is contraindicated if mother is known HIV positive**
- ▶ Universal precautions for blood and body fluid: wash injection site prior to IM injection or blood sampling

Medications

Medications for LOW RISK Situations: Low risk if mother meets ALL criteria below:

- on combination antenatal antiretroviral therapy with optimal adherence AND
- HIV viral load < 40 copies/mL within 4 weeks of delivery AND
- consistent prenatal / HIV care

- ▶ **zidovudine MONOPROPHYLAXIS for low risk of transmission to infant**
- ▶ **Initiate zidovudine WITHIN 6 HOURS of birth**

35 weeks and greater

zidovudine _____ mg (4 mg/kg/dose) PO Q12H for 4 weeks

OR

zidovudine _____ mg (3 mg/kg/dose) IV Q12H for 4 weeks

30 to 34 weeks

zidovudine _____ mg (2 mg/kg/dose) PO Q12H for 2 weeks (for first 2 weeks)

zidovudine _____ mg (3 mg/kg/dose) PO Q12H for 2 weeks (to start after initial 2 week therapy completed)

OR

zidovudine _____ mg (1.5 mg/kg/dose) IV Q12H for 2 weeks (for first 2 weeks)

zidovudine _____ mg (2.3 mg/kg/dose) IV Q12H for 2 weeks (to start after initial 2 week therapy completed)

29 weeks and less

zidovudine _____ mg (2 mg/kg/dose) PO Q12H for 4 weeks

OR

zidovudine _____ mg (1.5 mg/kg/dose) IV Q12H for 4 weeks

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Medications for MODERATE RISK or HIGH RISK:

- Moderate risk if mother received antenatal antiretroviral drug therapy but HIV viral load > 40 copies/mL near delivery (known or projected)
- High risk if mother did not receive antenatal antiretroviral therapy in pregnancy
- ▶ **TRIPLE antiretroviral prophylaxis for moderate or high risk of transmission to infant**
- ▶ **Initiate zidovudine, nevirapine, AND lamivudine WITHIN 90 MINUTES of birth**

Zidovudine

35 weeks and greater

zidovudine _____ mg (4 mg/kg/dose) PO Q12H for 6 weeks

OR

zidovudine _____ mg (3 mg/kg/dose) IV Q12H for 6 weeks

30 to 34 weeks

zidovudine _____ mg (2 mg/kg/dose) PO Q12H for 2 weeks (for first 2 weeks)

zidovudine _____ mg (3 mg/kg/dose) PO Q12H for 4 weeks (to start after initial 2 week therapy completed)

OR

zidovudine _____ mg (1.5 mg/kg/dose) IV Q12H for 2 weeks (for first 2 weeks)

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zidovudine _____ mg (2 mg/kg/dose) PO Q12H for 4 weeks (for first 4 weeks)

zidovudine _____ mg (3 mg/kg/dose) PO Q12H for 2 weeks (to start after initial 4 week therapy completed)

OR

zidovudine _____ mg (1.5 mg/kg/dose) IV Q12H for 4 weeks (for first 4 weeks)

zidovudine _____ mg (2.3 mg/kg/dose) IV Q12H for 2 weeks (to start after initial 4 week therapy completed)

Nevirapine

Greater than 2 kg body weight:

nevirapine 12 mg PO once at birth, once at 2 days of age and once at 6 days of age (total of 3 doses)

Less than or equal to 2 kg body weight:

nevirapine 8 mg PO once at birth, once at 2 days of age and once at 6 days of age (total of 3 doses)

LamiVUDine

Greater than 2 kg body weight:

lamiVUDine 6 mg PO Q12H for 2 weeks

Less than or equal to 2 kg body weight:

lamiVUDine 4 mg PO Q12H for 2 weeks

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Nutrition

- Pasteurized Human Donor Milk, ad lib feed
- Enfamil 20 kcal/oz, feed volume _____ mL, feed frequency Q ____ H
- Good Start 20 kcal/oz, feed volume _____ mL, feed frequency Q ____ H
- Other: _____, feed volume _____ mL, feed frequency Q ____ H

Laboratory

- Infant Diagnostic HIV PCR: Send 2 mL in one EDTA tube (lavender top). (PHSA Lab Serology Screening Requisition #00073506 Request Infant Diagnostic HIV PCR under Other Tests).
- For Low Risk: send within 48h after birth
- For Moderate or High Risk: send within 90 minutes after birth
- Complete blood count (CBC) with differential
- Aspartate aminotransferase (AST)
- Alanine aminotransferase (ALT)
- Bilirubin, total unconjugated and conjugated
- Urea
- Creatinine (Cr), serum
- Saliva Swab CMV

Consults

- Pediatrician on-call
- Oak Tree Clinic 604-875-2250 (leave message if after hours)

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