

Community Health Network
San Francisco General Hospital
Medical Center

Physician Orders

**NURSERY ORDERS
FOR HIV-exposed / BAPAC PATIENTS ONLY**

NAME

DOB

MRN

PCP

Patient ID / Addressograph

These orders are specifically for perinatal HIV management. The maternal chart must be read, and appropriate non-HIV related neonatal orders must be written separately.

Please consult with BAPAC (443-8726) with any questions.

Mother's Name: _____ **Mother's MRN:** _____

EDD: ___/___/_____ **Maternal hepatitis B status:** _____

Mother's antepartum antiretroviral regimen: _____

=====

A. Nursery management:

- Cleanse injection sites with Betadine. Bathe infant as soon as temperature is stable.
- Maintain confidentiality regarding serostatus of mother and special care/ testing of infant.

B. Laboratory testing:

Labs at birth:

- HIV-1 DNA PCR: (1 pedi purple top tube = 1-1.5 mL. **1 mL is absolute minimum**)
 - Documentation of consent for HIV testing must be placed in the chart
 - Please write in "HIV-1 DNA PCR" on Chemistry form.
 - Call x8590, alert supervisor prior to taking specimen to lab so specimen can be properly processed.
 - Please do not send an antibody test on the neonate if mother known to be HIV antibody positive.**
 - Do not use umbilical cord blood for this test.**
- HIV-1 antibody test on umbilical blood if maternal status unknown. (BAPAC can facilitate getting a rapid HIV test on umbilical cord blood.)
 - Signed consent for HIV testing must be placed in the chart.
- CBC with differential
- ALT

Other labs:

- Blood glucose at 1 and 4 hours of age (maternal protease inhibitor)
- Total bilirubin at 48 hours (maternal indinavir or atazanavir) (Draw Date: _____ Time: _____)

C. Bottle Feeding

- Formula - Feeds on demand
- Banked human milk - Feeds on demand
- Please have mother pump breasts and formula feed infant until maternal HIV status confirmed.

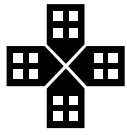
D. Follow-up:

- Notify Cynthia Feakins, BAPAC NP, of infant's birth and expected day of discharge. VM 206-3631, pager 443-0472.
- Call 206-6554 Family HIV Clinic (FHC Blue Team), to arrange appointment the Friday after discharge with _____.
- Other: Clinic _____ Provider _____

Date: _____ Time: _____ Provider: _____ / _____ CHN ID# _____
Print name Signature Title

Date: _____ Time: _____ LVN/ UC signature: _____

Date: _____ Time: _____ RN signature: _____



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ANTIRETROVIRAL ORDERS MUST BE REWRITTEN EVERY SEVEN DAYS

Gestational age at birth: _____ weeks Current infant age: _____ weeks Current weight: _____ grams
Adverse Drug Events: _____ NONE

E. Anti-retroviral orders:

Begin infant Zidovudine (Retrovir/ AZT) within 6 hours of birth: Use this time frame if **the mother received IV Zidovudine (Retrovir/AZT) in labor or before a cesarean section.**

OR

Begin infant Zidovudine (Retrovir/ AZT) **as soon as possible** after birth: Use this time frame if **the mother DID NOT receive IV Zidovudine (Retrovir/AZT) in labor or before a cesarean section.**

TERM INFANT Zidovudine dosing

Tolerating oral feeds: Zidovudine (Retrovir/ AZT) syrup, 2 mg/kg/dose = _____ mg, PO, q 6 hours.

OR

NPO: Zidovudine (Retrovir/ AZT) injection, 1.5 mg/kg/dose = _____ mg, IV over 60 min q6 hours

[Zidovudine must be diluted to 4 mg/mL as final infusion concentration prior to administration.]

PRETERM INFANT Zidovudine dosing

Infants born <=30^owks: 1.5 mg/ kg IV **OR** 2 mg/ kg PO q 12 hours for 1st 4 wks, then
1.5 mg/ kg IV **OR** 2 mg/ kg PO q 8 hours for next 2 wks
Infants born 30¹-36^owks: 1.5 mg/ kg IV **OR** 2 mg/ kg PO q 12 hours for 1st 2 wks, then
1.5 mg/ kg IV **OR** 2 mg/ kg PO q 8 hours for next 2 wks, then
1.5 mg/ kg IV **OR** 2 mg/ kg PO q 6 hours for next 2 wks
Infants born >36^owks: 1.5 mg/ kg IV q 6 hours **OR** 2 mg/ kg PO q 6 hours

Zidovudine (Retrovir/ AZT) Dose: _____ mg, IV, q _____ hours.

OR

Zidovudine (Retrovir/ AZT) Dose: _____ mg, PO, q _____ hours.

TERM INFANT: Sub-optimal maternal viral suppression: Consult with BAPAC 24/7 (443-8726)

[Please note: Nevirapine and Lamivudine are only to be used in TERM infants.]

Nevirapine (Viramune) suspension 2 mg/ kg PO = _____ mg PO

x1 ASAP after delivery x1 at 48 hours after birth

Lamivudine (Epivir/ 3TC) oral solution

2 mg/ kg PO = _____ mg PO q 12 hours (**This dosing for 1st 30 days of life.**)

4 mg/ kg PO = _____ mg PO q 12 hours (**This dosing for greater than 30 days of life.**)

Other: _____

Date: _____ Time: _____ Provider: _____ / _____ CHN ID# _____

Print name

Signature

Title

Date: _____ Time: _____ LVN/ UC signature: _____

Date: _____ Time: _____ RN signature: _____