

Community Health Network
 San Francisco General Hospital
 Medical Center
 6C - Birth Center

NAME
 DOB
 MRN
 PCP

Patient ID / Addressograph

**ANTEPARTUM PHYSICIAN ORDERS
 FOR HIV + / BAPAC PATIENTS ONLY**

Directions: Place a checkmark (✓) or complete as appropriate.

Adverse Drug Events: _____

ANTIRETROVIRAL (ARV) Orders (* = precautionary statement)

- Abacavir 300 mg PO, BID
- Atazanavir 150 mg PO, 2 caps PO once daily
- Combivir (lamivudine 150 mg/zidovudine 300 mg) PO, 1 tab BID
- Epzicom (abacavir 600mg/lamivudine 300mg) PO, 1 tab once daily
- Kaletra (lopinavir 200 mg/ritonavir 50 mg) PO, 3 tabs BID (*dose increased during pregnancy)
- Lamivudine 150 mg PO, 1 tab BID
- Nevirapine 200 mg PO, 1 tab once daily (* Dosing for 1st 14 days of therapy. Start date _____)
- Nevirapine 200 mg PO, 1 tab BID
- Ritonavir 100 mg PO, 1 cap once daily
- Ritonavir 100 mg PO, 1 cap BID
- Tenofovir 300 mg PO, 1 tab once daily
- Trizivir (abacavir 300mg/lamivudine 150mg/zidovudine 300mg) 1 tab PO, BID
- Truvada (emtricitabine 200mg/300 mg tenofovir) PO, 1 tab once daily
- Zidovudine (AZT) 300 mg PO, 1 tab BID
- Other: _____

ANTIBIOTIC Orders

- Azithromycin 1200 mg PO, one time a week on _____ (day of week)
- Septra DS 1 tab PO, once daily

OTHER MEDICATIONS

- _____
- _____
- _____
- _____

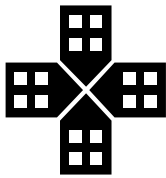
LAB orders

- CD4, HIV viral load
- Other: _____

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

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

Date: _____ Time: _____ RN signature: _____



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**INTRAPARTUM PHYSICIAN ORDERS
 FOR HIV + / BAPAC PATIENTS ONLY
 (For patient in labor or membranes ruptured)**

Directions: Place a checkmark (✓) or complete as appropriate.

Adverse Drug Events _____

Patient weight: _____

Group B strep status: POS NEG UNK

GENERAL Orders: (* = precautionary statement)

- Page RID fellow at 443-8726. Alert BAPAC social worker of admission at 206-4240.
- Weigh patient.
- Labs: HIV viral load, CD4, LFTs, RPR, Type and screen, and CBC w/ diff.
- No FSE, scalp sampling, and AROM unless approved by attending.
- DO NOT USE Methergine for management of post-partum hemorrhage/uterine atony unless alternative treatments are not available (*potential for excessive vasoconstriction if given with protease inhibitor or with non-nucleoside reverse transcriptase inhibitors)

ANTIRETROVIRAL (ARV) Orders for labor: (* = precautionary statement)

- Zidovudine (AZT), IV: Loading dose: _____ mg over one (1) hour. Follow by: _____ mg per hour until cord clamped.**
 Administer AZT IV ASAP at a rate of 2 mg/ kg for one (1) hour as a loading dose. After one (1) hour, change the IV rate to run IV AZT at 1mg/kg/ hour. (Final concentration of 4 mg/ mL.) Label the IV solution as "zidovudine" 4 mg/ mL.
 (IV RATE calculation: Loading dose = Wt. in kg ÷ 2 = mL/ hr; Maintenance dose = Wt. in kg ÷ 4 = mL/ hr)
***DO NOT RUN AZT IN SAME IV LINE AS MAGNESIUM SULFATE**

When IV AZT is started, discontinue Combivir Stavudine (D4T) Trizivir Oral AZT

- Discontinue IV AZT when cord clamped.

Patient should continue PO antiretrovirals with sips, even if NPO.

- Abacavir 300mg PO, 1 tab BID
- Atazanavir 150 mg PO, 2 caps once daily
- Epzicom (abacavir 600mg/lamivudine 300mg) PO, 1 tab once daily
- Kaletra (lopinavir 200 mg/ritonavir 50 mg) PO, 3 tabs BID (*dose increased during pregnancy)
- Lamivudine 150 mg PO, 1 tab BID
- Nevirapine 200 mg PO, 1 tab once daily (* Dosing for 1st 14 days of therapy. Start date _____)
- Nevirapine 200 mg PO, 1 tab BID
- Ritonavir 100 mg PO, 1 cap once daily
- Ritonavir 100 mg PO, 1 cap BID
- Tenofovir 300 mg PO, 1 tab once daily
- Truvada (emtricitabine 200mg/300 mg tenofovir) PO, 1 tab once daily
- Other: _____

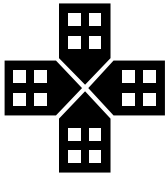
OTHER MEDICATIONS:

- Administer oxytocin (Pitocin) per protocol to shorten duration of labor if there is Rupture Of Membranes and not progressing.

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Date: _____ Time: _____ RN signature: _____



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**POSTPARTUM PHYSICIAN ORDERS
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Directions: Place a checkmark (✓) or complete as appropriate.

Adverse Drug Events: _____

(Post delivery: All previous antiretroviral medications are discontinued and must be ordered if indicated)

ANTIRETROVIRAL (ARV) Orders (* = precautionary statement)

- Abacavir 300 mg PO, BID
- Atazanavir 150 mg PO, 2 caps PO once daily
- Combivir (lamivudine 150 mg/zidovudine 300 mg) PO, 1 tab BID
- Epzicom (abacavir 600mg/lamivudine 300mg) PO, 1 tab once daily
- Kaletra (lopinavir 200 mg/ritonavir 50mg) PO, 2 tabs BID
- Lamivudine 150 mg PO, 1 tab BID
- Lamivudine 300 mg PO, 1 tab once daily
- Nevirapine 200 mg PO, 1 tab once daily (* Dosing for 1st 14 days of therapy. Start date _____)
- Nevirapine 200 mg PO, 1 tab BID
- Ritonavir 100 mg PO, 1 cap once daily
- Ritonavir 100 mg PO, 1 cap BID
- Tenofovir 300 mg PO, 1 tab once daily
- Trizivir (abacavir 300mg/lamivudine 150mg/zidovudine 300mg) 1 tab PO, BID
- Truvada (emtricitabine 200mg/300 mg tenofovir) PO, 1 tab once daily
- Zidovudine (AZT) 300 mg PO, 1 tab BID
- Other: _____

ANTIBIOTIC Orders:

- Azithromycin 1200 mg PO, one time a week on _____ (day of week)
- Septra DS 1 tab PO, once daily

OTHER Orders:

- Follow up appointment - 5M, Monday (Feakins/BAPAC template) __ week(s) postpartum.
- Follow up appointment – SFGH Family HIV Clinic (FHC Blue team) __ week(s) postpartum
 FHC Provider _____
- Offer supportive bra and ice to reduce likelihood of lactation. Remove all breastfeeding literature from patient education packet.

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

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

Date: _____ Time: _____ RN signature: _____

(NOTE TO PROVIDER: CONTACT BAPAC TEAM REGARDING APPROPRIATE DISCHARGE MEDICATIONS.)