



Physician's Orders

MATERNAL DELIVERY ORDERS FOR WOMEN AT HIGH RISK OF HIV INFECTION AND UNKNOWN HIV STATUS

Length of Gestation: _____ weeks

Breast Feeding: Yes No

Allergy: _____



WEIGHT		HEIGHT				
Pharmacy Use Only	Date & Time	PROVIDE MD NAME, COLLEGE NUMBER AND SIGNATURE				Noted By RN/ UC
		Prevention of Mother to Child Transmission (PMCT) of HIV PMCT kits containing required medications located in D/S & inpatient Pharmacy Check appropriate box and complete doses:				
		1. Initiate antiretroviral therapy in labour/delivery if mother is at high risk of HIV infection based on the following criteria*: *Therapy not required if negative HIV test since high risk activities stopped				
		<input checked="" type="checkbox"/>	Check any of the following criteria that apply:			
			Self-identifies as high risk of HIV infection			
			Has history of using injection drug with needle sharing			
			Has a sexual partner involved in high risk HIV activities			
			Has a sexual partner known to be HIV positive			
		2. Establish IV (D5W, D5NS, NS) as soon as possible at:				
		▪ Rupture of membranes OR				
		▪ Onset of active labour (> 3 cm dilated) OR				
		▪ ≥ 2 hours prior to anticipated Cesarean section				
		3. Administer Intravenous Zidovudine (ZDV) - also known as AZT - see guidelines for preparation instructions				
		▪ Loading dose (2mg/kg): _____ milligrams over 1 hour, followed by:				
		▪ Continuous infusion (1 mg/kg/hour): _____ milligrams/hour until cord clamped.				
		Note: If labour stops and infusion is discontinued for more than 6 hours, re-administer loading dose and resume continuous infusion when labour recommences.				
		4. Give Oral Nevirapine				
		▪ At onset of labour or presentation to Labour/Delivery				
		<input type="checkbox"/> Nevirapine 200 milligrams PO x 1 dose.				
		5. Labs: The following labs are required on Admission:				
		▪ CBC, diff, AST, ALT, lactate, BUN, Creat, glucose, bilirubin				
		▪ HIV DNA PCR and HIV EIA (Antibody)				
		Send 2 mL blood in EDTA (lavender top) tube using attached BC CDC HIV Serology Requisition				
		6. Breastfeeding is NOT recommended.				
		7. Notify: Oak Tree Clinic of delivery - 604-875-2212 BC Guidelines for Antiretroviral Use in Pregnancy: www.oaktreeclinic.bc.ca .				
		Physician's Signature _____				
		CPSID#: _____				