

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 (719-8726) 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.

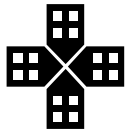
**D. Follow-up:**

- Notify Cynthia Feakins, BAPAC NP, of infant's birth and expected day of discharge. VM 206-3631, pager 443-0472.
- Page Pat Mitchnick (809-7899) clinic coordinator, Family Health Center Comprehensive Care Clinic (formerly SJC), 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: \_\_\_\_\_



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

**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<sup>o</sup>wks: 1.5 mg/ kg IV **OR** 2 mg/ kg PO q 12 hours for 1<sup>st</sup> 4 wks, then  
1.5 mg/ kg IV **OR** 2 mg/ kg PO q 8 hours for next 2 wks  
Infants born 30<sup>1</sup>-36<sup>o</sup>wks: 1.5 mg/ kg IV **OR** 2 mg/ kg PO q 12 hours for 1<sup>st</sup> 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<sup>o</sup>wks: 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 (719-8726)**

\*\*[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 1<sup>st</sup> 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: \_\_\_\_\_