

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.

**Patient weight:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_

**ANTIRETROVIRAL (ARV) Orders** (\* = precautionary statement)

- Abacavir 300 mg PO, BID
- Combivir (lamivudine 150 mg/zidovudine 300 mg) 1 tab PO, BID
- Kaletra (lopinavir 133.3 mg/ritonavir 33.3 mg) 3 caps PO, BID with food
- Lamivudine 150 mg PO, BID
- Lamivudine 300 mg PO, once daily
- Nevirapine 200 mg PO, once daily (\* Dosing for 1<sup>st</sup> 14 days of therapy)
- Nevirapine 200 mg PO, BID
- Nelfinavir 1250 mg PO, BID with food
- Ritonavir 100 mg PO, once daily
- Ritonavir 100 mg PO, BID
- Tenofovir 300 mg PO, once daily
- Trizivir (abacavir 300mg/lamivudine 150mg/zidovudine 300mg) 1 tab PO, BID
- Zidovudine (AZT) 300 mg PO, BID
- Other: \_\_\_\_\_

**ANTIBIOTIC Orders**

- Azithromycin 1200 mg PO, one time a week on \_\_\_\_\_ (day of week)
- Septra DS 1 tab PO, once daily
- Fluconazole 100 mg PO, once daily
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**OTHER MEDICATIONS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

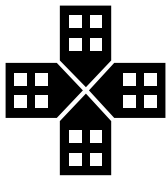
**LAB orders**

- 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.

**ALLERGIES:** \_\_\_\_\_

**Patient weight:** \_\_\_\_\_

**Group B strep status:**  POS  NEG  UNK

**GENERAL INTRAPARTUM Orders:**

- Page resident and BAPAC attending as listed on front L&D board.
- 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.
- Ensure patient has two (2) IV lines in place. Do not run AZT in same IV line as oxytocin (Pitocin) or Magnesium Sulfate.

**ANTIRETROVIRAL (ARV) Orders for labor:**

- 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 )

**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.** (\* = precautionary statement)

- Abacavir 300 mg PO, BID (\*Required if Trizivir is discontinued)
- Kaletra (lopinavir 133.3 mg/ritonavir 33.3 mg caps) 3 caps PO, BID with food
- Lamivudine 150 mg PO, BID (\* Required if Combivir or Trizivir is discontinued)
- Lamivudine 300 mg PO, once daily
- Nevirapine 200 mg PO, once daily (\* Dosing for 1<sup>st</sup> 14 days of therapy)
- Nevirapine 200 mg PO, BID
- Nelfinavir 1250 mg PO, BID with food
- Ritonavir 100 mg PO, once daily
- Ritonavir 100 mg PO, BID
- Tenofovir 300 mg PO, once daily
- Other: \_\_\_\_\_

**ANTIBIOTIC Orders for labor:**

- Azithromycin 1200 mg PO. One time a week on \_\_\_\_\_ (day of week)
- Septra DS 1 tab PO, once daily

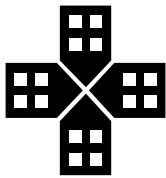
**OTHER MEDICATIONS:**

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

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

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ RN signature: \_\_\_\_\_



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

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

**Patient weight:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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

**ANTIRETROVIRAL Orders:** (\* = precautionary statement)

- Abacavir 300 mg PO, BID
- Combivir (lamivudine 150 mg/zidovudine 300 mg) 1 tab PO, BID
- Kaletra (lopinavir 133.3 mg/ritonavir 33.3 mg) 3 caps PO, BID with food
- Lamivudine 150 mg PO, BID
- Lamivudine 300 mg PO, once daily
- Nevirapine 200 mg PO, once daily (\* Dosing for 1<sup>st</sup> 14 days of therapy)
- Nevirapine 200 mg PO, BID
- Nelfinavir 1250 mg PO, BID with food
- Ritonavir 100 mg PO, once daily
- Ritonavir 100 mg PO, BID
- Tenofovir 300 mg PO, once daily
- Trizivir (abacavir 300mg/lamivudine 150mg/zidovudine 300mg) 1 tab PO, BID
- Zidovudine (AZT) 300 mg PO, BID
- Other: \_\_\_\_\_

**ANTIBIOTIC Orders:**

- Azithromycin 1200 mg PO, one time a week on \_\_\_\_\_ (day of week)
- Septra DS 1 tab PO, once daily
- Fluconazole 100 mg PO, once daily
- Other: \_\_\_\_\_

**OTHER Orders:**

- Follow up appointment - 5M High Risk Clinic 1 week postpartum. Specify patient as BAPAC
- Follow up appointment - 5M High Risk Clinic 2 weeks postpartum. Specify patient as BAPAC
- Follow up appointment - Stanley Jackson Clinic (FHC) 1 week postpartum
- Offer breast-binders 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.)