



SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

NAME
DOB
MRN
PCP

T-PO0001

NURSERY ORDERS

FOR HIV-exposed HIVE/BAPAC PATIENTS ONLY

Patient ID/ Addressograph

These orders relate to the management of HIV-exposure in infants; orders not related to HIV must be written separately.

For questions:

- Please consult HIVE/BAPAC (415-813-1873) 8am-5pm M-F.
- After hours or if you are unable to reach HIVE/BAPAC, consult Pediatric Infectious Disease (415-443-2384).

If you do not receive a response from either, consult the National Perinatal HIV Hotline (888-448-8765).

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

A. Nursery management:

- Cleanse injection sites with providone/iodine (Betadine). Bathe infant as soon as temperature is stable.
- Maintain confidentiality regarding sero-status of mother and special care/testing of infant.

B. Laboratory testing:

- For each HIV test send a separate requisition and separate tube of blood.
- Do NOT use umbilical cord blood for HIV DNA or RNA tests.
- Do NOT send HIV antibody tests on neonates of mothers known to have HIV.
- If the infant is still in the hospital at >8 weeks of life, please consult HIVE/BAPAC for further infant testing.

Labs at birth:

- HIV-1 DNA PCR*: order for all HIV-exposed infants. 1 lavender top tube = 0.5 mL is absolute minimum; 2 mL is ideal. Must be in a SEPARATE tube from blood for CBC.
- HIV-1 viral load (a.k.a. RNA PCR): order for all 'high-risk' HIV-exposed infants (consult HIVE/BAPAC for definition of 'high-risk'). 1 pearl top tube (PPT) = 2.5 mL is absolute minimum; 4 mL is ideal. Blood must be from separate draw from HIV DNA, as close to birth as possible but no later than 48 hours of life. Specimen must be received in lab within 4 hours of draw.
- Call 206-8576 to alert lab of incoming samples
- CBC with differential
- ALT, AST (if initiating anything more than Zidovudine)

Labs at >2 weeks of life:

- HIV-1 DNA PCR*: 1 lavender top tube = 0.5 mL is absolute minimum; 2 mL is ideal.
- ALT, AST (if received presumptive treatment dosing)

Labs at >4 weeks of life:

- HIV-1 DNA PCR*: 1 lavender top tube = 0.5 mL is absolute minimum; 2 mL is ideal. Must be in a SEPARATE tube from blood for CBC.
- CBC with differential

Notes:

* HIV-1 DNA PCR testing: Submit a Microbiology requisition form (as opposed to a main lab/serum requisition). Mark "blood" as source of specimen. Next to "Other" on lower right side of requisition, write "HIV-1 DNA PCR."

C. Bottle Feeding

- Formula - Feeds on demand
- Banked human milk - Feeds on demand

Date: _____ Time: _____ Provider: _____
Print Name Title Signature CHN ID

Date: _____ Time: _____ RN: _____
Print Name Signature INV ID

Date: _____ Time: _____ LVN/UC: _____
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D. Antiretroviral Medication Orders

- * These antiretroviral medication orders (Part D, pages 2, 3, and 4) should be filled out at the time of birth, and again with new order sheets for subsequent medication adjustments as the infant grows.
- * Infant prophylaxis should be initiated as soon as possible; if the infant is > 72 hour old when filling out this order form and prior to initiation of antiretroviral medications, consult HIVE/BAPAC or Pediatric ID about the appropriate regimen.
- * Dose should not be adjusted down for weight loss in the first days of life, but should be adjusted for increases of > 10%. This dose adjustment will generally be done at the 2 week visit after discharge, but could apply to infants with prolonged hospital admission.
- * Note that the doses of zidovudine and nevirapine also change at different post-natal ages, not just weight.

Gestational Age: _____ weeks Postnatal age: _____ days
 Birth Weight: _____ kg Current dosing weight: _____ kg

Adverse Drug Event (including Allergies): _____

Non-Drug Allergies: _____

1. FOR ALL HIV-EXPOSED INFANTS:

Prophylaxis or presumptive treatment: • All infants receive Zidovudine (Retrovir®)	
Infants <30 weeks gestational age:	
Tolerating oral feeds	<input type="checkbox"/> postnatal age ≤ 28 days: zidovudine syrup 2 mg/kg/dose = _____ mg PO q12 hours OR <input type="checkbox"/> postnatal age > 28 days: zidovudine syrup 3 mg/kg/dose = _____ mg PO q12 hours
NPO	<input type="checkbox"/> postnatal age ≤ 28 days: zidovudine 1.5 mg/kg/dose = _____ mg IV q12 hours OR <input type="checkbox"/> postnatal age > 28 days: zidovudine 2.3 mg/kg/dose = _____ mg IV q12 hours
Infants ≥30 to 34^{6/7} weeks gestational age:	
Tolerating oral feeds	<input type="checkbox"/> postnatal age ≤ 14 days: zidovudine syrup 2 mg/kg/dose = _____ mg PO q12 hours OR <input type="checkbox"/> postnatal age > 14 days: zidovudine syrup 3 mg/kg/dose = _____ mg PO q12 hours
NPO	<input type="checkbox"/> postnatal age ≤ 14 days: zidovudine 1.5 mg/kg/dose = _____ mg IV q12 hours OR <input type="checkbox"/> postnatal age > 14 days: zidovudine 2.3 mg/kg/dose = _____ mg IV q12 hours
Infants ≥ 35 weeks gestational age:	
Tolerating oral feeds	<input type="checkbox"/> zidovudine syrup 4 mg/kg/dose = _____ mg PO q12 hours
NPO	<input type="checkbox"/> zidovudine 3 mg/kg/dose = _____ mg IV q12 hours

- Zidovudine should be initiated as soon as possible after birth.
- Please consult HIVE/BAPAC to determine if a 'low-risk' infant is eligible for 4 vs 6 weeks of zidovudine; all 'high-risk' infants should continue for 6 weeks and receive additional antiretroviral medications as described below.
- On discharge, please confirm that infant has ALL necessary zidovudine syrup; it can be challenging to get prescription filled in outpatient pharmacies.

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Gestational Age: _____ weeks

Postnatal age: _____ days

Birth Weight: _____ kg

Current dosing weight: _____ kg

Adverse Drug Event (including Allergies): _____

Non-Drug Allergies: _____

2. FOR HIGH-RISK INFANTS:

- **To determine whether an infant is high risk and whether to use prophylaxis or presumptive treatment, contact HIVE/BAPAC (415-813-1873, 8am-5pm M-F).** If unavailable, consult Pediatric Infectious Disease (415-443-2384) or the National HIV Perinatal Hotline (888-448-8765).

Prophylaxis	
<ul style="list-style-type: none"> • Discuss risks/benefits/alternatives of use of prophylactic dosing with parents. 	
1. Zidovudine	Dosing as above (will continue for 6 weeks)
2. Nevirapine (Viramune®) Suspension	GA <27 weeks OR birth weight <0.75 kg:
	<input type="checkbox"/> 2 mg/kg/dose = _____ mg PO x 2 doses Dose #1: x1 immediately after delivery Dose #2: x1 seven days after Dose #1
	GA ≥ 27 weeks AND birth weight 0.75 to < 1.5 kg:
	<input type="checkbox"/> 4 mg/kg/dose = _____ mg PO x 2 doses Dose #1: x1 immediately after delivery Dose #2: x1 seven days after Dose #1
3. Lamivudine (Epivir®) Solution*	GA ≥ 27 weeks AND birth weight ≥1.5 kg:
	<input type="checkbox"/> birth weight 1.5 - 2 kg: 8 mg PO per dose x 3 doses OR <input type="checkbox"/> birth weight > 2 kg: 12 mg PO per dose x 3 doses Dose #1: x1 immediately after delivery Dose #2: x1 48 hours after Dose #1 Dose #3: x1 96 hours after Dose #2
	GA ≥ 32 weeks AND birth weight ≥1.5 kg:
	<input type="checkbox"/> 2 mg/kg/dose = _____ mg PO q12 hours x 2 weeks

*Lamivudine is added in rare cases, only in discussion with HIVE/BAPAC/pediatric ID)

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Postnatal age: _____ days

Birth Weight: _____ kg

Current dosing weight: _____ kg

Adverse Drug Event (including Allergies): _____

Non-Drug Allergies: _____

2. FOR HIGH-RISK INFANTS (continued):

Presumptive Treatment (must order all 3 medications)

- To receive presumptive treatment, infants must have **gestational age \geq 34 weeks AND birth weight \geq 1.5 kg**; there is no presumptive treatment dosing for more premature and smaller infants (they should all get prophylactic dosing).
- Presumptive treatment should generally continue until the possibility of in utero infection is excluded by the birth HIV DNA or RNA PCR: please discuss contact HIVE/BAPAC or Pediatric ID when DNA and RNA results are back.
- If HIV RNA or DNA is positive, continue regimen and contact HIVE/BAPAC AND Pediatric Infectious Disease.
- Given that the doses are not well established, the risks/benefits/alternatives of presumptive treatment dosing must be discussed with parents

1. Zidovudine	Dosing as above (will continue for 6 weeks)
2. Nevirapine (Viramune®) Suspension	GA 34 – 36 ⁶ / ₇ weeks:
	<input type="checkbox"/> postnatal age < 7 days: 4 mg/kg/dose= _____ mg PO q12 hours OR <input type="checkbox"/> postnatal age \geq 7 days: 6 mg/kg/dose= _____ mg PO q12 hours
	GA \geq 37 weeks:
	<input type="checkbox"/> 6 mg/kg/dose= _____ mg PO q 12 hours
3. Lamivudine (Epivir®) Solution	<input type="checkbox"/> 2 mg/kg/dose = _____ mg PO q12 hours

Notes:

- See Physician Order Form for additional medications

3. FOLLOW-UP

- HIV-exposed infants should establish care and follow-up with their anticipated primary care pediatricians or family practice physicians just as for an HIV-unexposed infant.
- Additional follow-up specifically for HIV-exposure can occur in different locations, based on maternal convenience and preference:
 - SFGH: Infants of mothers who received ongoing prenatal care through HIVE/BAPAC will generally be seen at the FHC HIV clinic.
 - Pediatric Infectious Disease at UCSF-Benioff Children's Hospital: Applies to infants of mothers who received their antepartum care at UCSF and/or who plan to establish pediatric primary care at UCSF.

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