

Form Title **Perinatal HIV Prevention for Unknown HIV Status and High Risk Adult
Inpatient Order Set**

Form Number **21801-bond**

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Perinatal HIV Prevention for Unknown HIV Status and High Risk Adult Inpatient Order Set

Select orders by placing a (✓) in the associated box

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Initiate this treatment plan when one or more of the following has occurred:

- Rupture of membranes
- Onset of labour (greater than 3 cm dilated)
- Greater than or equal to 3 hours prior to planned Caesarian section
- In any other situation where delivery is anticipated

General

Management of labour:

- Routine practices apply (mask, gown, eye protection, double gloves)
- No artificial rupture of membranes unless absolutely necessary for obstetrical management
- Rupture of membranes greater than 4 hours should be avoided if possible
- Avoid the use of fetal scalp electrodes, fetal scalp sampling, intrauterine pressure catheters, and forceps/vacuum-assisted delivery unless benefits exceed risks

Where maternal HIV status is unknown (no antenatal HIV test result or ongoing high risk of HIV exposure since last negative test).

Patient Care

- Clinical Communication– Ensure that patient consent for HIV testing has been obtained and documented.

Laboratory Investigations STAT

Hematology

- CBC with differential STAT

Chemistry

- Alanine Amino Transferase (ALT) STAT
 Creatinine STAT
 Glucose, Random STAT
 Bilirubin, Total STAT

Immunology

Page Virologist on call for either Northern or Southern Alberta as appropriate

- HIV 1 and 2 Serology (Antigen and Antibody) STAT. *The prescriber who orders this test is obliged to report a positive result to the Medical Office of Health.*
- Hepatitis B surface antigen (HBsAG) STAT
- Hepatitis C antibody (HCV Ab) STAT
- Syphilis EIA

If indicated (*unknown HIV status, or ongoing risk*)

- HIV 1 and 2 Serology (Antigen and Antibody) RAPID
- HIV RNA PCR STAT (*collect 3 mLs per tube in each of TWO lavender topped {EDTA} tubes. Will be processed only if HIV antibody test is positive.*)

Prescriber Name	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
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Fluids and Electrolytes			
IV Maintenance			
<input type="checkbox"/> Intravenous cannula – Insert IV			
IV Fluid Boluses			
<input type="checkbox"/> Lactated Ringer's infusion _____ mL IV over _____ minutes			
<input type="checkbox"/> sodium chloride 0.9% infusion _____ mL IV over _____ minutes			
IV Fluid Infusions			
<input type="checkbox"/> sodium chloride 0.9% infusion at _____ mL/hour			
<input type="checkbox"/> dextrose 5%-sodium chloride 0.9% infusion at _____ mL/hour			
<input type="checkbox"/> dextrose 5%-sodium chloride 0.45% infusion at _____ mL/hour			
<input type="checkbox"/> Saline Lock			
Medications			
Anti-Infective Agents			
<i>If labour stops and infusion is discontinued for greater than 6 hours, re-administer zidovudine loading dose and resume continuous infusion when labour re-commences.</i>			
<input type="checkbox"/> zidovudine (AZT, ZDV, RETROVIR) in NaCl 0.9% (4 mg/mL zidovudine) bag, administer 2 mg/kg IV over 1 hour as a loading dose			
THEN			
zidovudine IV continuous infusion 1 mg/kg per hour until the umbilical cord is clamped			
THEN			
Discontinue zidovudine IV at the time of clamping of umbilical cord			
Patient Care			
<input type="checkbox"/> Breastfeeding is not recommended pending HIV results			
Medications			
Central Nervous System Agents			
<i>Review for contraindications and discuss implications with patient before prescribing for lactation suppression</i>			
<input type="checkbox"/> cabergoline 1 mg PO once, on first post-partum day			
Hormones			
<i>Review with patient and offer injectable contraception prior to discharge</i>			
<input type="checkbox"/> medroxyPROGESTERone acetate (Depo-Provera) 150 mg IM once on the day of discharge from hospital or 5th post-partum day (whichever comes first). Indication: Contraception.			
Consults/Referrals			
<input type="checkbox"/> Inpatient Specialty Consults			
<input type="checkbox"/> Infectious Disease Consult. <i>MRHP to consider in-person or telephone Infectious Diseases consultation if concern regarding suspected HIV seroconversion, new diagnosis of HIV, or concern regarding ongoing risk of HIV acquisition.</i>			
<i>Clinical Communication to Nurse – If diagnosis of HIV is confirmed, refer to Northern Alberta Program (NAP) or Southern Alberta Clinic (SAC) as soon as the diagnosis of HIV is confirmed and at least 24 hours prior to planned discharge to arrange follow up.</i>			
Prescriber Name	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>