

Form Title **Perinatal HIV Prevention for Known HIV Positive
Adult Inpatient Order Set**

Form Number **21802Bond**

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Perinatal HIV Prevention for Known HIV Positive, 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	

General

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

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

Patient Care

- Notify Northern Alberta Program (NAP) or Southern Alberta Clinic (SAC) as appropriate regarding patient's admission.
- Review most recent Infectious Diseases ambulatory encounter, or any clinic/correspondence/antepartum letter sent to ward regarding patient's current treatment plan
- Breastfeeding is contraindicated
- Continue oral antiretroviral agents as prescribed

Laboratory Investigations Routine

Hematology

- CBC with differential

Chemistry

- Alanine Amino Transferase (ALT)
- Creatinine
- Glucose, Random
- Bilirubin, Total
- Hepatitis B surface antigen (HBsAG)
- Hepatitis C antibody (HCV Ab)
- T-cell subsets (CD4 count) if not done in the past 3 months
- Syphilis EIA

Immunology

Discuss the need for STAT with the Virologist on call for either Northern or Southern Alberta as appropriate

- HIV RNA PCR STAT

Prescriber Name	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
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Fluids and Electrolytes

IV Maintenance

Intravenous cannula – Insert IV

IV Fluid Boluses

Lactated Ringer's infusion _____ mL IV over _____ minutes

sodium chloride 0.9% infusion _____ mL IV over _____ minutes

IV Fluid Infusions

sodium chloride 0.9% infusion at _____ mL/hour

dextrose 5%-sodium chloride 0.9% infusion at _____ mL/hour

dextrose 5%-sodium chloride 0.45% infusion at _____ mL/hour

Saline Lock after _____ hours

Medications

Anti-Infective Agents

Verify patient's pre-admission HIV medications have been reconciled and continued

Note: 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.

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

Central Nervous System Agents

Review for contraindications before prescribing for lactation suppression

cabergoline 1 mg PO once, on first post-partum day

Hormones

medroxyPROGESTERone acetate (Depo-Provera) 150 mg IM once on the day of discharge from hospital or 5th post-partum day (whichever comes first).

Consults/Referrals

Inpatient Specialty Consults

Infectious Disease Consult

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.

Discharge Instructions

Call Northern Alberta Program (NAP) or Southern Alberta Clinic (SAC) as appropriate at least 24 hours prior to planned discharge to arrange follow up.

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