



Regional Order Set

Perinatal HIV Prevention Intrapartum Orders

Page 1 of 2

Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
PATIENT LABEL			

Allergies: <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____	Mother's Weight: _____ kg
---	-------------------------------------

- **Obtain kit containing HIV medications from 'Prevention of Perinatal HIV Transmission Kit'.**
- Contact Provincial Health Services Authority (PHSA) lab result line (1-877-747-2522) to access BC Centre for Disease Control (BCCDC) prenatal HIV serology results if available. Also available on eHealth Viewer.
- Notify Oak Tree Clinic (1-604-875-2250). Leave message if after hours. After 16:30 and on weekends contact Level 1 Obstetrician on call 1-604-875-2161.
- Avoid artificial or prolonged rupture of membranes, use of fetal scalp electrodes, fetal scalp sampling, intrauterine pressure catheter and assisted delivery unless benefit exceeds risk.
- Routine Practice for blood and body fluid with eye protection and gloves
- RN to fill in maternal information section on Prevention of Perinatal HIV transmission kit reorder form and scan to pharmacy
- Refer to **10-111-5216 Perinatal HIV Prevention Postpartum Orders** after delivery.
(Note: This is not an order set. Prescriber must obtain, complete and sign this order separately)

Laboratory Investigations

- ☐ If not done prenatally: Hepatitis C virus antibody, HCV RNA PCR, Hepatitis B surface antigen (HBsAg), Syphilis, Rubella, Varicella-Zoster virus (VZV) antibodies, IgG
- CBC, creatinine, urea, AST, ALT, bilirubin, glucose, plus one of HIV boxes below:
- ☐ If patient HIV positive: STAT HIV viral load (send one 6 mL lavender top EDTA tube) and CD4 cell count (send one 10 mL ACD solution A - yellow top glass tube)
- ☐ If unknown HIV status, obtain consent and order the following:
 - Do STAT HIV Investigation - High Risk Mother (send one 6 mL lavender top EDTA tube)
- Send placenta to pathology

Medications (see reverse for HIV medication recommendations)

- ☐ Start IV D5NS TKVO.
- ☐ IV **zidovudine** at rupture of membranes, onset of active labour or when possible, at least 2 hours prior to cesarean section (see reverse for notes). If labour stops and **zidovudine** is discontinued for greater than 6 hours, re-administer loading dose and resume continuous infusion when labour recommences.
zidovudine _____ mg (2 mg/kg/dose) IV over 1 hour STAT once as loading dose,
then
zidovudine _____ mg/h (1 mg/kg/h) IV continuous infusion until cord clamped
and
- ☐ If no antenatal anti-retrovirals, (in the three days prior to delivery or longer) or HIV serology is pending or the woman has engaged in high risk activity in the last 3 weeks, give **nevirapine** 200 mg PO once STAT
- ☐ If on antenatal anti-retrovirals, medications should be taken during active labor as per patient's regimen. Specify:

-
- **Pharmacy to confirm regimen with St. Paul's Hospital (1-888-511-6222)**
 - **Send Perinatal HIV Prevention Kit paperwork to Pharmacy (\$400 charge for unaccounted information)**

Prescriber signature: _____ College ID: _____ Date: _____ Time: _____

10-111-5215 (IND - RDP/PPM - Rev. - 02/21) Review by December 2022

~ Do NOT photocopy or alter electronically. Print new copies directly from OurNH Order Set Site ~



Regional Order Set

Perinatal HIV Prevention Intrapartum Orders

Page 2 of 2

Last Name:		
First Name (Preferred Name):		
Encounter number:	NH Number:	Chart Created: Y/N
Date of Birth:	Gender:	Age:
Responsibility for Payment:		PHN:
Primary Care Physician/Attending Physician:		
PATIENT LABEL		

Allergies: ☐ None known ☐ Unable to obtain

List with reactions: _____

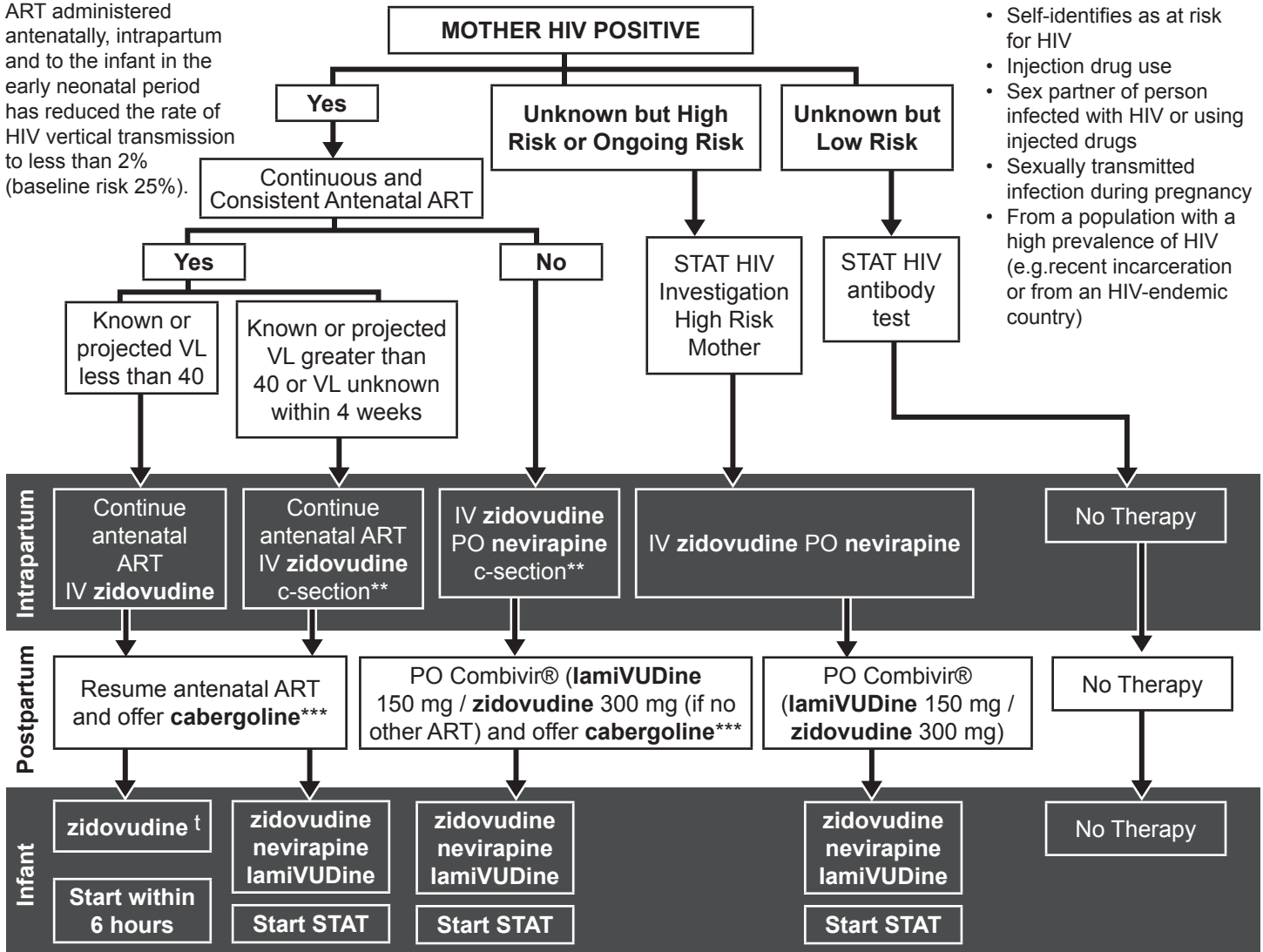
Mother's Weight: _____ kg

Perinatal HIV Prevention Management Algorithm

ART administered antenatally, intrapartum and to the infant in the early neonatal period has reduced the rate of HIV vertical transmission to less than 2% (baseline risk 25%).

*** HIV risk factors include:**

- Self-identifies as at risk for HIV
- Injection drug use
- Sex partner of person infected with HIV or using injected drugs
- Sexually transmitted infection during pregnancy
- From a population with a high prevalence of HIV (e.g. recent incarceration or from an HIV-endemic country)



ART = Antiretroviral therapy. Continuous = consistently taken between last VL measure and delivery with no missed or vomited doses.

VL = Viral load (copies/mL) known or projected

** = There is no benefit to c-section once in active labour or 4 hours after rupture of membranes, otherwise consider if VL greater than or equal to 1000 or unknown within 4 weeks

*** = for suppression of lactation. Safe with all ART. Contraindicated if ergot hypersensitivity, hypertensive or using antihypertensives, pulmonary or cardiac fibrotic disorder, cardiac valvulopathy

t = total duration shortened to four weeks for "low risk" infants

Notes:

- Epidural anesthesia is not contraindicated.
- If labour stops and **zidovudine** infusion is discontinued for greater than 6 hours, re-administer loading dose and resume continuous infusion when labour recommences.

Additional information available at <http://www.bcwomens.ca/health-professionals/professional-resources/hiv-aids-resources/hiv-aids-clinical-guidelines>