

**Fairview Health Services  
NBN NICU NEWBORN HIV PREVENTION  
PROPHYLAXIS**

**NBN NICU Newborn HIV Prevention Prophylaxis [3042010629]**

Version: 2015-Apr-22 (3042010629)

To be used ONLY IF mother is known HIV (Human Immunodeficiency Virus) positive

**PATIENT CARE**

**Nursing [30420106290280]**

[X]	Initiate Newborn Nursery Admission order set [NUR904]	Routine, EFFECTIVE NOW, Starting today As appropriate for gestational age (non-NICU)
[X]	Patient education [NUR593]	Routine, EFFECTIVE NOW, Starting today Instruct Mother NOT to breast feed, as HIV is excreted in breastmilk. Formula feeding only.
[X]	Fax [NUR874]	Routine, ONE TIME, Starting today At discharge: infant's HIV-Qualitative PCR results (if done), mother's labor and delivery record and baby's newborn admission/discharge record to: Nurse Coordinator, Minnesota Perinatal HIV Program Fax: 651-220-7233
[X]	Notify Provider [NUR1162]	Routine, EFFECTIVE NOW, Starting today and Laura Hoyt, MD, Peds ID/HIV, at Physician Access 612-343-2121, IF Hgb is less than 8.0 mg/dL and/or absolute neutrophil count is less than 500/mm <sup>3</sup>
[X]	Notify Provider [NUR1162]	Routine, PRN of lab results IF drawn due to mother's maternal HIV status.

**LABORATORY**

**Provider Instruction: Diagnostic testing for the babies in hospital greater than 2 weeks old [30420106290530]**

HIV/RNA (Quantitative) or HIV/DNA (Qualitative) PCR at:  
14 (14-21) days old  
1 (1-2) months old  
4 (4-6) months old

[X]	CBC with platelets differential [LAB293]	AM DRAW, Starting tomorrow For 1 Occurrences, Blood May obtain from 24 to 48 hours of life along with metabolic screen
[X]	HIV 1 Proviral DNA PCR Qualitative [LAB6055]	CONDITIONAL X 1, Starting tomorrow For 1 Occurrences, Blood (For high risk of transmission cases). HIV 1 Proviral DNA PCR, Qualitative at 48 hours of age. May obtain from 24 to 48 hours of life along with metabolic screen. IF recommended by Minnesota Perinatal HIV Program. If question, call Laura Hoyt MD at Physician Access 612-343-2121.

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USE for ALL infants at risk for perinatal HIV transmission

**zidovudine (RETROVIR) - Oral Dosing (Single Response) [304830060]**

( )	IF gestational age GREATER than or EQUAL to 35 weeks [304830061]
[X]	zidovudine (RETROVIR) syrup 4 mg/kg, Oral, EVERY 12 HOURS [84689] Begin as soon as possible after birth but must be given within 6 hrs of birth. Give if Gestational age greater than or equal to 35 weeks. Continue until 6 weeks of age.
( )	IF gestational age between 30 weeks and 35 weeks: [304201062902614]
[X]	zidovudine (RETROVIR) syrup 2 mg/kg, Oral, EVERY 12 HOURS [84689] Begin as soon as possible after birth but must be given within 6 hours of birth. Give if Gestational age between 30 weeks and 35 weeks. Provider to advance to 3 mg/kg at 2 weeks of age. Continue until 6 weeks of age.
( )	IF gestational age LESS than or EQUAL to 30 weeks: [304830062]
[X]	zidovudine (RETROVIR) syrup 2 mg/kg, Oral, EVERY 12 HOURS [84689] Begin as soon as possible after birth but must be given within 6 hrs of birth. Give if Gestational age less than or equal to 30 weeks. Provider to advance to 3 mg/kg at 4 weeks of age. Continue until 6 weeks of age.

**zidovudine (RETROVIR)- IV Dosing (IF unable to tolerate PO dosing) (Single Response) [304830064]**

( )	IF gestational age GREATER than or EQUAL to 35 weeks: [304830063]
[X]	zidovudine (RETROVIR) in 3 mg/kg, Intravenous, EVERY 12 HOURS D5W injection [117567] Begin as soon as possible after birth but must be given within 6 hours of birth. Give if Gestational age greater than or equal to 35 weeks. Continue until 6 weeks of age.
( )	IF gestational age between 30 weeks and 35 weeks: [304201062902624]
[X]	zidovudine (RETROVIR) in 1.5 mg/kg, Intravenous, EVERY 12 HOURS D5W injection [117567] Begin as soon as possible after birth but must be given within 6 hours of birth. Give if Gestational age between 30 weeks and 35 weeks. Provider to advance to 2.3 mg/kg at 2 weeks of age. Continue until 6 weeks of age.
( )	IF gestational age LESS than or EQUAL to 30 weeks: (Single Response) [304830065]
(X)	zidovudine (RETROVIR) in 1.5 mg/kg, Intravenous, EVERY 12 HOURS D5W injection [117567] Begin as soon as possible after birth but must be given within 6 hours of birth. Give if Gestational age less than or equal to 30 weeks. Provider to advance to 2.3 mg/kg at 4 weeks of age. Continue until 6 weeks of age.

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USE in addition to zidovudine, if mother's HIV vial load is UNKNOWN or KNOWN to be GREATER than 1000 copies/mL at delivery.

Order both nevirapine (VIRAMUNE) and zidovudine (RETROVIR)

**nevirapine (VIRAMUNE) (Single Response) [304201062902604]**

<p>( )</p>	<p>For patients 1.5-2 kg: nevirapine (VIRAMUNE) [30420106290264]</p>
<p>[X]</p>	<p>nevirapine (VIRAMUNE) suspension [27823] 8 mg, Oral, EVERY 48 HOURS, Starting today, For 2 Doses STAT at birth, at 48h, and on DOL 7 (96h after 2nd dose). IF mother's HIV viral load is known to be greater than 1000 copies/mL OR if viral load is unknown at the time of delivery then also give zidovudine (RETROVIR) based on gestational age.</p>
<p>[X]</p>	<p>nevirapine (VIRAMUNE) suspension [27823] 8 mg, Oral, ONCE, Starting H+144 Hours, For 1 Doses STAT at birth, at 48h, and on DOL 7 (96h after 2nd dose). IF mother's HIV viral load is known to be greater than 1000 copies/mL OR if viral load is unknown at the time of delivery then also give zidovudine (RETROVIR) based on gestational age.</p>
<p>( )</p>	<p>For patients GREATER than 2 kg: nevirapine (VIRAMUNE) [304201062902634]</p>
<p>[X]</p>	<p>nevirapine (VIRAMUNE) suspension [27823] 12 mg, Oral, EVERY 48 HOURS, Starting today, For 2 Doses STAT at birth, at 48h, and on DOL 7 (96h after 2nd dose). IF mother's HIV viral load is known to be greater than 1000 copies/mL OR if viral load is unknown at the time of delivery then also give zidovudine (RETROVIR) based on gestational age.</p>
<p>[X]</p>	<p>nevirapine (VIRAMUNE) suspension [27823] 12 mg, Oral, ONCE, Starting H+144 Hours, For 1 Doses STAT at birth, at 48h, and on DOL 7 (96h after 2nd dose). IF mother's HIV viral load is known to be greater than 1000 copies/mL OR if viral load is unknown at the time of delivery then also give zidovudine (RETROVIR) based on gestational age.</p>

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PROVIDER NAME (print): \_\_\_\_\_ PAGER #: \_\_\_\_\_