

BAR CODE



T-PO0001

Postpartum Physician Orders for HIVE Patients Only Family Birth Center

NAME

DOB

MRN

PCP

Patient ID/Addressograph

Adverse Drug Events (including allergies): _____

Non- Drug Allergies: _____

ANTIRETROVIRAL Orders

Post-delivery: All previous antiretroviral medications are discontinued and must be re-ordered if indicated

Indication for antiretroviral medications: Maternal prophylaxis (PrEP or PEP) Maternal treatment

- Atazanavir 300 mg PO once daily AND Ritonavir 100 mg PO once daily (note dosage change post-partum)
- Atripla (efavirenz 600 mg/ emtricitabine 200 mg/ tenofovir 300 mg) 1 tab PO at bedtime
- Complera (emtricitabine 200 mg/ tenofovir 300 mg/rilpivirine 25 mg) 1 tab PO once daily w/ a meal
- Darunavir 800 mg PO once daily AND Ritonavir 100 mg PO once daily
- Descovy (emtricitabine 200 mg/tenofovir alafenamide 25 mg) 1 tab PO once daily
- Dolutegravir 50 mg PO once daily
- Epzicom (abacavir 600 mg/lamivudine 300 mg) 1 tab PO once daily
- Evotaz (atazanavir 300 mg/cobicistat 150 mg) 1 tab PO once daily with food
- Genvoya (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir alafenamide 10 mg) 1 tab PO daily with food
- Odefsey (emtricitabine 200 mg/ rilpivirine 25 mg/tenofovir alafenamide 25 mg) 1 tab PO once daily with a meal
- Prezcoibx (darunavir 800 mg/cobicistat 150 mg) 1 tab PO daily with food
- Raltegravir 400 mg PO BID
- Stribild (elvitegravir 150 mg/cobicistat 150 mg/ emtricitabine 200mg/ tenofovir 300mg) 1 tab PO once daily with a meal
- Triumeq (abacavir 600 mg/dolutegravir 50 mg/lamivudine 300 mg) 1 tab PO once daily
- Truvada (emtricitabine 200mg/ tenofovir 300 mg) PO 1 tab once daily

ANTIBIOTIC Orders

- Azithromycin 1200 mg PO once weekly on _____ (day of week)
- Sulfamethoxazole 800 mg/trimethoprim 160 mg (Septra) 1 tab PO once daily

ADDITIONAL Orders

- Cabergoline 1 mg PO x 1 within 24 hours of delivery for lactation suppression
- Offer supportive bra and ice to reduce likelihood of lactation
- Remove all breastfeeding literature from patient education packet
- Please see Post-Partum Order form for additional orders
- Schedule postpartum visit w/ _____ (provider) @ 5MHIVE for _____ weeks postpartum

Date: _____ Time: _____ Provider: _____ / _____ / _____ CHN ID# _____
Print name Signature Title

Date: _____ Time: _____ UC: _____ / _____ INV# _____
Print name Signature

Date: _____ Time: _____ RN: _____ / _____ INV# _____
Print name Signature