Antepartum Physician Orders for HIVE Patients Only
Family Birth Center

NAME
DOB
MRN
PCP

Adverse Drug Events (including allergies): __________________________________________
Non-Drug Allergies: ___________________________________________________________

GENERAL Orders
☑ Alert HIVE clinical staff of admission (email: monica.hahn@ucsf.edu, phone: 415-813-1873 M-F 8a-5p)
☑ If HIVE clinical staff is unavailable and there are urgent clinical questions, call the National Perinatal HIV Hotline 1-888-448-8765, available 24/7.

ANTIRETROVIRAL (ARV) Orders

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

☐ Atazanavir 400 mg PO once daily AND Ritonavir 100 mg PO once daily (second and third trimesters)
☐ Atripla (efavirenz 600 mg/emtricitabine 200 mg/tenofovir 300 mg) 1 tab PO at bedtime
☐ Complera (emtricitabine 200 mg/rilpivirine 25 mg/tenofovir 300 mg) 1 tab PO once daily
☐ Darunavir 600 mg PO BID AND Ritonavir 100 mg PO BID
☐ 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
☐ Dolasetravir 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 once daily with food
☐ Odefsey (emtricitabine 200 mg/ rilpivirine 25 mg/tenofovir alafenamide 25 mg) 1 tab PO once daily with a meal
☐ Prezcobix (darunavir 800 mg/cobicistat 150 mg) 1 tab PO daily with food
☐ Raltegravir 400 mg PO BID
☐ Stribild (emtricitabine 200 mg/tenofovir 300 mg/elvitegravir 150 mg/cobicistat 150 mg) 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 200 mg/tenofovir 300 mg) 1 tab PO 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

LAB Orders
☐ HIV viral load
☐ HIV Genotype. Please page PHAST team 8a-5p M-F to facilitate ordering this test: 415-443-3892

ADDITIONAL Orders
☐ Please see Antepartum Admission Orders

Date: _______ Time: _______ Provider: ___________________________ / __________________________ / CHN ID# __________
Print name Signature Title

Date: _______ Time: _______ UC: ___________________________ / __________________________ / INV# __________
Print name Signature

Date: _______ Time: _______ RN: ___________________________ / __________________________ / INV# __________
Print name Signature