

BAR CODE

T-PO0001



Antepartum Physician Orders for HIVE Patients Only Family Birth Center

NAME

DOB

MRN

PCP

Patient ID/Addressograph

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
- 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 once daily with food
- Odefsey (emtricitabine 200 mg/ rilpivirine 25 mg/tenofovir alafenamide 25 mg) 1 tab PO once daily with a meal
- Prezcoibix (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