POST EXPOSURE PROPHYLAXIS (PEP) TO BLOOD AND BODY FLUIDS STANDARD ORDERS – ADULT

(13 Years of Age and Older)

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ **Automatically Activated, if not in agreement, cross out and initial** ☐ **Activated by checking the Box**

INVESTIGATIONS

☐ Cadham – Serum HbsAg, HBsAb, HBcAb, HCVAb, HIV 1 & 2 Ab
- *For patients receiving HIV post-exposure prophylaxis: give first dose within 2 to 4 hours if possible, but within 72 hours maximum.* No laboratory evaluation is required prior to initiating HIV PEP (p. 10)
- *Include the name of the primary care provider on the requisition.*

☐ Serum creatinine, AST, ALT, CBC

☐ *Additional tests if receiving KIT B (impaired renal function)* – Na^+, K^+, Cl^-, Total bilirubin, CK

☐ For **sexual** exposure – screen for Syphilis (VDRL), Gonorrhea, and Chlamydia. For women less than 60 years of age, pregnancy testing

Normal results of lab work involving occupational exposures for SH-SS and partner organizations employee, physician, student or volunteer may be shared with the **source** and **exposed** by ICP providing follow up. Normal results of lab work of **exposed** and **source** involved in an exposure that occurred in community (for both occupational and non-occupational) are communicated by their respective primary care providers. Abnormal lab results for ALL exposures are communicated to **exposed** and **source** by the emergency department physician/alternate.

MEDICATIONS

Ask patient about immunization status and check immunization record (eChart)

Tetanus, Diphtheria, and Pertussis Prophylaxis:

☐ Tdap 0.5 mL IM – for clients 16 years of age and younger, or if not previously given as an adult. May be given at 26 weeks of pregnancy or greater.

☐ Td 0.5 mL IM – if Tdap given in past but immunization not current.

Tetanus vaccine and tetanus immunoglobulin must be administered at different injection sites.

☐ Tetanus Immunoglobulin 250 units IM – for patients with uncertain history of tetanus immunization or less than 3 prior doses of vaccine AND major or contaminated wounds (always give with appropriate tetanus vaccine)

Hepatitis B:

Results of hepatitis B virus (HBV) serology are preferred before ordering hepatitis B immune globulin (HBIG) or hepatitis B vaccine. The patient should receive immunization preferably within 48 hours post exposure, but it may be given up to 7 days post exposure. If it is unlikely the results of HBV serology can be obtained within 48 hours, **or** if the Source may be in the window period, **or** if in the physician's clinical judgement the exposed is unlikely to return for treatment, both HBIG and HBV vaccine should be given.

☐ Hepatitis B Immune Globulin (HBIG) _____ mL IM x 1 dose (Recommended dose: 0.06 mL/kg)

HBIG and HBV vaccine must be administered at different injection sites.

Hepatitis B Vaccine (initial dose for a 3-dose schedule):

☐ Adults less than 20 years of age: hepatitis B vaccine 0.5 mL IM
(Recombivax HB pediatric 5 mcg/0.5 mL or Engerix-B pediatric 10 mcg/0.5 mL)

☐ Adults 20 years of age and older: hepatitis B vaccine 1 mL IM
(Recombivax HB 10 mcg/mL or Engerix-B 20 mcg/mL)

Clients who are immunocompromised or receiving hemodialysis:

☐ Hepatitis B vaccine (Engerix B) 40 mcg = 2 mL IM

Prescriber Signature: _____ Date: _____

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MEDICATIONS

HIV Prophylaxis:

To be provided for exposures which meet high-risk criteria: high or moderate risk exposure, plus risk of source having transmissible HIV.

- *See Post Exposure to Blood and Body Fluids Risk Assessment and Management* (CLI.4110.PLI.017.FORM.01).

HIV prophylaxis is ideally initiated within **2 to 4 hours** and up to **72 hours** post-exposure. Consult an Infectious Disease (ID) Physician through HSC paging at 204-787-2071 if:

- Known or suspected pregnancy or lactation in the exposed
- Delayed presentation (greater than 72 hours) by the exposed to a health care provider for initial assessment
- Unknown source
- Exposed is immunocompromised, has serious medical comorbidities, or is taking medications that may interact with PEP therapy
- Known or suspected resistance of the source virus to antiretroviral agents
- Toxicity of the initial PEP regimen

Not indicated if exposed is already HIV-infected.

☐ **KIT A – Standard Treatment:**

For all clients 13 years of age and older with normal renal function.

(Contains raltegravir 400 mg x 6 tablets AND tenofovir 300 mg/ emtricitiabine 200 mg (Truvada®) x 3 tablets; 3 day starter kit)

- Raltegravir 400 mg oral BID **AND**
- Tenofovir 300 mg / emtricitiabine 200 mg (Truvada®) 1 tablet once daily

☐ **KIT B – Impaired Renal Function:**

For clients 16 years of age and older or 13-15 years of age weighing 35 kg and over, with a creatinine clearance of less than 60 mL/minute.

(Contains raltegravir 400 mg x 6 tablets AND zidovudine 300 mg / lamiVUDine 150 mg (Combivir®) x 6 tablets; 3 day starter kit)

- Raltegravir 400 mg oral BID **AND**
- Zidovudine 300 mg / lamiVUDine 150 mg (Combivir®) 1 tablet BID

☐ **KIT C – Pediatric:**

For adolescents 13-15 years of age weighing 25-34.9 kg, with a creatinine clearance of less than 60 mL/minute.

(Contains raltegravir 400 mg x 6 tablets AND zidovudine 100 mg x 18 capsules AND lamiVUDine 150 mg x 6 tablets; 3 day starter kit)

- Raltegravir 400 mg oral BID **AND**
- Zidovudine 9 mg per kg = _____ mg BID **AND**
- LamiVUDine _____ mg AM and _____ mg HS

Table 1: Zidovudine and Lamivudine Dosing For KIT C

Check One:	Weight	Age	Zidovudine Dose	LamiVUDine Dose	
				AM	HS
	27.5-34.9 kg	13-15 years	300 mg BID	150 mg	150 mg
	25-27.4 kg	13-15 years	200 mg BID	150 mg	150 mg
	20-24.9 kg	13-15 years	200 mg BID	75 mg	150 mg
	16.5-19.9 kg	13-15 years	200 mg BID	75 mg	75 mg
	15-16.4 kg	13-15 years	100 mg BID	75 mg	75 mg

***Two kits (six days of treatment) may be provided to clients if there is an anticipated barrier to timely follow up.*

KIT A and KIT B will be stocked at all hospitals with Emergency Departments

KIT A, KIT B, KIT C and KIT D (second pediatric kit) will be stocked in the Emergency Departments of the 3 Regional Centres

Prescriber Signature: _____ Date: _____