



**POST EXPOSURE
PROPHYLAXIS (PEP)
TO BLOOD AND BODY FLUIDS
STANDARD ORDERS – PEDIATRIC
(12 Years of Age and Younger)**

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

- Patient weight: _____ kg
- 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*
 - *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 Gonorrhea, Chlamydia and Syphilis (consider pregnancy testing).
- Normal results of lab work of **exposed** and **source** involved in an exposure 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

Ensure patient’s routine immunizations are current. Refer to Manitoba Health, Healthy Living and Seniors, Communicable Disease Control, Routine Immunization Schedules, found at <http://www.gov.mb.ca/health/publichealth/cdc/div/schedules.html> . Ask patient or parent/guardian about immunization status and check immunization record (eChart).

Tetanus, Diphtheria, and Pertussis Prophylaxis

- DTaP-IPV-Hib 0.5 mL IM for children **less than 7 years** of age, if vaccine history not up to date (available at the 3 regional centres only).
- Tdap 0.5 mL IM for patients **7 years of age or older** who have no history of Tdap immunization. May be given at 26 weeks of pregnancy or greater.
- If immunization is provided, refer to Communicable Diseases/Immunization Coordinator for further immunization status assessment (complete and fax *Post Exposure to Blood and Body Fluids Referrals* CLI.4110.PLI.016.FORM.09)

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 in conjunction 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. Weight = _____)

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

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

- Hepatitis B vaccine 0.5 mL IM
(Recombivax HB pediatric 5 mcg/0.5 mL or Engerix-B pediatric 10 mcg/0.5 mL)

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).

Contact the MOH on call (204-788-8666) or Infectious Disease (ID) Specialist through HSC Paging, 204-787-2071 and ask for the Pediatric ID Physician on call for further consultation.

HIV prophylaxis is ideally initiated within **2 to 4 hours** and up to **72 hours** post exposure.

No laboratory evaluation is required prior to initiating HIV - PEP

KIT A – Standard Treatment:

For all children 6-12 years of age weighing 35 kg and over with normal renal function.

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

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

KIT B – Impaired Renal Function:

For children 6-12 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 children 6-12 years of age weighing 25-34.9 kg, with or without renal impairment.

(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

KIT D – Pediatric:

For children 2-5 years of age weighing 25-34.9 kg and children 2-12 years of age weighing 15-24.9 kg with or without renal impairment.

(Contains lopinavir 100 mg-ritonavir 25 mg (Kaletra®) x 24 tablets AND zidovudine 100 mg x 18 capsules AND lamivudine 150 mg x 6 tablets; 3 day starter kit)

- Lopinavir 100 mg-ritonavir 25 mg (Kaletra®) _____ tablets oral BID (DO NOT CRUSH) **AND**
- Zidovudine 9 mg per kg = _____ mg BID **AND**
- Lamivudine _____ mg AM and _____ mg HS

Table 1: Zidovudine and Lamivudine Dosing For KIT C and KIT D

Check One:	Weight	Age	Lopinavir-ritonavir (Kaletra) Dose (Kit D only)	Zidovudine Dose	Lamivudine Dose	
					AM	HS
	27.5-34.9 kg	2-12 years	3 tablets BID	300 mg BID	150 mg	150 mg
	25-27.4 kg	2-12 years	3 tablets BID	200 mg BID	150 mg	150 mg
	20-24.9 kg	2-12 years	2 tablets BID	200 mg BID	75 mg	150 mg
	16.5-19.9 kg	2-12 years	2 tablets BID	200 mg BID	75 mg	75 mg
	15-16.4 kg	2-12 years	2 tablets BID	100 mg BID	75 mg	75 mg

Consult pediatric ID physician on-call in children aged < 2 years, children weighing < 15 kg or children < 6 years but weighing ≥ 35 kg

***Two kits 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 will be stocked in the Emergency Departments of the 3 Regional Centres**

Prescriber Signature: _____ **Date:** _____