Allergies

[ ]  NKA [ ]  Allergies confirmed within Meditech

[ ]  New Allergies to be added in Meditech:

Lab Investigations

To order in Meditech select ED PEP (ED Post-Exposure Prophylaxis) order set

[x]  CBC [x]  ALT [x]  Electrolytes [x]  Creatinine

[ ]  Beta-HCG

[x]  HIV Serology

[ ]  Hepatitis Testing (Hepatitis B Surface Antibody and Hepatitis C Serology)

OR

If unvaccinated or vaccine status unknown:

[ ]  Hepatitis Testing (Hepatitis B Surface Antibody, Hepatitis B Core Antibody, Hepatitis B Surface Antigen and Hepatitis C Serology)

STI Screening (if sexual exposure):

[ ]  Syphilis screen serology

[ ]  Chlamydia and gonorrhea PCR (choose site(s) depending on patient exposure history)

[ ]  Cervix [ ]  Urethra [ ]  Urine

Treatment

If high risk sexual exposure:

[ ]  Ceftriaxone 250 mg IM x 1 dose

AND

[ ]  Azithromycin 1 g PO x 1 dose

**OR** if history of anaphylactic reaction to beta-lactams:

[ ]  Gentamicin 240 mg IM x 1 dose (give as 2 separate injections)

AND

[ ]  Azithromycin 2 g PO x 1 dose

**OR** if contraindication or history of anaphylactic reaction to macrolides:

[ ]  Ceftriaxone 250 mg IM x 1 dose

AND

[ ]  Doxycycline 100 mg PO bid x 7 days

Treatment (con’t)

If initiating PEP:

[ ]  PEP kit (4-day supply, first dose to be taken in the Emergency Department. PEP kit located in ED Orange Zone ADU)

Tenofovir Disoproxil Fumerate 300 mg/Emtricitabine 200 mg (Truvada®) + Dolutegravir 50 mg (Tivicay®)

[ ]  Prescriptions provided (Medications must be prescribed together)

 [x]  Tenofovir Disoproxil Fumerate 300 mg/Emtricitabine 200 mg (Truvada®) 1 tablet PO once daily x 24 days

 [x]  Dolutegravir (Tivicay®) 50 mg PO once daily x 24 days

Hepatitis B:

[ ]  Vaccinated with known Anti-HBs greater than or equal to 10 milliunits/mL: No further action necessary

[ ]  Never vaccinated, incomplete vaccine series, known vaccine non-responder, antibody level unknown:

 [ ] Source patient HBsAg negative

 Initiate vaccine series: [ ]  Recombivax HB 10 mcg IM x 1 dose OR Engerix B 20 mcg IM x 1 dose\*

 [ ]  Source patient HBsAg positive or unknown

Initiate vaccine series: [ ]  Recombivax HB 10 mcg IM x 1 dose OR Engerix B 20 mcg IM x 1 dose\*

[ ]  Hepatitis B Immune Globulin (HBIG) (0.06 mL/kg)­­­ \_\_\_\_\_\_\_\_\_\_\_\_ mL IM x 1 dose (obtain from blood bank). Give at separate site from hepatitis vaccine.

\*Both products are interchangeable, provided by Public Health

Consults

[ ]  Page Infectious Diseases on call if any of the following criteria are met

[ ]  Source is known or suspected to harbour drug resistant HIV

[ ]  Exposed person is known or suspected to be pregnant; or is breastfeeding

[ ]  Exposed person has renal or liver disease which may require antiretroviral dosing adjustment

 [ ]  Exposed person is on multiple medications that may increase risk of drug interactions

 [ ]  Exposure was more than 72 hours ago

[x]  Urgent referral to Infectious Diseases Clinic (See standard Emergency Department Referral Form)

Additional Orders

DO NOT USE: <, >, SC, SQ, U, IU, zero after decimal (write 1 mg)     ALWAYS USE zero before decimal (0.5 mg)