

Maternal/Parental and Infant – HIV Nursing Discharge Checklist

INITIAL APPLICABLE BOXES

<input type="checkbox"/>	Ensure infant SK Formula Program process is initiated prior to discharge.
<input type="checkbox"/>	Complete the Discharge Instructions for Baby Document <ul style="list-style-type: none"> <input type="checkbox"/> Fill in the HIV medication dosing, administration times, and appropriate clinic contact information. <input type="checkbox"/> If the infant does not require nevirapine (NVP) or lamivudine (3TC), cross-out the boxes.
<input type="checkbox"/>	Provide the remainder of the bottle (for zidovudine and lamivudine, ensure dosing on the labels are correct) from the hospital stay and ensure patient has received nevirapine from Special Access Pharmacy if required.
<input type="checkbox"/>	Support caregiver to ensure independent administration of the HIV medication(s) to the infant for accuracy and technique prior to discharge.
<input type="checkbox"/>	If ordered, ensure the mother / birthing parent has access to lactation suppression medication.
<input type="checkbox"/>	Ensure follow up appointment has been booked with Peds Infectious Disease Clinic if patient lives in Saskatoon or North or is in high risk category, or Infectious Disease Clinic for Regina and Rural South.
<input type="checkbox"/>	Review discharge instructions with the parents/caregivers.
<input type="checkbox"/>	Follow routine processes to notify Public Health of the delivery.
Must be sent with infant:	
<input type="checkbox"/>	Remainder of zidovudine (AZT) bottle from hospital stay.
<input type="checkbox"/>	Nevirapine pre-drawn doses in syringes if required to complete 3 dose series in intermediate category, or if needed until patient receives medication from SAP for 6 week dose in high risk category.
<input type="checkbox"/>	Lamivudine (3TC) remainder of bottle from hospital stay if patient in high risk category.
<input type="checkbox"/>	Adequate supply of infant if formula if not yet available from SK Formula Program.
<input type="checkbox"/>	Any additional medications or prescriptions ordered.

Refer to [CS-LM-0007 Provincial Maternal/Parental and Infant HIV Order Set](#)
[Additional Information](#) for further guidance.

