

Women's Drug Dosing Guidelines

January 05, 2024 12:18 PM

acyclovir

- ◆ Acyclovir may precipitate in kidneys if the patient is dehydrated.
 - Ensure adequate hydration during and for at least 2 hours following administration.
 - Manufacturer suggests 1 litre of fluid/24 hours/gram of acyclovir and recommends a minimum urine output of 500 mL/24 hours/gram of acyclovir

Various Indications

[Go to Firstline](#)

Supplied: Injection: 50 mg/mL

Suspension: 40 mg/mL

Tablet: 200 mg

amino acids (Travasol) - [parenteral nutrition, Travasol]

Go to IWK Compatibility Chart for:

- [TPN](#)
- [SMOF Lipid](#)
- ◆ [Intralipid](#)

[Go to IWK Policy 30.70 "Parenteral Nutrition"](#)

[Go to clinical order set IWK ADPA "WOMEN'S HEALTH PARENTERAL NUTRITION ORDER"](#)

Supplied: Injection: 10 %

amoxicillin

Renal Adjustment

Various Indications

[Go to Firstline](#)

Penicillin Allergy De-Labeling

[Go to clinical order set IWKORAC "Oral Amoxicillin Challenge for Penicillin Allergy De-Labeling in Low Risk Patients"](#)

Supplied: Capsule: 250 mg, 500 mg

Suspension: 50 mg/mL

amoxicillin|clavulanate - [Clavulin]

- **All doses expressed in terms of amoxicillin component. All orders must be written in terms of amoxicillin component.**
- **Maximum total dose of amoxicillin is 4000 mg regardless of weight.**

- ◆ **October 2022: shortage of amoxicillin clavulanate oral suspensions** - Please try to conserve the use of these formulations. Only choose if it is optimal therapy for the syndrome being treated and if tablets or part tablets are not feasible. For alternative therapy, please refer to [Firstline](#) for further guidance.

Renal Adjustment

[Various Indications](#)

Oral

[Go To Firstline](#)

Parenteral

[Go to Firstline](#)

Supplied: Injection: 2000|200 mg
Suspension: 25|6.25 mg/mL, 80|11.4 mg/mL
Tablet: 875 |125 mg, 500|125 mg

ampicillin

- ◆ May be suitable for IV to PO conversion. [Go to Guidelines](#)

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Supplied: Injection: 250 mg, 1 gram(s)

atorvastatin

[HMG-CoA Reductase Inhibitors \(Statins\) Dose Equivalency](#)

Supplied: Tablet: 10 mg

azithromycin

- ◆ **May be suitable for IV to PO conversion.** [Go to Guidelines](#)

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Supplied: Injection: 500 mg
Suspension: 40 mg/mL
Tablet: 250 mg

betamethasone

***NEW - September 2023: shortage of betamethasone injection (until Jan 2024). Please refer to [dexamethasone](#) for dosing and administration information during this shortage**

[Perinatal Corticosteroid Therapy for Fetal Lung Maturation](#)

[Go to clinical order set IWK NITO "Tocolysis orders"](#)

12 mg IM every 24 hours for 2 doses

[Topical](#)

[Refer to Topical Corticosteroid Equivalency and IWK Product Selection Chart](#)

Comments

- Administer prenatal corticosteroid therapy to gestation age between 24 0/7 and 34 6/7 weeks, expectation of delivery within 7 days and no previous course of antenatal corticosteroids received

Supplied: Cream, Topical: 0.05 % (as valerate), 0.1 % (as valerate), 0.05 % (as dipropionate)

Injection: 6 mg/mL

Ointment, Topical: 0.05 % (as dipropionate), 0.05 % (as valerate), 0.1 % (as valerate)

Scalp, Topical: 0.1 % (as valerate)

budesonide

- [Click here for Aerosol Medication Compatibility Guide](#)
- [Click here for dose equivalencies for various inhaled corticosteroids](#)

[COVID with non-severe symptoms in select patients](#)

[Go to Firstline](#)

Supplied: Inhalation, Dry Powder: 400 micrograms/puff

Inhalation, Nebule: 0.25 mg/mL, 0.5 mg/mL

bupivacaine|EPINEPHrine

Updated: December 2023 SHORTAGE: Bupivacaine 0.25% and 0.5% with EPINEPHrine 1:200,000 (20 mL vials) are short from available manufacturers. Refer to comment section below for instructions to prepare during shortage

Comments

- [Preparation of bupivacaine 0.25% with EPINEPHrine](#)

Use: 20 mL vial – bupivacaine 0.25% solution

1 mL amp – EPINEPHrine 1 mg/mL solution

Prepare immediately before use and discard after completion of the procedure

Bupivacaine 0.25% with EPINEPHrine 1:200,000 (0.005 mg/mL)

1. Withdraw 0.1 mL (0.1 mg) from EPINEPHrine 1 mg/mL ampoule

2. Add 0.1 mL EPINEPHrine 1 mg/mL to bupivacaine 0.25%, 20 mL vial

3. Shake gently to mix

4. Label vial appropriately

5. Discard after procedure

Preparation of bupivacaine 0.5% with **EPINEPHrine**

Use: 20 mL vial- bupivacaine 0.5% solution

1 mL amp – **EPINEPHrine** 1 mg/mL solution

Prepare immediately before use and discard after completion of the procedure

Bupivacaine 0.5% with EPINEPHrine 1:200,000 (0.005 mg/mL)

1. Withdraw 0.1 mL (0.1 mg) from **EPINEPHrine** 1 mg/mL ampoule

2. Add 0.1 mL **EPINEPHrine** 1 mg/mL to bupivacaine 0.5%, 20 mL vial

3. Shake gently to mix

4. Label vial appropriately

5. Discard after procedure

Supplied: Injection: 0|0

buPRENorphine|naloxone - [Suboxone]

All dosing is based on buPRENorphine component.

Opioid Use Disorder (OUD)

Dosing is individualized. For additional information refer to ["CAMH Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder"](#)

[Go to clinical order set IWKOAT ""Opioid Agonist Treatment \(OAT\) \[methadone, buPRENorphine/ naloxone \(Suboxone®\)\] for Opioid Use Disorder High Alert](#)

[IWK - 4.07 - Care of Patients on Opioid Agonist Treatment \(OAT\) \[methadone, buPRENorphine/naloxone \(Suboxone®\)\] for Opioid Use Disorder](#)

Induction Phase

2–4 mg as an initial supervised dose when the patient is in moderate to severe withdrawal ([Clinical Opiate Withdrawal Scale \(COWS\)](#) greater than 13). Up to 6 mg is acceptable in clinically required situations, but may increase the risk of precipitating withdrawal.

Reassess the patient after one to three hours and prescribe additional observed doses if necessary (e.g., COWS greater than 8, symptoms of withdrawal).

Avoid prescribing more than 12 mg total on the first day.

Be careful not to precipitate withdrawal by giving too high a dose or by medicating in the absence of observable withdrawal.

One or two 2 mg tablets to take home may be provided if repeated observation is not feasible in the clinical setting, with clear instructions on timing the dose to avoid precipitating withdrawal.

Consider alternative induction approaches such as:

- “microdosing,” starting with 0.5 mg twice per day, with increasing doses to a total daily dosage of 12 mg over 5–7 days for patients who cannot tolerate the significant period of abstinence needed to start with a conventional induction
- “rapid microdosing,” administering 0.5–1 mg at shorter intervals, up to 12 mg total in a 24-hour period.

Titration and Stabilization Phase

Add up the dose given on day 1 and administer it as the first dose of day 2, followed by additional doses based on the re-emergence of withdrawal symptoms. On day 3, add up the doses administered on day 2 and provide additional doses as necessary. Repeat daily until the patient is stable (no withdrawal, or COWS scores < 8 for 24 hours) or until a maximum of 24 mg per day is achieved.

Maintenance

Use clinical judgment to maintain an optimal individualized daily dose, which is up to a maximum of 24 mg per day.

- If exceeding 24 mg in exceptional circumstances, inform the patient that this is a departure from approved doses and that there is limited evidence of a benefit with doses higher than 24 mg (and possibly an increased risk of adverse events).
- Review the case with an experienced colleague before trialing a dose higher than 24 mg per day and attempt to reduce the dose to approved levels (as tolerated) once the OUD has stabilized.

Comments

- Separate daily doses by at least 15 hours.
- Oral route ineffective, swallowed doses are not readily absorbed.
- If patient vomits, do not replace dose.

Additional Resources

Nova Scotia College of Pharmacists:

- [Opioid Agonist Maintenance Treatment Services](#)
- [Opioid Agonist Maintenance Treatment Services During the COVID-19 Pandemic](#)

Supplied: Tablet, Sublingual: 2|0.5 mg, 8|2 mg

cabergoline

[Go to Perinatal HIV Transmission Prophylaxis Clinical Practice Guideline 80.26](#)

Lactation Suppression

1 mg PO once on the first day post partum

[Go to order set HIVIP "HIV – Intrapartum and Postpartum Management of People Living with HIV or Unknown HIV Status with Risk Factors"](#)

[Go to order set IWK MIN "MIFEPRISTONE & MISOPROSTOL INDUCTION FOR TERMINATION OF PREGNANCY \(Greater than 13 weeks gestational age\)"](#)

Supplied: Tablet: 0.5 mg

calcium (oral)

- **All doses expressed in terms of mg of elemental calcium. All orders must be written in terms of mg of elemental calcium**
- **Equivalencies**
500 mg calcium carbonate = 200 mg elemental calcium = 10 mEq elemental calcium = 5 mmol elemental calcium

Hypocalcemia

Oral

[Go to clinical order set IWK ELREWH "Electrolyte Replacement Orders for Women's Health"](#)

GERD

[Go to clinical order set IWK PPOR "Postpartum Orders"](#)

[Go to clinical order set IWKSUOPAN "ROUTINE GYNECOLOGY POST OP ORDERS"](#)

Comments

- Separate administration by at least 2 hours from phosphate or iron containing supplements.

Supplied: Liquid (as lactogluconate): 20 mg (as elemental)/mL

Tablet (as carbonate): 500 mg (as elemental)

Tablet, Chewable (as carbonate): 200 mg (as elemental), 400 mg (as elemental)

calcium gluconate

- **Dose expressed in terms of mg of calcium gluconate. All orders must be written in terms of mg of calcium gluconate**
- **Equivalencies**
100 mg calcium gluconate = 9.3 mg elemental calcium = 0.465 mEq elemental calcium = 0.23 mmol elemental calcium

Renal Adjustment

[Management of Magnesium Toxicity](#)

[Go to clinical order set IWK MGSZEC "Magnesium Sulfate for Seizure Prevention in Severe Pre-eclampsia or Eclampsia INTRAPARTUM and POSTPARTUM BIRTH UNIT"](#)

Supplied: Injection: 100 mg/mL

carboprost

[Go to Post Partum Hemorrhage Clinical Practice Guidelines 80.50](#)

Renal Adjustment

[Postpartum or Post-abortion Hemorrhage](#)

[Go to clinical order set IWK POHE "Postpartum Hemorrhage Orders"](#)

Supplied: Injection: 250 micrograms/mL

ceFAZolin

- ♦ **There is a small risk of cross-reactivity in patients with a true penicillin allergy; use caution in patients with previous anaphylactic reactions to penicillins. [Go to IWK Beta Lactam Allergy Information](#)**

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Supplied: Drops, Ophthalmic: 50 mg/mL **IWK Compounded**

Injection: 2 gram(s) (10 mL Prefilled Syringe) **IWK Compounded**, 1 gram(s)

ceFOXitin

- ♦ **There is a small risk of cross-reactivity in patients with a true penicillin allergy; use caution in patients with previous anaphylactic reactions to penicillins. [Go to IWK Beta Lactam Allergy Information](#)**

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Supplied: Injection: 1 gram(s)

cefPROZil

- ◆ **There is a small risk of cross-reactivity in patients with a true penicillin allergy; use caution in patients with previous anaphylactic reactions to penicillins.** [Go to IWK Beta Lactam Allergy Information](#)

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Supplied: Suspension: 50 mg/mL

Tablet: 250 mg

cefTRIAXone

- ◆ **There is a small risk of cross-reactivity in patients with a true penicillin allergy; use caution in patients with previous anaphylactic reactions to penicillins.** [Go to IWK Beta Lactam Allergy Information](#)

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Supplied: Injection: 1 gram(s)

celecoxib

Renal Adjustment

[Analgesia](#)

[Gynecology](#)

[Go to clinical order set IWK SUOPAN "Routine Gynecology Post-OP Orders"](#)

Supplied: Capsule: 100 mg, 200 mg

Suspension: 10 mg/mL **IWK Compounded**

cephALEXin

- ◆ **There is a small risk of cross-reactivity in patients with a true penicillin allergy; use caution in patients with previous anaphylactic reactions to penicillins.** [Go to IWK Beta Lactam Allergy Information](#)

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Supplied: Suspension: 50 mg/mL

Tablet: 250 mg

ciprofloxacin

- ◆ **Ciprofloxacin suspension should NOT be given via an enteral feeding tube (e.g. g-tube) route.** Crushed whole or portioned ciprofloxacin (regular) tablets can be given via tube, but should not be administered concurrently with enteral feedings. Discontinue feed for 1 to 2 hours prior to and after ciprofloxacin administration. Doses may be need to be adjusted to allow for the use of tablets (e.g. 1/4 of 250 mg tab = 62.5 mg)

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Injection: 2 mg/mL

Suspension: 100 mg/mL

Tablet: 250 mg, 750 mg

clindamycin

- **February 2023:** shortage of all forms of parenteral clindamycin
- **Use is reserved to treatment of necrotizing fasciitis and STSS (Streptococcal Toxic Shock Syndrome)**
- Refer to [IWK Firstline](#) for guidance on most appropriate - clindamycin is not first line therapy for most infectious syndromes
- If clindamycin is being ordered due to allergy, ensure allergy has been thoroughly assessed. Refer to [IWK Firstline - De-labelling Penicillin Allergy](#)

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Capsule: 150 mg

Injection: 18 mg/mL, 150 mg/mL

Solution: 15 mg/mL

clobetasol

Topical

[Refer to Topical Corticosteroid Equivalency and IWK Product Selection Chart](#)

Supplied: Cream, Topical: 0.05 %

Ointment, Topical: 0.05 %

Scalp, Topical: 0.05 %

clotrimazole - [Canesten]

Antifungal**Topical (Cream)***Manufacturer recommended*

Topically to affected area BID

Vaginal (Cream)*Manufacturer recommended*

1 applicatorful PV/Topical daily for 6 doses

Supplied: Cream, Topical: 1 %

Cream, Vaginal: 1 %

cloxacillin

- ♦ **Oral cloxacillin is not usually recommended as absorption is poor**

Various Indications[Go to Firstline](#)**Supplied:** Injection: 2 gram(s)**dalteparin****Renal Adjustment** **Venous Thromboembolism****Post-Partum Prophylaxis**[Go to clinical order set IWK VENTH "Venous Thromboembolism \(VTE\) Prophylaxis Order POSTPARTUM"](#)**Gynecology and Breast Health Prophylaxis**[Go to clinical order set IWK VETH "Venous Thromboembolism \(VTE\) Prophylaxis Order GYNECOLOGY and BREAST HEALTH"](#)**Therapeutic Dosing***Calculated doses to then be ordered according to the info below*

200 units/kg/dose subcutaneous every 24 hours

Patients at increased bleeding risk*Calculated doses to then be ordered according to the info below*

100 units/kg/dose subcutaneous every 12 hours

Calculated Dose[As per Policy 3.02](#), Dose to Order/Will be dispensed as**6400* to 8600 units**

7500 units

8601 to 11200 units

10000 units

11201 to 13600 units

12500 units

13601 to 16400 units

15000 units

16401 to 19000 units

18000 units

19001 to 21200 units

20000 units

21201 to 23600 units

22500 units

23601 to 26200 units

25000 units

26201 to 27600 units

27500 units

27601 to 30200 units

30000 units

30201 to 32600 units

32500 units

32601 to 35400 units

35000 units

35401-38000* units

38000 units

*Pharmacy will contact the prescriber for treatment doses less than 6400 units or greater than 38000 units

Supplied: Injection: 2500 units/0.2 mL (Prefilled Syringe), 5000 units/0.2 mL (Prefilled Syringe), 7500 units/0.3 mL (Prefilled Syringe), 10000 units/0.4 mL (Prefilled Syringe), 12500 units/0.5 mL (Prefilled Syringe), 15000 units/0.6 mL (Prefilled Syringe), 18000 units/0.72 mL (Prefilled Syringe)

desmopressin - [DDAVP]

- **All inpatients with diabetes insipidus should have Endocrinology involved in fluid/electrolyte/desmopressin management.**
- **Go to Health Canada Warning (2008): Desmopressin nasal sprays are associated with an increased risk of serious side effects involving water retention and decreased blood sodium levels (hyponatremia)**

Bleeding Disorder

0.3 microgram/kg/dose IV/Subcutaneous

Maximum: 20 microgram/dose

Supplied: Injection: 4 micrograms/mL, 15 micrograms/mL

Spray, Nasal: 10 micrograms/spray

Tablet: 0.1 mg, 0.2 mg

dexamethasone

[Go to IWK Chemotherapy Administration Standards document](#)

Perinatal Corticosteroid Therapy for Fetal Lung Maturation

(Note: Alternate therapy during betamethasone shortage)

[Go to clinical order set IWK NITO "Tocolysis Orders"](#)

6 mg IM every 12 hours for 4 doses

Comments

- ◆ Administer prenatal corticosteroid therapy to gestation age between 24 0/7 and 34 6/7 weeks, expectation of delivery within 7 days and no previous course of antenatal corticosteroids received

Supplied: Injection: 10 mg/mL

Ointment, Ophthalmic: 0.1 %

Solution: 0.05 mg/mL **IWK Compounded**

Suspension: 1 mg/mL **IWK Compounded**

Suspension, Ophthalmic: 0.1 %

Tablet: 0.5 mg, 4 mg

diazepam

Renal Adjustment

[Alcohol Withdrawal Management](#)

[Go to clinical order set IWK AWLI "Alcohol Withdrawal Management Adults and Pediatrics"](#)

Supplied: Injection: 5 mg/mL

Tablet: 2 mg, 5 mg

digoxin

Renal Adjustment

[Maternal Dosing for Fetal Arrhythmias](#)

Loading Dose

0.5 mg PO followed by 0.25 mg every 8 hours for 2 doses. Digoxin level to be drawn 24 hours following first dose.

Upon return of digoxin level, if sub therapeutic give:

1 mg/24h **divided** PO every 8 hours for 1 day

[Maintenance Dose](#)

Titrate to fetal response

0.375-1 mg/24h **divided** PO BID to TID

Comments

- Monitor maternal ECG as required
- Target drug level may be as high as 2-2.5 nanomoles/mL
- Pregnant patients may require more frequent monitoring of serum drug levels
- Do not use ideal body weight to dose pregnant patients

Supplied: Injection: 250 micrograms/mL **HIGH ALERT**

Solution: 50 micrograms/mL

Tablet: 125 microgram(s)

dimenhyDRINATE

[Severe Nausea and Vomiting in Pregnancy](#)

[Go to clinical order set IWK SNVP "Severe Nausea and Vomiting in Pregnancy Admission Orders"](#)

Supplied: Injection: 50 mg/mL

Liquid: 3 mg/mL

Suppository: 25 mg, 50 mg

Tablet: 50 mg

domperidone

- [Go to Health Canada warning \(2015\) Domperidone- Association with Serious Abnormal Heart Rhythms and Sudden Death \(Cardiac Arrest\)](#).
- In some situations, health care practitioners experienced with the use of domperidone for increased milk production may titrate to higher doses. Domperidone should be used at the lowest effective dose for the shortest time possible.

Renal Adjustment

Galactagogue

10 mg PO TID

Maximum: 80 mg/24h

Comments

- Domperidone should only be used to enhance milk production when an adequate trial of non-pharmacologic lactation support has failed. This would include assessment and support from a lactation consultant. While a patient is on domperidone ensure regular follow-up to monitor for efficacy, and adverse reactions.
- Some patients may have a small increased risk of abnormal heart rhythms or cardiac arrest if they:
 - use domperidone doses higher than 30 mg/day,
 - are older than 60 years of age,
 - have certain conditions or take other drugs which affect the electrical activity of the heart. See Health Canada warning above for more information
- Avoid using in patients with moderate or severe liver disease, history of cardiac disease, or patients having certain conditions which may change the electrical activity of the heart (QT prolongation) ex. low blood levels of magnesium or potassium.
- Use cautiously in patients with a significant family history of cardiac disease, patients taking other QT-prolonging medications, and/or other drugs which may affect the metabolism of domperidone. Consider ECG monitoring.
- Recommend ECG monitoring before and after domperidone initiation in patients at an increased risk of cardiac abnormalities

Supplied: Suspension: 1 mg/mL **IWK Compounded**

Tablet: 10 mg

doxycycline

Various Indications

[Go to Firstline](#)

Supplied: Tablet: 100 mg

EPINEPHrine

Anaphylaxis

For Known Anaphylactic Allergy

[Go to clinical order set IWK ANRT "Anaphylaxis: Recognition and Initial Treatment"](#)

Supplied: Injection: 1 mg/mL (1 mL Ampoule) , 0.1 mg/mL (10 mL Prefilled Syringe) , 0.5 mg/mL (0.3 mL Auto-Injector) , 1 mg/mL (0.3 mL Auto-Injector) , 1 mg/mL (30 mL Vial)

Solution, Topical: 1 mg/mL

ergonovine

[Go to Post Partum Hemorrhage Clinical Practice Guidelines 80.50](#)

Renal Adjustment **Prevention/Treatment of Postpartum or Post-Abortion Hemorrhage**

[Go to clinical order set IWK POHE "Postpartum Hemorrhage Orders"](#)

Comments

- ◆ IV administration reserved for emergency situations only

Supplied: Injection: 0.25 mg/mL

erythromycin**Renal Adjustment** **Various Indications**

[Go to Firstline](#)

Supplied: Injection: 1 gram(s)

Ointment, Ophthalmic: 0.5 %

estradiol - [Estrace]**Menopause (Vasomotor symptoms, Vulvar and Vaginal atrophy)**

0.5-2 mg PO daily continuously or cyclically. Adjust dose to lowest effective dose.

Hormone Therapy for Trans Women/Trans-Feminine

2-6 mg PO daily

Hypoestrogenism

1-2 mg PO daily

Supplied: Tablet: 0.5 mg

estrogen, conjugated - [Premarin]**Gynecologic Surgery (Post-Op)****Topical**

0.5-1 grams PV daily for 6 weeks

Abnormal Uterine Bleeding (non-pregnant)

25 mg IV once . May repeat every 4-6 hours if needed for 24 hours.

Menopause (Vasomotor symptoms, Vulvar and Vaginal Atrophy)**Oral**

Initial: 0.3 mg PO daily continuously or cyclically. Adjust dose to lowest effective dose.

Topical***Low dose***

0.5 grams PV/Topical twice weekly

Cyclic Regimen

0.5-2 grams PV/Topical daily for 21 days then stop for 7 days. Repeat

Supplied: Cream, Vaginal: 0.625 mg/g

Injection: 25 mg

Tablet: 0.625 mg

estrone - [Estragyn]

Each applicator allows for dosing between 0-4 grams, in 0.5 gram increments

Gynecologic Surgery (Post-Op)

0.5-1 grams PV daily for 6 weeks

Menopause (Vulvar and Vaginal Atrophy)

0.5-4 grams PV/Topical daily for 21 days then stop for 7 days. Repeat

Supplied: Cream, Vaginal: 0.1 %

famotidine

Famotidine is associated with QT interval prolongation, caution with other drugs or conditions associated with QT interval prolongation.

Pregnant Patients C-Section (aspiration prophylaxis)

Oral

20 mg PO

Intravenous

20 mg IV as a single dose 40 to 60 minutes prior to induction of anesthesia

Severe Nausea and Vomiting in Pregnancy

[Go to Clinical Order Set IWK SNVP "Severe Nausea and Vomiting in Pregnancy Admission Orders"](#)

Supplied: Injection: 10 mg/mL

Suspension: 8 mg/mL **IWK Compounded**

Tablet: 20 mg

fentaNYL

- **These dosing guidelines are intended for opioid-naive, acute pain situations.**
- **Practitioners should consider whether the patient is opioid naive and other underlying medical conditions when choosing an initial dose.**
- **The Children's Health Program is supported by an Acute Pain Service which is available for medical consultation in complex dosing situations.**
- **Patients already receiving regular opioids or with cancer or chronic pain may require significantly higher or more frequent doses.**

Renal Adjustment

Analgesia During Labour

[Go to clinical order set IWK IVFE Intravenous fentaNYL Intermittent Dosing in Labour](#)

Comments

[IWK Opioid Dose Conversion and Equianalgesic Guidelines](#)

Supplied: Injection: 50 micrograms/mL, 10 micrograms/mL **IWK Compounded**, 2 micrograms/mL **IWK Compounded**

Transdermal Patch: 25 micrograms/hour, 50 micrograms/hour, 75 micrograms/hour, 100 micrograms/hour

flecainide**Fetal Tachycardia**

Initial: 100 mg PO every 8 hours

Maximum: 450 mg/24h

Comments

- Target drug levels can be used to monitor flecainide for efficacy and toxicity although it is processed off site and turnaround time is 1 to 2 weeks
- Flecainide may increase serum drug levels of digoxin, when used in combination monitor closely.

Supplied: Suspension: 20 mg/mL **IWK Compounded**

Tablet: 50 mg, 100 mg

fluconazole

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Injection: 2 mg/mL

Suspension: 10 mg/mL

Tablet: 50 mg, 100 mg

folic acid - [folate]

[Prevention of neural tube defects \(NTD\): based on Society of Obstetricians and Gynaecologists of Canada- clinical practice guidelines for preconception Folic acid and multivitamin supplementation for primary and secondary prevention of neural tube defects. \(Note: for definition of "risk" see SOGC guidelines\).](#)

Women of child bearing age - For 2-3 months before conception and until 12 weeks of gestational age**Low risk**

0.4 mg PO daily

Medium Risk

0 mg PO daily

High Risk

4 mg PO daily

At 12 weeks gestation age, continuing throughout pregnancy and 4-6 weeks post-partum (or longer if breastfeeding)

0.4-1 mg PO daily

History of neural tube defect (NTD) or increase risk of NTD

5 mg PO daily

Supplied: Injection: 5 mg/mL

Tablet: 0.4 mg, 1 mg, 5 mg

furosemide

Edema

Intermittent

Oral

20-80 mg/dose PO

Dose may be repeated in 6 to 8 hours or increase by 20 to 40 mg increment no sooner than 6 hours until desired effect achieved. Individualized dose may be given once or twice daily thereafter if needed.

Parenteral

20-40 mg/dose IV/IM

Dose may be repeated in 2 hours or increase by 20 mg increment no sooner than 2 hours until desired effect achieved. Individualized dose may be given once or twice daily thereafter if needed.

Supplied: Injection: 10 mg/mL

Solution: 10 mg/mL

Tablet: 20 mg

gentamicin

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Injection: 1 mg/mL, 40 mg/mL

heparin

Anticoagulant - Therapeutic

[Go to clinical order set IWK ADTH "Adult Therapeutic Heparin \(Unfractionated\) Infusion"](#)

Anticoagulant - Prophylaxis

Antepartum

[Go to Clinical Order Set IWK VETHPR "Venous Thromboembolism \(VTE\) Prophylaxis Order"](#)

Anticoagulant - Prophylaxis

General

5000 units/dose subcutaneous every 8 to 12 hours

Supplied: Injection: 10000 units/mL, 50 units/mL in D5W, 2 units/mL, 10 units/mL, 100 units/mL, 1000 units/mL

hydrALAZINE

Renal Adjustment

[Severe Hypertension in Pregnancy - Birth unit](#)

[Go to clinical order set IWK HYPRBU "Severe Hypertension in Pregnancy Birth Unit Only"](#)

Supplied: Injection: 20 mg/mL **HIGH ALERT**

Suspension: 1 mg/mL **IWK Compounded**

Tablet: 10 mg, 25 mg

hydrocortisone

[Topical](#)

[Refer to Topical Corticosteroid Equivalency and IWK Product Selection Chart](#)

Supplied: Cream, Topical: 0.5 %, 1 %

Injection: 100 mg, 250 mg, 500 mg

Ointment, Topical: 0.5 %, 1 %

Suspension: 1 mg/mL **IWK Compounded**

Tablet: 10 mg

HYDRORPHONE

- **These dosing guidelines for HYDRORPHONE are intended for opioid-naive, acute pain situations.**
- **Practitioners should consider whether the patient is opioid-naive and other underlying medical conditions when choosing an initial dose.**
- **The Children's Health Program is supported by an Acute Pain Service which is available for medical consultation in complex dosing situations.**
- **Patients already receiving regular opioids or with cancer or chronic pain may require significantly higher or more frequent doses.**

Renal Adjustment

[Analgesia](#)

Gynecology

[Go to clinical order set IWK SUOPAN "Routine Gynecology Post-OP Orders"](#)

Post-partum

[Go to clinical order set IWK PPOR "Post Partum Orders"](#)

Comments

[IWK Opioid Dose Conversion and Equianalgesic Guidelines](#)

Supplied: Capsule, Controlled Release: 3 mg

Injection: 1 mg/mL, 2 mg/mL, 10 mg/mL, 0.2 mg/mL (50 mL Prefilled Syringe) **IWK Compounded**, 0.2 mg/mL (100 mL Bag) **IWK Compounded**, 0.05 mg/mL (25 mL Syringe) **IWK Compounded**

Liquid: 1 mg/mL

Tablet: 1 mg, 2 mg, 4 mg

indomethacin

Renal Adjustment

Tocolytic Agent

Pregnant women between 24 to 32 weeks gestation

[Go to clinical order set IWK NITO "Tocolysis orders"](#)

Comments

- Use in pregnancy can be associated with affects on the fetus (i.e. premature closure of ductus arteriosus and oligohydramnios).
- Risk of neonatal adverse effects is increased after 32 weeks gestation, or when used beyond 48 hours.

Supplied: Capsule: 25 mg

Injection: 1 mg **Special Access**

Suppository: 100 mg

Suspension: 5 mg/mL **IWK Compounded**

influenza vaccine

[Go to clinical order set IWKPNCIMUN "PERINATAL CARE IMMUNIZATION ORDERS for Seasonal Influenza or Tetanus, Diphtheria, Acellular Pertussis \(Tdap\)"](#)

Supplied: Injection: 0

insulin aspart - [NovoRapid, Trurapi, Fiasp. Refer to IWK Insulin Equivalencies]

Go to IWK Insulin Equivalencies

Current IWK insulin equivalent:

- Go to [Insulin Lispro](#)

Go to Insulin Products Available in Canada

Info on various insulins including availability, administration, mixing information, onset/duration etc

Continuous Subcutaneous Insulin Infusion

For additional information on CSII, go to [Insulin Pumps: Safe Management of Patients with Continuous Subcutaneous Insulin Infusion \(CSII\) Pumps at the IWK Health Centre](#)

[Go to clinical order set IWK MACOSU "Management of Patients with Continuous Subcutaneous Insulin Infusion \(CSII\) Pumps in Hospital \(Non-Pregnant Adults, Youth & Children\)"](#)

Subcutaneous Insulin

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL

insulin degludec - [Tresiba]

[Go to IWK Insulin Equivalencies](#)

Current IWK product selection:

- Tresiba (100 unit/mL AND 200 unit/mL)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

Subcutaneous Insulin

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL, 200 units/mL

insulin detemir - [Levemir]

[Go to IWK Insulin Equivalencies](#)

Current IWK product selection:

- Levemir (100 unit/mL)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

Subcutaneous Insulin

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL

insulin glargine - [Basaglar, Lantus, Toujeo (300 unit/mL). Refer to IWK product selections for currently stocked brand(s)]

[Go to IWK Insulin Equivalencies](#)

Current IWK equivalency/product selection(s):

- Basaglar (100 unit/mL)
- Toujeo (300 unit/mL)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

Subcutaneous Insulin

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL, 300 units/mL

insulin glulisine - [Apidra]

[Go to IWK Insulin Equivalencies](#)

Current IWK product selection:

- ◆ Apidra (100 unit/mL)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

[Continuous Subcutaneous Insulin Infusion \(CSII\)](#)

For additional information on CSII, go to [Insulin Pumps: Safe Management of Patients with Continuous Subcutaneous Insulin Infusion \(CSII\) Pumps at the IWK Health Centre](#)

[Go to clinical order set IWK MACOSU "Management of Patients with Continuous Subcutaneous Insulin Infusion \(CSII\) Pumps in Hospital \(Non-Pregnant Adults, Youth & Children\)"](#)

[Subcutaneous Insulin](#)

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL

insulin lispro - [Humalog, Admelog]

[Go to IWK Insulin Equivalencies](#)

Current IWK product selection:

- ◆ Humalog (100 unit/mL)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

[Continuous Subcutaneous Insulin Infusion \(CSII\)](#)

For additional information on CSII, go to [Insulin Pumps: Safe Management of Patients with Continuous Subcutaneous Insulin Infusion \(CSII\) Pumps at the IWK Health Centre](#)

[Go to clinical order set IWK MACOSU "Management of Patients with Continuous Subcutaneous Insulin Infusion \(CSII\) Pumps in Hospital \(Non-Pregnant Adults, Youth & Children\)"](#)

[Subcutaneous Insulin](#)

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL (3 mL Vial) , 100 units/mL (3 mL Prefilled Disposable Pen)

insulin, human NPH - [Humulin N]

[Go to IWK Insulin Equivalencies](#)

Current IWK product selection:

- ◆ Humulin N (100 unit/mL)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

Subcutaneous Insulin

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL

insulin, human regular - [Humulin R]

Renal Adjustment

[Go to IWK Insulin Equivalencies](#)

Current IWK product selection:

- Humulin R (100 unit/mL)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

[Diabetes Management in Pregnancy](#)

Intrapartum

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

Diabetic Ketoacidosis

[Go to clinical order set IWK MADIKE "Diabetic Ketoacidosis \(DKA\) Management in Pregnancy"](#)

Supplied: Injection: 100 units/mL (3 mL Vial) , 100 units/mL (3 mL Prefilled Disposable Pen)

insulin, NPH - [Novolin ge NPH. Refer to IWK Equivalencies]

[Go to IWK Insulin Equivalencies](#)

Current IWK insulin equivalent:

- [Go to Humulin N](#)

[Go to Insulin Products Available in Canada](#)

Info on various insulins including availability, administration, mixing information, onset/duration etc

[Subcutaneous Insulin](#)

Adult Surgery

[Go to clinical order set IWKINSCAD "Insulin Subcutaneous Orders Adult \(Non Obstetrics\)"](#)

Obstetrics

[Go to clinical order set IWKANMA "Antepartum Management of Gestational Diabetes Mellitus \(GDM\) or Pre-existing Diabetes"](#)

[Go to clinical order set IWKINMA "Intrapartum Management of Diabetes for Patients on Insulin or Oral Anti-diabetic Agents Prior to Admission"](#)

[Go to clinical order set IWKPPMA "Postpartum Management of Gestational Diabetes or Pre-existing Diabetes in Pregnancy"](#)

Supplied: Injection: 100 units/mL

iron (oral) - [ferrous salts]

- **All doses expressed in terms of elemental iron. All orders must be written in terms of elemental iron.**
- **Doses are a reflection of the total daily intake – consider iron content of oral feeds if receiving**

Iron Deficiency Anemia

Prophylaxis

Refer to [IWK Antepartum Anemia and Iron Deficiency Screening/Treatment Algorithm](#)

60-100 mg/24h **divided** PO once to twice daily

Treatment

Refer to [IWK Antepartum Anemia and Iron Deficiency Screening/Treatment Algorithm](#)

100-200 mg/24h **divided** PO BID to TID

Comments

- For information on iron dose equivalencies/therapeutic interchange, click [here](#)
- Separate administration by at least 2 hours from phosphate or calcium containing supplements.

Supplied: Drops (as ferrous sulfate): 15 mg (as elemental)/mL

Tablet (as ferrous gluconate): 35 mg (as elemental)

Tablet (as ferrous sulfate): 60 mg (as elemental)

iron sucrose - [Venofer]

All doses expressed in terms of elemental iron. All orders must be written in terms of elemental iron.

Oral iron therapy should be stopped during parenteral iron therapy. Oral iron may be restarted 5 days after completion of parenteral iron.

Iron Deficiency Anemia

Obstetrics

[Go to clinical order set IWK IRSUOB "Iron Sucrose Infusion, Adult Obstetrics Orders](#)

Adult (Non-obstetrics)

[Go to clinical order set IWK IRSUIN Iron Sucrose Infusion Adult \(Non Obstetrics\) Orders](#)

Supplied: Injection: 20 mg (as elemental)/mL

labetalol

Hypertensive Disorders of Pregnancy

[Go to clinical order set IWK HYPRAN "Hypertensive Disorders of Pregnancy Antepartum Orders"](#)

Severe Hypertension in Pregnancy - Birth Unit

[Go to clinical order set IWK HYPRBU "Severe Hypertension in PREGNANCY Birth Unit Only"](#)

Supplied: Injection: 5 mg/mL **HIGH ALERT**

Tablet: 100 mg

lamivudine|zidovudine - [Combivir]

[Go to Perinatal HIV Transmission Prophylaxis Clinical Practice Guideline 80.26](#)

Intrapartum and Postpartum Management of People Living with HIV or Unknown HIV Status with Risk Factors

[Go to clinical order set IWK HIVIP "HIV – Intrapartum and Postpartum Management of People Living with HIV or Unknown HIV Status with Risk Factors"](#)

Supplied: Tablet: 150|300 mg

lansoprazole

GERD (short term treatment)*

15-30 mg PO daily

Comments

* Some patients may need increased doses up to 30 mg po BID if they remain symptomatic

For information on proton pump inhibitor dose equivalencies, [click here](#)

Supplied: Capsule, Delayed Release: 15 mg, 30 mg

Suspension: 3 mg/mL **IWK Compounded**

Tablet, Disintegrating Delayed Release (FasTab): 15 mg, 30 mg

levofloxacin

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Injection: 500 mg

Tablet: 250 mg

levonorgestrel - [Mirena*]

[Go to Practice Guideline for IWK Inpatients Contraception](#)

Supplied: Intrauterine System: 52 mg

levonorgestrel 0.15mg|ethinyl estradiol 0.03mg - [Oral Contraceptive, MinOvral, Ovima, Portia]

- [Go to Comparison of available contraceptives in Canada](#)
- *Current IWK contract brand: Ovima 21 and 28 pack*

[Go to Practice Guideline for IWK Inpatients Contraception](#)

Oral Contraception

(use 28 tablet package - contains 21 active tablets and 7 "reminder" tablets)

1 tablet PO daily

Abnormal Uterine Bleeding (non-pregnant)

2 tablets PO daily for 5 days, then 1 tablet PO daily for a total duration of 7-10 days

OR

1 tablet PO TID for 3 days, then 1 tablet PO BID for 2 days, then 1 tablet PO daily for 7 days for a total duration of 12 days

Supplied: Tablet: 0.15|0.03 mg (21 Tablet Package) , 0.15|0.03 mg (28 Tablet Package)

levonorgestrel 0.1mg|ethinyl estradiol 0.02mg - [Oral Contraceptive, Alysena, Alesse, Aviane, Lutera]

- [Go to Comparison of available contraceptives in Canada](#)
- *Current IWK contract brand: Alysena 28 pack*

[Go to Practice Guideline for IWK Inpatients Contraception](#)

Oral Contraception

(use 28 tablet package - contains 21 active tablets and 7 "reminder" tablets)

1 tablet PO daily

Supplied: Tablet: 0.1|0.02 mg

lidocaine

Updated: September 2023; SHORTAGE: lidocaine 1% with EPINEPHrine (1:100,000 and 1:200,000) AND lidocaine 2% with EPINEPHrine (1:100,000 and 1:200,000). Refer to comment section below for instructions to prepare during shortage

Comments

- Preparation of Lidocaine 1% with EPINEPHrine solutions

Use:

- 20 mL vial - Lidocaine 1% solution
- 1 mL amp – EPINEPHrine 1 mg/mL solution

Prepare immediately before use and discard after completion of the procedure

- **Lidocaine 1% with EPINEPHrine 1:100,000 (0.01 mg/mL):**
 1. Withdraw 0.2 mL (0.2 mg) from EPINEPHrine 1 mg/mL ampoule
 2. Add 0.2 mL EPINEPHrine 1 mg/mL to Lidocaine 1%, 20 mL vial
 3. Shake gently to mix
 4. Label vial appropriately
 5. Discard after procedure
- **Lidocaine 1% with EPINEPHrine 1:200,000 (0.005 mg/mL)**
 1. Withdraw 0.1 mL (0.1 mg) from EPINEPHrine 1 mg/mL ampoule
 2. Add 0.1 mL EPINEPHrine 1 mg/mL to Lidocaine 1%, 20 mL vial
 3. Shake gently to mix
 4. Label vial appropriately
 5. Discard after procedure

- Preparation of Lidocaine 2% with EPINEPHrine solutions

Use:

- 20 mL vial - Lidocaine 2% solution
- 1 mL amp – EPINEPHrine 1 mg/mL solution

Prepare immediately before use and discard after completion of the procedure

- **Lidocaine 2% with EPINEPHrine 1:100,000 (0.01 mg/mL):**
 1. Withdraw 0.2 mL (0.2 mg) from EPINEPHrine 1 mg/mL ampoule
 2. Add 0.2 mL EPINEPHrine 1 mg/mL to Lidocaine 2%, 20 mL vial
 3. Shake gently to mix
 4. Label vial appropriately

5. Discard after procedure

♦ **Lidocaine 2% with EPINEPHrine 1:200,000 (0.005 mg/mL)**

1. Withdraw 0.1 mL (0.1 mg) from **EPINEPHrine** 1 mg/mL ampoule
2. Add 0.1 mL **EPINEPHrine** 1 mg/mL to Lidocaine 2%, 20 mL vial
3. Shake gently to mix
4. Label vial appropriately
5. Discard after procedure

Supplied: Gel: 2 %

Injection: 20 mg/mL, 20 mg/mL (5 mL Prefilled Syringe) **HIGH ALERT**, 4 mg/mL in D5W (500 mL Bag) **HIGH ALERT**

Solution, Viscous: 2 %

Spray, Endotracheal: 10 mg/spray

LORazepam

Intramuscular OLANZapine and any benzodiazepine should not be given concurrently due to severe drug interactions however if deemed absolutely clinically necessary. **Space intramuscular OLANZapine and intramuscular LORazepam by at least 2 hours.**

Renal Adjustment

Alcohol Withdrawal Management

[Go to clinical order set IWK AWLI "Alcohol Withdrawal Management Adults and Pediatrics"](#)

Supplied: Injection: 4 mg/mL

Tablet, Sublingual: 0.5 mg, 1 mg

magnesium (oral)

- **All doses expressed in terms of elemental magnesium. All orders must be written in terms of mg of elemental magnesium**
- **Equivalencies**
12 mg elemental magnesium = 1 mEq elemental magnesium = 0.5 mmol elemental magnesium

Hypomagnesemia

[Go to clinical order set IWK ELREWH "Electrolyte Replacement Orders for Women's Health"](#)

Supplied: Capsule (as citrate): 150 mg (as elemental)

Solution (as glucoheptonate): 5 mg (as elemental)/mL

Suspension (as hydroxide): 33 mg (as elemental)/mL

Tablet (as oxide): 250 mg (as elemental)

magnesium sulfate

- **All doses expressed in terms of mg of magnesium sulfate. All orders must be written in terms of mg of magnesium sulfate**
- **1 gram magnesium sulfate = 8.12 mEq elemental magnesium = 98.6 mg elemental magnesium.**

Renal Adjustment

Hypomagnesemia

Intravenous

[Go to Clinical Order Set IWK ELREWH "Electrolyte Replacement Orders for Women's Health"](#)

Seizure Prevention in Severe Pre-eclampsia or Eclampsia Intrapartum and Postpartum

[Go to clinical order set IWK MGSZEC "Magnesium Sulfate for Seizure Prevention in Severe Pre-eclampsia or Eclampsia Intrapartum and Postpartum"](#)

Supplied: Injection: 40 mg/mL (100 mL Bag) **IWK Compounded**, 40 mg/mL (500 mL Bag) **IWK Compounded**, 200 mg/mL

measles, mumps, rubella vaccine - [MMR]

Live vaccine

[Go to clinical order set IWK PPOR "Postpartum Orders"](#)

Supplied: Injection: 0

medroxyPROGESTERone - [Provera, Depo-Provera]

- [Go to Comparison of available contraceptives in Canada](#)

[Go to Practice Guideline for IWK Inpatients Contraception](#)

Contraception

150 mg IM every 3 months

Supplied: Injection: 150 mg/mL

Tablet: 5 mg

metformin

Gestational Diabetes Mellitus

500 mg PO once to twice daily titrated to desired clinical effect to a:

Maximum: 2500 mg/24h

Supplied: Tablet: 500 mg

methadone

Opioid use disorder (OUD)

For additional information refer to "[CAMH Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder](#)"

[Go to clinical order set IWKOAT ""Opioid Agonist Treatment \(OAT\) \[methadone, buPRENorphine/ naloxone \(Suboxone®\)\] for Opioid Use Disorder High Alert](#)

[IWK - 4.07 - Care of Patients on Opioid Agonist Treatment \(OAT\) \[methadone, buPRENorphine/naloxone \(Suboxone®\)\] for Opioid Use Disorder](#)

Initiation*

Patients who meet any one of the following criteria: 1) Recently abstinent or only use intermittently 2) Have unknown tolerance to opioids 3) Use low potency opioids (e.g. codeine)

Initial Dose: 10 mg or less

Increase by: 5 mg or less every 5 days

Patients who have established tolerance via patient history or collateral information AND have risk factors such as: 1) Multiple CNS depressant use 2) Medical illness involving respiratory compromise 3) Changes in drug metabolism (e.g. age over 65, taking medications that inhibit CYP 3A4)

Initial Dose: 20 mg or less

Increase by: 5-10 mg every 3-5 days

Patients who have a high tolerance of high-potency opioids from daily use with urine drug test confirmation of recent opioid use AND who do not have risk factors for excessive CNS depression (as listed above)

Initial Dose: 30 mg or less

Increase by: 5-15 mg every 3-5 days

Maintenance Phase

Use clinical judgment to determine an appropriate maintenance dose, with treatment objectives generally being to provide 24 hours without opioid withdrawal and to reduce opioid cravings while not causing sedation or toxicity.

Pain

Dosing is individualized. For additional information refer to: [Advanced Care/Pain Resources](#)

[Go to clinical order set IWK METH Methadone for PAIN](#)

Comments

*Reassess patients frequently during the first two weeks of treatment because they are at the highest risk of fatal overdose during this period. Discuss this risk and strategies to reduce it (e.g., use only small amounts of additional opioids; do not use alone; have a [naloxone kit available](#)). Reassess the patient with every subsequent dose increase.

Additional Resources

Nova Scotia College of Pharmacists:

- [Opioid Agonist Maintenance Treatment Services](#)
- [Opioid Agonist Maintenance Treatment Services During the COVID-19 Pandemic](#)

Supplied: Powder: 0

Solution: 10 mg/mL

Tablet: 1 mg, 5 mg, 10 mg, 25 mg

methimazole

- **Avoid prior to conceiving and during first trimester**
- **Preferred over propylthiouracil during breast feeding**
- **Adjust dose to achieve and maintain serum T3, T4, and TSH levels in the normal range. Dose determined by clinical evaluation of patient and the severity of elevated thyroid hormones; typically determined by endocrinology. Use lowest effective dose.**

Hyperthyroidism (2nd and 3rd trimester of pregnancy)

Initial

5-60 mg PO daily . Dose may be divided BID or TID

Maintenance

5-15 mg PO daily . Dose may be divided BID or TID

[Thyroid Storm \(2nd and 3rd trimester of pregnancy\)](#)

20 mg PO every 4 to 6 hours

Comments

- These guidelines are the same for hyperthyroidism associated with Grave's disease.
- For therapy recommendation during 1st trimester of pregnancy, refer to [propylthiouracil](#)

Supplied: Suspension: 3 mg/mL **IWK Compounded**

Tablet: 5 mg

methotrexate

[Ectopic Pregnancy](#)

[Go to Body Surface Area \(BSA\) Calculator](#)

[Go to clinical order set IWK MEECPR "Ectopic Pregnancy Single Dose Intramuscular Methotrexate"](#)

Supplied: Injection: 25 mg/mL

Tablet: 2.5 mg

methyldopa

[Hypertensive Disorders of Pregnancy](#)

[Go to clinical order set IWK HYPRAN "Hypertensive Disorders of Pregnancy Antepartum Orders"](#)

Supplied: Tablet: 250 mg

metoclopramide

- [Go to Health Canada warning \(2015\) Metoclopramide - Abnormal Involuntary Movements \(Extrapyramial Symptoms\) in Children](#)
- [Go to APPHON Guidelines for the Management of Chemotherapy Induced Nausea and Vomiting in Children with Cancer for more information](#)

Renal Adjustment

[Severe Nausea and Vomiting in Pregnancy](#)

[Go to Clinical Order Set IWK SNVP "Severe Nausea and Vomiting in Pregnancy Admission Orders"](#)

Supplied: Injection: 5 mg/mL

Liquid: 1 mg/mL

Tablet: 5 mg

metronIDAZOLE - [Flagyl]

Renal Adjustment

[Various Indications](#)

[Go to Firstline](#)

Sexually Transmitted Infection

[Go to Canadian Guidelines on Sexually Transmitted Infections](#)

Antibacterial

Vaginal (Cream)

Manufacturer recommended

[Go to Firstline for guidance for treatment of Bacterial Vaginosis in Pregnancy](#)

500 mg (1 applicatorful) PV/Topical once to twice daily for 10-20 days.

Supplied: Cream, Vaginal: 10 %

Injection: 5 mg/mL

Suspension: 50 mg/mL **IWK Compounded**

Tablet: 250 mg

mifepristone - [Mifegymiso]

[Go to IWK Hazardous Drug Classification](#)

Interuterine Fetal Death (IUFD) or Termination of Pregnancy

Inpatient

[Go to clinical order set IWKMIN "MIFEPRISTONE & MISOPROSTOL INDUCTION FOR INTERUTERINE FETAL DEATH \(IUFD\) or TERMINATION OF PREGNANCY \(Greater than 13 weeks gestational age\)"](#)

Outpatient

[Go to outpatient Rx IWKMIFE "Mifegymiso"](#)

Comments

Patient Resource:

Note: Mifepristone is NOT available alone for purchase. It is only accessible when purchased as Mifegymiso "kit" (in combination with [misoprostol](#))

Supplied: Tablet: 200 mg

mirabegron - [Myrbetriq]

Renal Adjustment

Overactive bladder (non-pregnant)

Initial

25 mg PO daily may be titrated up to

Maximum: 50 mg/24h

Supplied: Tablet, Extended Release 24 Hour: 25 mg

misoprostol

[Go to IWK Hazardous Drug Classification](#)

Termination of Pregnancy

Inpatient

[Go to clinical order set IWKMIN "MIFEPRISTONE & MISOPROSTOL INDUCTION FOR INTERUTERINE FETAL DEATH \(IUD\) or TERMINATION OF PREGNANCY \(Greater than 13 weeks gestational age\)"](#)

Post-Partum Hemorrhage

Go to Policy 80.50

[Go to clinical order set IWK POHE "Postpartum Hemorrhage Orders"](#)

Supplied: Tablet: 50 microgram(s) **IWK Compounded**, 100 microgram(s), 200 microgram(s)

morphine

- **These dosing guidelines are intended for opioid-naive, acute pain situations.**
- **Practitioners should consider whether the patient is opioid naive and other underlying medical conditions when choosing an initial dose.**
- **The Children's Health Program is supported by an Acute Pain Service which is available for medical consultation in complex dosing situations.**
- **Patients already receiving regular opioids or with cancer or chronic pain may require significantly higher or more frequent doses.**

Renal Adjustment

Analgesia

Gynecology

[Go to clinical order set IWK SUOPAN " Routine Gynecology Post-op Orders"](#)

Comments

[IWK Opioid Dose Conversion and Equianalgesic Guidelines](#)

Supplied: Capsule, Extended Release: 10 mg, 15 mg, 30 mg

Injection: 1 mg/mL (50 mL Prefilled Syringe) **IWK Compounded**, 1 mg/mL (100 mL Bag) , 2 mg/mL, 10 mg/mL, 0.5 mg/mL

Syrup: 1 mg/mL

Tablet: 5 mg

multivitamin with minerals (adult)

- *Contact main pharmacy dispensary for current contract brand and for specific ingredients*

Manufacturer recommended

1 tablet PO daily

Supplied: Tablet: 0

multivitamin with minerals (pre-natal/maternity)

- *Contact main pharmacy dispensary for current contract brand and for specific ingredients*

Manufacturer recommended

1 tablet PO daily

Supplied: Tablet: 0

nalbuphine

Opioid Induced Pruritus

[Go to clinical order set IWK PPOR "Postpartum Orders"](#)

[Go to clinical order set IWK PATCO "PATIENT CONTROLLED ANALGESIA \(PCA\) ADULT"](#)

Supplied: Injection: 10 mg/mL

naproxen

Renal Adjustment

Analgesia

Gynecology

[Go to clinical order set IWK SUOPAN "Routine Gynecology Post Op Orders"](#)

Post Partum

[Go to clinical order set IWK PONE "Post Partum Analgesia Orders"](#)

Supplied: Suspension: 25 mg/mL

Tablet: 500 mg

nevirapine

[Go to Perinatal HIV Transmission Prophylaxis Clinical Practice Guideline 80.26](#)

Perinatal HIV Transmission Prophylaxis

Intrapartum (in addition to Zidovudine)

[Go to clinical order set "IWK HIVIN HIV – Intrapartum and Postpartum Management of People Living with HIV or Unknown HIV Status with Risk Factors"](#)

200 mg PO once

Comments

- ◆ Give with [Zidovudine](#)

Supplied: Suspension: 10 mg/mL **Special Access**

Tablet: 200 mg

NIFEdipine

Tocolysis

[Go to clinical order set IWK NITO "Tocolysis orders"](#)

[Go to Medication Management Policy 20.75 "Tocolysis"](#)

Hypertensive Disorders of Pregnancy

[Go to clinical order set IWK HYPRAN "Hypertensive Disorders of Pregnancy Antepartum Orders"](#)

Severe Hypertension in Pregnancy-Birth Unit Only

[Go to clinical order set IWK HYPRBU "Severe Hypertension in Pregnancy-Birth Unit Only"](#)

Comments

- ◆ To convert from immediate release to extended release formulation, use the same total daily mg dose and adjust interval accordingly. When switching to extended release formulation, the initial dose should not exceed 30 mg.

Supplied: Capsule: 5 mg, 10 mg
Tablet, Extended Release: 30 mg

nitrofurantoin

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Capsule: 100 mg (as monohydrate macrocrystals) Macrobid
Suspension: 10 mg/mL **IWK Compounded**
Tablet: 50 mg

norethindrone - [Oral Contraceptive, Jencycla, or equivalent]

- [Go to Comparison of available contraceptives in Canada](#)
- *Current IWK contract brand: Jencycla 28 pack*

[Go to Practice Guideline for IWK Inpatients Contraception](#)

Oral Contraception

(28 tablet package - contains all active tablets)

1 tablet PO daily

Supplied: Tablet: 0.35 mg

ondansetron

Hyperemesis Gravidarum

(in patients not adequately managed with standard therapy)

4-8 mg IV/PO every 8 to 12 hours PRN

Severe Nausea and Vomiting in Pregnancy

[Go to Clinical order set IWK SNVP "Severe Nausea and Vomiting in Pregnancy Admission Orders"](#)

Supplied: Injection: 2 mg/mL
Liquid: 0.8 mg/mL
Tablet: 4 mg
Tablet, Oral Disintegrating: 4 mg

oseltamivir - [Tamiflu]

Renal Adjustment

Influenza

[Go to Firstline](#)

Supplied: Capsule: 75 mg, 45 mg, 30 mg
Suspension: 6 mg/mL

oxyCODONE

- ◆ **These guidelines for oxyCODONE dosing are intended for opioid-naive, acute pain situations. Patients already receiving regular opioids or with cancer or chronic pain may require significantly higher or more frequent doses**

Renal Adjustment

Immediate Release

5-10 mg PO every 4 to 6 hours PRN

Supplied: Tablet: 5 mg

oxytocin

Induction/augmentation of labour

[Go to Clinical Order Set IWK OXIN "Oxytocin Infusion for Induction/Augmentation of Labour"](#)

Prevention/Treatment of Hemorrhage

Post-partum

[Go to clinical order set IWK PPOR "Post Partum Orders"](#)

Termination of Pregnancy

[Go to clinical order set IWK MIN "Misoprostol Induction for Termination of Pregnancy 24 Weeks or Less Gestation"](#)

Supplied: Injection: 10 units/mL

penicillin G

- ◆ 0.1 million units= 0.1 MU (note : displayed in infusion pumps as MU)= 100,000 units/mL

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Injection: 1 million units (MU), 5 million units (MU)

phosphorus (Oral) - [Phosphate]

- **All doses expressed in terms of elemental phosphorus.**
- **All orders must be written in terms of mmol of elemental phosphorus.**
- **1 mmol phosphorus = 1 mmol phosphate**
- Solution (Phoslax[®]) contains: 4 mmol phosphate and 4.8 mmol sodium/mL
Each Tablet, Effervescent contains: 500 mg phosphorus = 16.1 mmol of phosphorus

Renal Adjustment

Hypophosphatemia

Oral

[Go to clinical order set IWK ELREWH "Electrolyte Replacement Orders Women's Health"](#)

Comments

- Separate oral administration by at least 2 hours from calcium, iron, aluminum or magnesium containing supplements

Supplied: Solution: 4 mmol/mL

Tablet, Effervescent: 16.1 mmol

phosphorus|potassium (Parenteral) - [potassium phosphate (intravenous)]

- **All doses expressed in terms of elemental phosphorus.**
- **All orders must be written in terms of mmol of elemental phosphorus.**
- **The most reliable method of ordering IV phosphorus is in mmol then specifying the salt (i.e. potassium or sodium)
e.g. 5 mmol phosphorus as potassium phosphate**
- **When IV is required, sodium phosphate is preferred in the absence of concomitant hypokalemia.**
- **1 mmol phosphorus = 31 mg phosphorus**

Renal Adjustment

Hypophosphatemia

Intravenous

[Go to clinical order set IWK ELREWH "Electrolyte Replacement Orders Women's Health"](#)

Supplied: Injection: 0.05|0.073 mmol/mL **IWK Compounded**

phosphorus|sodium (Parenteral) - [sodium phosphate (intravenous)]

- **All doses expressed in terms of elemental phosphorus.**
- **All orders must be written in terms of mmol of elemental phosphorus.**
- **The most reliable method of ordering IV phosphorus is in mmol then specifying the salt (i.e. potassium or sodium)
e.g. 5 mmol phosphorus as sodium phosphate**
- **When IV is required, sodium phosphate is preferred in the absence of concomitant hypokalemia.**
- **1 mmol phosphorus = 31 mg phosphorus**

Renal Adjustment

Hypophosphatemia**Intravenous**

[Go to clinical order set IWK ELREWH "Electrolyte Replacement Orders Women's Health"](#)

Supplied: Injection: 0.05|0.066 mmol/mL **IWK Compounded**, 3|4 mmol/mL

phytonadione - [Vitamin K]**Vitamin K Supplementation in patients receiving parenteral nutrition (TPN)**

[Go to clinical order set IWK ADPA "WOMEN'S HEALTH PARENTERAL NUTRITION ORDERS" \(see Additives\)](#)

Supplied: Injection: 2 mg/mL, 10 mg/mL

Tablet: 5 mg (as elemental) **Special Access**

piperacillin|tazobactam - [Pip-Taz]

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Injection: 3|0.375 gram(s), 4|0.5 gram(s)

potassium chloride

- **All dosage guidelines based on mmol of potassium. 1 mmol potassium= 1 mEq potassium**
- **Note: 10 mmol/litre = 10 mEq/litre = 1 mEq/100 mL = 1 mEq%**
- Starting dose should be determined by considering maintenance, losses and desired replacement

[CLICK HERE for additional important information on potassium chloride containing solutions, please refer to September 2019 parenteral monograph \(currently being reviewed\).](#)

[Available potassium chloride containing IV solutions at IWK Supply and Distribution](#)

[Information on preparing potassium chloride IV solution after hours](#)

Hypokalemia**Oral/Intravenous**

[Go to clinical order set IWK ELREWH "Electrolyte Replacement Orders Women's Health"](#)

Supplied: Capsule, Extended Release: 8 mmol

Injection: 2 mmol/mL **HIGH ALERT**, 0.1 mmol/mL, 1 mmol/mL **HIGH ALERT IWK Compounded**

Solution: 1.33 mmol/mL

Tablet, Sustained Release: 20 mmol

progesterone - [Prometrium]**Prevention of Spontaneous Preterm Birth****Singleton Pregnancy and Previous Spontaneous Preterm Birth**

100 mg PV daily

Singleton Pregnancy and Short Cervix

200 mg PV daily

Multiple Pregnancies and Short Cervix/Previous Spontaneous Preterm Birth

200 mg PV BID

Supplied: Capsule: 100 mg

propylthiouracil

- **Adjust dose to achieve and maintain serum T3, T4, and TSH levels in the normal range. Dose determined by clinical evaluation of patient and the severity of elevated thyroid hormones; typically determined by endocrinology. Use lowest effective dose**

Hyperthyroidism (1st trimester of pregnancy)

Initial

50-150 mg PO TID

Maintenance

50 mg PO BID to TID

Maximum: 900 mg/24h

Thyroid Storm (1st trimester of pregnancy)

Loading dose

500-1000 mg PO once

Maintenance

250 mg PO every 4 hours

Comments

- These guidelines are the same for hyperthyroidism associated with Grave's disease
- For therapy recommendations during 2nd and 3rd trimester of pregnancy, refer to [methimazole](#)

Supplied: Tablet: 50 mg

rizatriptan

- Triptans are intended for patients experiencing a migraine that are unresponsive to oral analgesics.
- Do not use within 24 hours of a different triptan or ergotamine preparation.
- Repeat doses are only indicated if partial response is achieved with first dose.

Migraine (Non-obstetrics)

10 mg PO once .May repeat ONCE after 2 hours if partial relief achieved

Maximum: 20 mg/24h

Supplied: Tablet, Oral Disintegrating: 5 mg, 10 mg

senna

Constipation in Pregnancy

8.6-17.2 mg PO once to twice daily

Maximum: 34.4 mg/24h

[Go to clinical order set IWK PPOR "Post Partum Orders"](#)

[Go to clinical order set IWKSUOPAN "ROUTINE GYNECOLOGY POST OP ORDERS"](#)

Supplied: Syrup: 1.7 mg/mL

Tablet: 8.6 mg

solifenacin - [Vesicare]

Renal Adjustment

Overactive Bladder (non-pregnant)

Initial

5 mg PO daily may be titrated up to

Maximum: 10 mg/24h

Supplied: Tablet: 5 mg

sotalol

Renal Adjustment

Fetal Tachycardia (maternal administration)

80-160 mg PO BID titrate dose and interval based on response up to:

Maximum: 480 mg/24h

Supplied: Suspension: 5 mg/mL **IWK Compounded**

Tablet: 80 mg

sulfamethoxazole|trimethoprim - [Co-trimoxazole, Septra]

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Injection: 80|16 mg/mL

Suspension: 40|8 mg/mL **Special Access**

Tablet: 100|20 mg, 400|80 mg, 800|160 mg

sumatriptan - [Imitrex]

- Triptans are intended for patients experiencing a migraine that are unresponsive to oral analgesics.
- Do not use within 24 hours of a different triptan or ergotamine preparation.
- Repeat doses are only indicated if partial response is achieved with first dose.

Migraine (Obstetrics)

20 mg intranasal once .May repeat ONCE after 2 hours if partial relief achieved

Maximum: 40 mg/24h

Comments

- Sumatriptan 20 mg dose is to be administered in **one** nostril.

Supplied: Spray, Nasal: 20 mg

tamsulosin - [Flomax]

Ureteral Calculi Expulsion (Pregnancy)

0.4 mg PO daily

Supplied: Capsule, Sustained Release: 0.4 mg

tetanus, diphtheria, acellular pertussis vaccine - [Tdap, Adacel, Boostrix]

[Go to clinical order set IWK PNCIMUN PERINATAL CARE IMMUNIZATION ORDERS for Seasonal Influenza or Tetanus, Diphtheria, Acellular Pertussis \(Tdap\)](#)

[Go to NS Routine Immunization Schedules for Children, Youth & Adults](#)

Supplied: Injection: 0

thiamine - [Vitamin B1]

Severe Nausea and Vomiting in Pregnancy

[Go to Clinical Order set IWK SNVP "Severe Nausea and Vomiting in Pregnancy Admission Orders"](#)

Supplied: Injection: 100 mg/mL
Tablet: 100 mg

tobramycin

Renal Adjustment

Various Indications

[Go to Firstline](#)

Supplied: Drops, Ophthalmic: 0.3 %, 14 mg/mL **IWK Compounded**
Injection: 40 mg/mL
Ointment, Ophthalmic: 0.3 %

tranexamic acid

Renal Adjustment

Postpartum Hemorrhage

[Go to Policy 80.50 "Postpartum Hemorrhage Management & Treatment"](#)

[Go to clinical order set IWK POHE "Postpartum Hemorrhage Orders"](#)

Abnormal Uterine Bleeding (non-pregnant)

1000-1500 mg PO BID to QID
Maximum: 6000 mg/24h

OR

1000 mg IV every 6 to 8 hours

Supplied: Injection: 100 mg/mL

Tablet: 500 mg

ulipristal

Emergency Contraception

30 mg PO as soon as possible within 5 days (120 hours) after unprotected intercourse or a known or suspected contraceptive failure.

Abnormal Uterine Bleeding/Uterine Fibroids

[Fibristal 5 mg tablets voluntarily removed from Canadian market Sept 28,2020](#)

Comments

- If vomiting occurs within 3 hours of administration, another tablet should be taken.
- May be taken at any time during the menstrual cycle.

Supplied: Tablet: 30 mg

valACYclovir

*Oral acyclovir is preferred as the safety and efficacy of valACYclovir have not been established in infants younger than 2 years of age.

Renal Adjustment

Sexually Transmitted Infections

[Go to Canadian Guidelines on Sexually Transmitted Infections](#)

Various Indications

[Go to Firstline](#)

Supplied: Tablet: 500 mg

vancomycin

For more information on therapeutic drug level monitoring for **parenteral vancomycin**, refer to "Monitoring" section in [Firstline](#)

Renal Adjustment

Various Indications

Parenteral

[Go to Firstline](#)

Oral

[Go to Firstline](#)

Supplied: Capsule: 125 mg
Drops, Ophthalmic: 25 mg/mL **IWK Compounded**
Injection: 1 gram(s)
Solution: 25 mg/mL **IWK Compounded**

warfarin

Renal Adjustment

Anticoagulant

Initial

2-5 mg PO daily subsequent doses should be adjusted to maintain INR within desired range.

Usual maintenance

2-10 mg PO daily subsequent doses should be adjusted to maintain INR within desired range.

Supplied: Tablet: 1 mg, 5 mg

zidovudine

[Go to Perinatal HIV Transmission Prophylaxis Clinical Practice Guideline 80.26](#)

Renal Adjustment

Intrapartum and Postpartum Management of People Living with HIV or Unknown HIV Status with Risk Factors

[Go to clinical order set IWK HIVIP "HIV – Intrapartum and Postpartum Management of People Living with HIV or Unknown HIV Status with Risk Factors"](#)

Supplied: Capsule: 100 mg
Injection: 10 mg/mL
Syrup: 10 mg/mL

zinc sulfate monohydrate - [Anusol]

Manufacturer recommended

Apply to affected area(s) every 4 hours or as needed and after each bowel movement.

Supplied: Ointment, Topical: 5 mg/g

zinc sulfate monohydrate|hydrocortisone - [Anusol HC]

Postpartum GI care

[Go to clinical order set IWK PPOR "Postpartum Orders"](#)

Supplied: Ointment, Topical: 5|5 mg/g
