

Zinplava Infusion Order

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

Required Lab Results: N/A

Infusion Therapy:

Zinplava (bezlotoxumab) 10mg/kg IV over 1 hour

Frequency: Once

ICD 10 code: _____

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Administer via a low-protein binding 0.2 micron to 5 micron in-line or add-on filter.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion and PRN during infusion.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: