



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: _____ Date of Last Infusion: _____

Height _____ Weight _____

Infusion Location: (state and site): _____

Zinplava® (bezlotoxumab) Infusion Orders

_____ C. Diff infusion Prophylaxis _____ Other: _____
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- Hold infusion and notify provider for:
 - Signs or symptoms of pre-existing congestive heart failure
- If an infusion-related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Protocol as clinically indicated
- Use caution in patients with CHF, benefits should out weigh the risk
- MUST be used in conjunction with antibiotics lab

orders:

Other: _____

Zinplava 10mg/kg x _____ kg= _____ mg IV over 60mins One time Use 0.2 to 5 micron in line filter Dilute in NS or D5W to a final concentration of 1 to 10mg/ml Do not shake
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Additional Orders:

Provider Name (print): _____ Date: _____

Provider Signature: _____ Time: _____