



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

BEZLOTOXUMAB (ZINPLAVA) INFUSION Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Supportive Care Interval

- bezlotoxumab (ZINPLAVA) in NS 250 mL IVPB Route: IV
10 mg/kg, IV, Administer over 60 minutes, Once, For 1 dose. Use 0.22 micron in-line low protein binding filter. Final concentration should be 1-10mg/ml.
Dose 10 mg/kg Frequency ONCE

Vascular Access Interval

- IV Every Visit
 - Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here