



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

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EHR5005-DT (06/19/2024)

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