Intravene – Zinplava Infusion Orders

Please fax this form along with a copy of insurance cards
And clinical documentation to 434-455-5531 or call 1-434-947-3900 ext. 3001

PATIENT INFORMATION

Name _____
Address _____
City _____
State _____ Zip Code _____
Home Phone # _____
Work Phone # _____
DOB _____ SSN _____
Sex _____Weight _____Height _____
Allergies _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____
Physician Address_____
_____
Physician Phone_____
Physician Fax_____
NPI#_____DEA#_____
State License#_____

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and this form to (434)455-5531

PRIMARY DIAGNOSIS: (ICD-10 required)

- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____

***Must be given in conjunction with antibiotic therapy.
Antibiotic start date:_____
Antibiotic stop date:_____

STANDARD ORDERS:

Infuse Zinplava 10mg/kg in Normal Saline 100ml to 250ml intravenously over at least 60 minutes. Infuse 20ml NS after infusion to clear the line.

ANAPHYLACTIC MEDS AND VITAL SIGNS MONITORING PER INTRAVENE PROTOCOL

May discharge patient from Intravene after infusion completed.

Signature, prescribing MD _____ Date _____