

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. 2172

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)

- | | | |
|--------------------------|---------|-------|
| <input type="checkbox"/> | _____ | _____ |
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| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ ↑ | _____ |

*****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 available at the bedside:

Epinephrine 1:1000 1mg ampule. Administer 0.5ml (0.5mg) by SQ injection upon order of MD

Hydrocortisone 100mg vial. Administer 100mg IV push upon order of MD

Diphenhydramine 50mg vial. Administer 50mg IV push upon order of MD

May discharge patient from Intravene after infusion completed.

Signature, prescribing MD _____

Date _____