

Office Location: North East / Telephone: 1-800-461-2919 Fax: Kirkland Lake: 705-567-9407 / North Bay: 705-474-0080 / Parry Sound: 1-855-773-4056

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First Dose Parenteral Medication Screener: Adult 18 years +

First dose requests may take longer to process and the decision to administer the first dose parenteral medication is made by the nursing service provider.

Patient Information				
Last name	Legal First Name		Preferred/0	Chosen Name
HCN	Version Code		Date of Birt	h (dd-mmm-yyyy)
Contact Information Treatment Address (including Postal Code)			Telephone	
Screener To be eligible for the first community dose, this question must be answered "No." Does the patient have any serious allergies, adverse reactions or anaphylactic reactions to the ordered medication, or related drugs or anaphylaxis of unknown origin? Yes No Unknown				
To be eligible for the first community dose, all questions in this section should be answered "Yes." Does the patient or substitute decision maker consent to the administration of the first dose of the parenteral medication in the community? □ Yes □ No				
Does the patient or substitute decision maker understand the action to take in the event of an adverse reaction? \Box Yes \Box No				
Will there be a capable adult 18 years or older present in the treatment location during and after medication administration? \Box Yes \Box No				
Does the patient have a working telephone to relation \square Yes \square No	eliably access 911?			
Does the patient have access to EMS and/or the hospital emergency department within 30 minutes of treatment location? \Box Yes \Box No				
 Important Information for Dose Administration in the Community Beta-blockers and angiotensin-converting enzyme (ACE) inhibitors reduce/block the response to epinephrine in the treatment of anaphylactic reactions. Patients who take beta-blocker and ACE inhibitor medications must be identified to support anaphylaxis treatment responses. 				
Is the patient currently on beta-blockers? ☐ Yes ☐ No ☐ Unknown				<u> </u>
Is the patient currently on angiotensin-converting enzyme (ACE) inhibitors?				
□ Yes □ No □ Unknown				
Practitioner Information				
Completed by (Name and Designation)		Telephone]	Date Completed (dd-mmm-yyyy)

The information on this form is collected pursuant to the Personal Health Information Protection Act, 2004 ("the Act"). The information will be used for the purposes of assessing, planning, and delivering appropriate health services and supports pursuant to Section 37 of the Act. Questions about this collection should be directed to the Chief Privacy Officer of Ontario Health atHome.

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