

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/Chosen Name
HCN	Version Code	Date of Birth (dd-mmm-yyyy)

Contact Information

Treatment Address (including Postal Code)	Telephone
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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

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?

☐ Yes ☐ No

Will there be a capable adult 18 years or older present in the treatment location during and after medication administration?

☐ Yes ☐ No

Does the patient have a working telephone to reliably access 911?

☐ Yes ☐ No

Does the patient have access to EMS and/or the hospital emergency department within 30 minutes of treatment location?

☐ Yes ☐ 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

Is the patient currently on angiotensin-converting enzyme (ACE) inhibitors?

☐ Yes ☐ No ☐ Unknown

Completed by (Name and Designation)	Telephone	Date Completed (dd-mmm-yyyy)
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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.

Central East Fax Numbers

Intake	1-855-352-2555
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For Hospital-based referrals please FAX directly to the appropriate Ontario Health atHome Hospital Office:

Campbellford Memorial Hospital	1-844-631-5800
Haliburton Highlands Health Services	1-844-709-3779
Northumberland Hills Hospital	1-844-631-5801
Lakeridge Health Ajax Pickering	905-444-2524
Lakeridge Health Bowmanville	1-844-631-5802
Lakeridge Health Oshawa	905-444-2516
Lakeridge Health Port Perry	1-844-631-5803
Lakeridge Health Whitby	905-444-2518
Markham Stouffville Uxbridge Site	1-844-631-5803
Ontario Shores	1-844-631-5803
Peterborough Regional Health Centre	1-855-444-9628
Scarborough and Rouge Hospital – Birchmount Site	1-844-631-5804
Scarborough and Rouge Hospital – General Campus	1-844-631-5805
Scarborough and Rouge Hospital – Centenary Site	1-844-631-5808
Ross Memorial Hospital	1-844-631-5806