

## 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		Date of Birth (dd-mmm-yyyy)
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

**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)

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.