

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
---	-----------

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.

Hamilton Niagara Haldimand Brant Fax Numbers

All Community Referrals including Primary Care Providers please FAX to:

Intake & Extended Hours	1-866-655-6402
-------------------------	----------------

For Hospital-based referrals please FAX directly to the appropriate Ontario Health atHome Hospital Office:

Brantford

Brantford General	519-752-2186
-------------------	--------------

Burlington

Joseph Brant Hospital	905-637-7668
-----------------------	--------------

Haldimand-Norfolk

Haldimand War Memorial Hospital	519-426-8410	Norfolk General Hospital	519-426-8410
West Haldimand General Hospital	519-426-8410		

Hamilton Hospitals

Hamilton General Hospital	905-527-8094	St. Joseph's Hospital, Charlton Site	905-522-2057
Juravinski Cancer Centre	905-575-6311	St. Joseph's Hospital, Mountain	905-388-9141
Juravinski Hospital	905-387-4450	Site St. Peter's Hospital	905-549-8564
McMaster University Medical Centre	905-529-2291	West Lincoln Memorial Hospital	905-309-8576

Niagara Hospital Sites

Fort Erie Site	905-991-0697	St. Catharine's Site	905-323-9763
Niagara Falls Site	905-374-1028	St. Catharine's Site	905-323-9763
Niagara Falls Site ED	905-374-1028	ED Welland Site	905-732-0098
Hotel Dieu Shaver - Rehab	905-685-0642	Welland Site ED	905-732-0098
Centre Port Colborne Site	905-835-9404		