

## 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

### Practitioner Information

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