

## 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 Overview

**All Community Referrals, Including Primary Care Providers**

Please fax all community referrals to Intake and Extended Hours teams

Fax Number for All

**1-866-655-6402**

For hospital-based referrals, please fax directly to the appropriate Ontario Health atHome hospital office:

**Brantford/Burlington/Haldimand-Norfolk Hospitals**

Brant Community Healthcare System  
Joseph Brant Hospital  
Haldimand War Memorial Hospital  
Norfolk General Hospital  
West Haldimand General Hospital

Fax Number for All:  
**1-866-568-4418**

**Hamilton Hospitals**

Hamilton General Hospital  
Juravinski Hospital  
Juravinski Cancer Centre  
McMaster University Medical Centre  
St. Joseph's Healthcare Hamilton (*Charlton and West 5<sup>th</sup> Campuses*)  
St Peters Hospital  
Satellite Health Facility  
West Lincoln Memorial Hospital

Fax Number for All:  
**1-866-271-7907**

**Niagara Hospitals**

Fort Erie Site  
Hotel Dieu Shaver  
Marotta Family Hospital (*St. Catharines Site*)  
Niagara Falls Site  
Port Colborne Site  
Welland Site

Fax Number for All:  
**1-866-391-9467**