

**First Dose Parenteral Medication Screener**



WRH-OC - ER

To be completed for the first dose of the course of the medication.

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|--|---|--|
| <input type="checkbox"/> Chatham Site<br>Ph: 1-888-447-4468<br>Fax: 519-351-5842 | <input type="checkbox"/> Sarnia Site<br>Ph: 1-888-447-4468<br>Fax: 519-337-4331 | <input type="checkbox"/> Windsor Site<br>Ph: 1-888-447-4468<br>Fax: 519-258-6288 |
|--|---|--|

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Health Care Number: \_\_\_\_\_ (dd/mm/yy)

Must answer yes to all questions to be eligible to receive the first dose in the home or clinic setting.

|  | Yes | No |
|--|-----|----|
| 1. Patient does not have any serious allergies, adverse reactions or anaphylactic reactions to the ordered medication, or related drugs of unknown origin. |     |    |
| 2. The signs and symptoms of an anaphylactic reaction have been explained to the patient/caregiver.  |     |    |
| 3. The medication is not a medication that is restricted for administration in the community as per local HCCSS practice.                                  |     |    |
| 4. The patient is not taking a beta-blocker medication.  |     |    |
| 5. The patient is at least 1 year old and weighs at least 10 kg.   |     |    |
| 6. The patient has a working telephone   |     |    |
| 7. There is a capable adult (18 years or older) available to remain in the home for 6 hours post completion of medication administration.                  |     |    |
| 8. Hospital emergency department is within a 30-minute drive from medication administration address (patient's home/nursing provider clinic).              |     |    |
| 9. There are no other reasons why the patient should not receive the medication in the community.  |     |    |

I have explained the risks of having the first dose in the community to the patient/ Substitute Decision Maker and the patient/ Substitute Decision Maker has given verbal consent for first does in the community.

Prescriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yy)