

FIRST DOSE PARENTERAL MEDICATION SCREENER

No need to complete screener if patient has received medication previously with no previous adverse reaction

Questions to ask prior to accepting a patient for administration of first dose in the home	Yes	No
Does the patient have any allergies?		
If “yes” to allergies, does the patient have any serious allergies/adverse/anaphylactic reactions to the ordered medication or related drugs? Does the patient have a history of asthma, rhinitis, dermatitis or rash related to any allergen, including food?		
Is the first dose medication: iron, gold, amphotericin B, vancomycin, gancyclovir, bisphosphonates, furosemide, magnesium, potassium, anti-neoplastic or an investigational drug?		
Is the patient on beta blocker or ace-inhibitors? (see attached list)		
Is the patient at least 1 year old and weighs at least 10 kg?		
Does the patient have a working telephone?		
Will there be a most responsible person available to remain in the home for 4 hours post completion of medication administration?		
Is the hospital emergency department within 30 minutes?		
Have the risks of having the first dose in the home been explained to the patient/most responsible person and has the patient/most responsible person given consent? (see attached risks and messaging)		
Have the signs and symptoms of anaphylactic reaction been explained to the patient?		
Home and Community Care Support Services South East Care Coordinator to complete screening questions above. Community Nurse to complete all questions within screening tool.		
Is the anaphylaxis kit readily available?		
Will the nurse remain in the home for 30 minutes post-completion of IV medication administration or 45 minutes for subcutaneous/intramuscular route of administration?		
Do not give the first dose in the home if any of the answers above fall in a shaded box. The patient situation will have to be discussed by clinical management and the referral source prior to acceptance for first dose administration in the home.		
Suitable candidate for first dose: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		

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Commonly Used Oral Beta-Blocker Drugs	Commonly Used Oral Ace-Inhibitor Drugs
<ul style="list-style-type: none">• acebutolol (Rhotral, Sectral, Monitan and various generic brands)• atenolol (Tenormin and various generic brands)• bisoprolol (Monacor and various generic brands)• carvedilol (Coreg and various generic brands)• labetalol (Trandate and various generic brands)• metoprolol (Lopressor, Betaloc and various generic brands)• nadolol (Corgard and various generic brands)• pindolol (Visken and various generic brands)• propranolol (Inderal and various generic brands)• sotalol (various generic brands)• timolol (various generic brands)	<ul style="list-style-type: none">• benazepril (Lotensin and various generic brands)• captopril (Capoten and various generic brands)• cilazapril (Inhibace and various generic brands)• enalapril (Vasotec and various generic brands)• fosinopril (Monopril and various generic brands)• lisinopril (Prinivil, Zestril and various generic brands)• perindopril (Coversyl and various generic brands)• quinapril (Accupril and various generic brands)• ramipril (Altace and various generic brands)• trandolapril (Mavik)

Risks of having the first dose in the home

1. Drug allergy

A drug allergy occurs when your immune system reacts abnormally to a medication. A number of drugs can cause a drug allergy. The most common signs of a drug allergy are hives, rash or fever. You can have an allergic reaction to a drug anytime you take it, even if it caused no reaction in the past. Many allergic reactions start within minutes of taking a drug. However, it's possible to develop an allergic reaction to a medication after you've been on it for up to several weeks.

2. Anaphylaxis

Anaphylaxis is rare, but is the most serious drug allergy reaction. Symptoms usually start within minutes after exposure to a drug. Signs and symptoms of this emergency drug reaction include:

- Swelling or tightening of the airway and throat, causing trouble breathing
- Shock, with a severe drop in blood pressure and weak, rapid pulse
- Nausea, vomiting or diarrhea
- Dizziness, light-headedness or loss of consciousness

Messaging:

The visiting nurse will remain with you during the initial infusion and for 30 min after the infusion to monitor for and respond to any reaction to the administered medication. If you do experience a severe allergic reaction, your nurse will have a medication, epinephrine, on hand to help manage the reaction. We do require that you have someone remain with you for 4 hours after administration of the medication. Should you have severe rash, hives, swelling or shortness of breath after your nurse has left, call 911 and prepare for hospital transport by ambulance.

Please note that we provide nursing care either in a clinic setting or in home. The location of service provision is determined by the assessing Care Coordinator based on established eligibility criteria. It is expected that you will attend the treatment location recommended by the Care Coordinator.