## SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE Érié St-Clair

To be completed for the first dose of the course of the medication.         Chatham Site       Samia Site       Windsor Site         Ph: 1-888-447-4468       Ph: 1-888-447-4468       Ph: 1-888-447-4468         Fax: 519-351-5842       Fax: 519-337-4331       Fax: 519-258-6288         Patient Name:	linic set	ting.
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Health Care Number:       (dd/mm/yy)         Must answer yes to all questions to be eligible to receive the first dose in the home or cl         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		-
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in the community.		
I have explained the risks of having the first dose in the community to the pati Substitute Decision Maker and the patient/ Substitute Decision Maker has g verbal consent for first does in the community.		
Prescriber Name: Phone:		-
Prescriber Signature: Date:		
(dd/mm/yy)		-

