First Dose Parenteral Medication Screener

BWH - OP

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

☐ Chatham Site
Ph: 1-888-447-4468
Fax: 519-351-5842

☐ Sarnia Site
Ph: 1-888-447-4468
Fax: 519-337-4331

☐ Windsor Site
Ph: 1-888-447-4468
Fax: 519-258-6288

Patient Name: ______________________________ DOB: ____________________
(dd/mm/yy)

Health Care Number: ______________________________

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)

Ontario