

First Dose Intravenous Therapy in the Community Risk Assessment Form

Contact HCCSS HNHB at 1-800-810-0000 Fax completed copy to 1-866-655-6402

Patient Name _____ HCN _____ VC _____ DOB _____
Address _____ City _____ Province _____ Postal Code _____
Patient Phone _____ Contact Name _____ Contact Phone _____

Do not Complete Screener if:

- Patient has received medication previously with no previous adverse reaction.
ACTION: Send referral with accompanying medical orders to service provider for processing.
- Patient is taking a medication on the list of medications considered high risk for adverse reactions (below).
ACTION: Do not send referral to service provider, patient is not eligible for first dose in the community setting.

High Risk Medications for Adverse Reactions not considered for First Dose IV Administration in the Community:

Amphotericin B Deoxycholate, Antineoplastics, Bisphosphonates, Investigational medications

Screener

Must answer **No** to these questions to be eligible to receive the first dose in the nursing clinic or home setting

	Yes	No
Does patient have any serious allergies, adverse reactions or anaphylactic reactions to the ordered medication, or related drugs or anaphylaxis of unknown origin?		
Is the ordered medication amphotericin B deoxycholate, an antineoplastic, a bisphosphonate or an investigational medication?		
Must answer Yes to these questions to be eligible to receive first dose in the home or clinic setting		
Does the patient have a working telephone to reliably access 911?		
Can patient or substitute decision maker consent to treatment?		
Will there be a capable adult (18 years or older) present in the home during and after medication administration?		
Is access to EMS and/or the hospital emergency department within 30 minutes of home or nursing clinic?		

Important information for dose administration

Is the patient currently on beta-blockers?		
Is the patient currently on ACE inhibitors?		

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.

NOTE TO PRESCRIBERS:

- This is a screening tool to help determine appropriateness of a patient receiving first dose of a parenteral medication in the community.
- Even if all criteria are met, it is at the discretion of the Service Provider Organization to determine if the first dose will be administered.
- First dose requests may take longer to process and are not appropriate for urgent requirements.

Physician Name

Signature

Date (dd/mmm/yyyy)

Print

Clear