

First Dose Parenteral Administration Screener and Medical Referral to be faxed to Ontario Health atHome (before 12pm for same day administration to be arranged) with completed information in order for first dose administration of parenteral medication to be considered:

First Dose Parenteral Administration Screener		
Client Name: _____		
Date of Birth (DD/MM/YY): _____ HCN: _____		
First dose medication (Drug, dose, route) Medical Referral required to be faxed with screener:	Medication Allergies/Adverse Reactions	
Questions to ask prior to accepting a client for administration of first dose in the home	Yes	No
Is there an exceptional circumstance requiring first dose in the community? (Palliative, immune-compromised or housebound clients or referral from community physician)		
Has the prescriber confirmed that the client does not have any serious allergies/adverse reactions to the ordered medication or related drugs?		
Is the client at least 10 years old?		
Does the client 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 there a hospital emergency department within 30 km of client's home?		
Is the first dose medication: iron, gold, acyclovir, amphotericin B, anti-neoplastic or investigational drugs, bisphosphonates, calcium, ciprofloxacin, cloxacillin, gancyclovir, gentamicin, Lasix, magnesium, potassium, tobramycin, vancomycin		
Is the client on beta blocker or ace-inhibitors		
Do not give the first dose in the home if any of the answers above fall outside of the shaded boxes.		
Physician to complete: <i>(Must be completed to initiate First Dose)</i>		
<input type="checkbox"/> I have confirmed that the client does not have any serious allergies or adverse reactions to the ordered, or related, medications.		
<input type="checkbox"/> I have explained the risks having the first dose in the community to the client/most responsible person and the client/most responsible person has given verbal consent.		
Signature: _____	Name: _____	
Tel #: _____		

Appendix A:

Non-exclusive list of Beta-Blocker, Ace-Inhibitor & Bisphosphonate drugs

Commonly Used Beta-Blocker Drugs	Commonly Used Bisphosphonates
acebutolol (Rhotral, Sectral, Monitan and various generic brands) atenolol (Tenormin and various generic brands) bisoprolol (Monocor 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)	zoledronic acid (Zometa and Aclasta) Pamidronate Clodronate
Commonly Used Ace-Inhibitor Drugs	
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)	

Adapted, with permission, from Bayshore Home Health - First Dose Checklist & Care Partners- First Dose Screener

Appendix B:

Anaphylaxis Treatment Protocol

- 1) **Ensure anaphylaxis kit readily available**
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- 2) **Initial assessment supports prophylaxis?***
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- 3) **Stop Infusion**
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- 4) **Assess airway, breathing, circulation, mentation**
↓
- 5) **Direct family member/friend/caregiver to call 911**
↓
- 6) **Inject Epinephrine 1:1000 as per medical directive**
↓
- 7) **Place client in supine position with feet elevated**
↓
- 8) **Monitor airway, breathing, circulation** and reassess situation frequently, to guide medication use
↓
- 9) **Administer diphenhydramine HCl (Benadryl®) as per agency policy as an adjunct to epinephrine:**
 - A conscious clients not serious ill: oral; b. Severe reaction: injected
↓
- 10) If available, consider **inhaled B-agonist** if there is a bronchospasm resistant to an adequate dose of epinephrine (i.e., nebulized salbutamol 2.5-5 mg in 3 mL of saline or 1 puff per 3kg to a max.10 puffs by metered dose inhalers)
↓
- 11) **Remain with client until paramedics arrive.** (Since 20% of anaphylaxis episodes follow a biphasic course with recurrence of the reaction after a 2-9 hour asymptomatic period, hospitalization or a long period of observation is recommended for monitoring. For all but the mildest cases of anaphylaxis, pts should be hospitalized overnight or monitored for at least 12 hours).

Consider other diagnoses

(i.e., Vasovagal reaction, acute anxiety, PE, myocardial dysfunction, foreign – body aspiration, acute poisoning, hypoglycaemia, seizure)



Anaphylaxis

Loss of consciousness

Hives, facial flushing, itchy rash

Swelling of tongue, inability to swallow

Rapid swelling of throat tissues

Wheezing, Coughing, Laboured breathing

Nausea, Vomiting, Diarrhea

Tachycardia