

First Dose IV & Iron Sucrose in Community Screener

	Patient Name:					
IV Administration Screener: First Dose IV & Iron	HCN:DOB:					
Sucrose. To be completed & sent along with "IV	Address:					
Antibiotic Referral Form" or appropriate prescription	Phone: Cell:					
Medication (Drug, Dose, Route):						
Questions to ask prior to accepting a patient for ad	ministration of first dose in the home	Yes	No			
Section A: All Infusion Therapies						
1. The patient is older than 12 years old (under 12 sho	ould have first dose in an acute care setting).					
2. Has the patient taken the prescribed medication in need to complete entire document, proceed to ques	stion 6.					
3. Does the patient have a history of serious adverse related compound?	or allergic reaction to the prescribed medication or					
Does the patient have history of anaphylaxis of unknown origin or multiple allergies?						
5. Is the patient taking oral beta blockers? Beta blocker anaphylaxis protocol i.e. Epinephrine.	er acts as a barrier and will decrease response to					
6. Does the patient have someone 18+ years available to monitor/stay with patient for first 6 hours post medication administration to watch for adverse reactions or agreeable to wait in clinic setting?						
7. Does the patient have access to a working telephor	ne?					
8. Does the patient have access to Emergency Medic	al Service or Hospital within thirty (30) minutes?					
9. If in clinic setting, does patient have transportation (not driving)?						
10. Is the medication one of the following: Acyclovir, Amikacin, Amphotericin B, Antineoplastics, Bisphosphonates, Colistimethate, Gentamicin, Gold, (*) Iron (see section B), Pamidronate, Pentamidine, Tobramycin, Magnesium, or a Special Access Drug / Investigational						
11. ☐ I have explained the risk of having the first dose the patients/most responsible person has given ver	• • • • • • • • • • • • • • • • • • • •	rson an	ıd			
Section B: Iron Sucrose						
adverse events prior to initiating in the community v	a minimum of 2 doses in an acute care hospital settin vithin the last 3 months (90 days).		ut			
☐ The Infusion is for maintenance of chronic disea		_				
☐ The patient is not pregnant, on hemodialysis, ar						
☐ Patient agrees to cover cost (via Insurance or o	, ,					
☐ Appropriate laboratory monitoring has been arrange	. ,					
Name of Prescriber	,					
Signature of Prescriber	Date					
Note: Even if all criteria are met, it is at the discretion	n of the Service Provider Organization (SPO) to deter	mine if t	first			
dose will be administered for first dose or Iron Sucrose.						
First dose may not be administered in the community if any of the answers above fall in a shaded box. The patient situation will need to be discussed further with clinical management at Service Provider and / or referral source prior to						
acceptance for first dose administration in home.						

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	Patient Name:				
IV Administration Screener: First Dose IV & Iron	HCN:	DOB:			
Sucrose. To be completed & sent along with "IV	Address:				
Antibiotic Referral Form" or appropriate prescription	Phone:	Cell:			
Medication (Drug, Dose, Route):	1				
Questions to ask prior to accepting a patient for a	dministration of first dose in	the home	Yes	No	
Section A: All Infusion Therapies					
1. The patient is older than 12 years old (under 12 sl	nould have first dose in an acu	te care setting).			
Has the patient taken the prescribed medication in the past six (6) months without reaction? If yes, no					
need to complete entire document, proceed to question 6.					
3. Does the patient have a history of serious adverse or allergic reaction to the prescribed medication or related compound?					
. Does the patient have history of anaphylaxis of unknown origin or multiple allergies?					
. Is the patient taking oral beta blockers? Beta blocker acts as a barrier and will decrease response to anaphylaxis protocol i.e. Epinephrine.					
6. Does the patient have someone 18+ years available to monitor/stay with patient for first 6 hours post medication administration to watch for adverse reactions or agreeable to wait in clinic setting?					
7. Does the patient have access to a working telepho	one?				
B. Does the patient have access to Emergency Medi	cal Service or Hospital within t	hirty (30) minutes?			
9. If in clinic setting, does patient have transportation (not driving)?					
10. Is the medication one of the following: Acyclovir, Amikacin, Amphotericin B, Antineoplastics,					
Bisphosphonates, Colistimethate, Gentamicin, Gold, (*) Iron (see section B) , Pamidronate, Pentamidine, Tobramycin, Magnesium, or a Special Access Drug / Investigational					
11. I have explained the risk of having the first do			erson an	d	
the patients/most responsible person has given ve		chi/most responsible pe	/13011 a11	u	
Section B: Iron Sucrose	7. D.G. 1001.1001.11.				
12. (*) Iron Sucrose is the only iron preparation supp	orted for community infusion a	nd all infusions are give	n in		
Community Nursing Clinics. Iron Sucrose requires			g withou	ut	
adverse events prior to initiating in the community	-		_		
2 doses completed with no adverse events in			2		
☐ The Infusion is for maintenance of chronic dise	•	urrent regime			
☐ The patient is not pregnant, on hemodialysis,					
☐ Patient agrees to cover cost (via Insurance or	out of pocket) or EAP has bee	n approved			
☐ Appropriate laboratory monitoring has been arrang		on (if appropriate)			
Name of Prescriber		ımber/pager			
Signature of Prescriber	Date				
Note: Even if all criteria are met, it is at the discretic	•	,	mine if f	irst	
First dose may not be administered in the commu	ered for first dose or Iron Sucr		o nations	•	
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situation will need to be discussed further with clinical management at Service Provider and / or referral source prior to acceptance for first dose administration in home.

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	Patient Name:			
IV Administration Screener: First Dose IV & Iron	HCN:DOB:			
Sucrose. To be completed & sent along with "IV	Address:			
Antibiotic Referral Form" or appropriate prescription	Phone: Cell:			
Medication (Drug, Dose, Route):				
Questions to ask prior to accepting a patient for ad	ministration of first dose in the home	Yes	No	
Section A: All Infusion Therapies		133		
1. The patient is older than 12 years old (under 12 sho	ould have first dose in an acute care setting).			
. Has the patient taken the prescribed medication in the past six (6) months without reaction? If yes, no				
need to complete entire document, proceed to ques				
3. Does the patient have a history of serious adverse or related compound?	or allergic reaction to the prescribed medication or			
 Does the patient have history of anaphylaxis of unk 	nown origin or multiple allergies?			
 Is the patient taking oral beta blockers? Beta blocker anaphylaxis protocol i.e. Epinephrine. 				
 Does the patient have someone 18+ years available medication administration to watch for adverse read 				
7. Does the patient have access to a working telephor				
Does the patient have access to Emergency Medica				
9. If in clinic setting, does patient have transportation ((not driving)?			
10. Is the medication one of the following: Acyclovir, An	nikacin, Amphotericin B, Antineoplastics,			
Bisphosphonates, Colistimethate, Gentamicin, Gold	d, (*) Iron (see section B), Pamidronate,			
Pentamidine, Tobramycin, Magnesium, or a Specia				
11. \square I have explained the risk of having the first dose		rson an	ıd	
the patients/most responsible person has given ver	bal consent.			
Section B: Iron Sucrose	steed for a community infrarious and all infrarious are given			
12. (*) Iron Sucrose is the only iron preparation suppor	rted for community infusion and all infusions are given a minimum of 2 doses in an acute care hospital settin		.4	
adverse events prior to initiating in the community w		g williot	uι	
 2 doses completed with no adverse events in last 	` • •	2		
☐ The Infusion is for maintenance of chronic disea				
☐ The patient is not pregnant, on hemodialysis, ar				
☐ Patient agrees to cover cost (via Insurance or or	•			
• • • • • • • • • • • • • • • • • • • •	. ,			
 Appropriate laboratory monitoring has been arrange 	,			
Name of Prescriber				
Note: Even if all criteria are met, it is at the discretion			firet	
,	red for first dose or Iron Sucrose.	TIIII C II I	ii St	
	ty if any of the answers above fall in a shaded box. The	e patient	t	

situation will need to be discussed further with clinical management at Service Provider and / or referral source prior to acceptance for first dose administration in home.

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