

IV Administration Screener: First Dose IV & Iron Sucrose. To be completed & sent along with “IV Antibiotic Referral Form” or appropriate prescription

Patient Name: _____
 HCN: _____ DOB: _____
 Address: _____
 Phone: _____ Cell: _____

Medication (Drug, Dose, Route): _____

Questions to ask prior to accepting a patient for administration of first dose in the home	Yes	No
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Section A: All Infusion Therapies

1. The patient is older than 12 years old (under 12 should have first dose in an acute care setting).		
2. 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?		
4. Does the patient have history of anaphylaxis of unknown origin or multiple allergies?		
5. 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 telephone?		
8. Does the patient have access to Emergency Medical 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. <input type="checkbox"/> I have explained the risk of having the first dose in the community to the patient/most responsible person and the patients/most responsible person has given verbal consent.		

Section B: Iron Sucrose

12. (*) **Iron Sucrose** is the only iron preparation supported for community infusion and all infusions are given in Community Nursing Clinics. Iron Sucrose requires a minimum of 2 doses in an acute care hospital setting without adverse events prior to initiating in the community within the last 3 months (90 days).
- ☐ 2 doses completed with no adverse events in last 3 months: Date of last infusions #1 _____ / #2 _____
- ☐ The Infusion is for maintenance of chronic disease and patient is stable on current regime
- ☐ The patient is not pregnant, on hemodialysis, and 18 years of age or older
- ☐ Patient agrees to cover cost (via Insurance or out of pocket) or **EAP has been approved**

☐ Appropriate laboratory monitoring has been arranged for the prescribed medication (if appropriate)

Name of Prescriber _____ phone number/pager _____

Signature of Prescriber _____ Date _____

Note: Even if all criteria are met, it is at the discretion of the Service Provider Organization (SPO) to determine if 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.