

## First Dose Intravenous Therapy in the Community Risk Assessment Form

Contact Ontario Health atHome 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 <b>No</b> to these questions to be eligible to receive the first dose in the nursing clinic or home setting		
	<b>Yes</b>	<b>No</b>
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 <b>Yes</b> 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