

<b>SECTION 8A: CLINICAL PRACTICES</b>	<b>POLICY: 8A.8</b>
<b>POLICY: FIRST DOSE PROTOCOLS &amp; ADMINISTRATION</b>	<b>PAGE: 1 OF: 3</b>

**PURPOSE:**

- To establish guidelines and provisions for safe administration of the first dose of medication in the home.

**POLICY:**

- Appropriateness of medication administered for the first time to a patient shall be evaluated and determined by the ordering provider in conjunction with the attending pharmacist.
- When the evaluation suggests potential for increased risk of adverse reaction, the first dose shall be administered in a controlled medical environment (i.e., hospital, physician's office, clinic or emergency room with physician present and resuscitation equipment accessible).
- The length of time the nurse is to remain in the home after the completion of the dose may vary according to the medication administered but should be no less than thirty (30) minutes.
  - The nurse shall determine that the patient is medically stable before leaving the patient.

**PROCEDURE:**

- **Evaluation for First Dose Administration**
  - Patient referred for infusion therapy who has not previously received the ordered medication shall be screened by Nursing (Pharmacy and/or Agency) in coordination with and receiving input from the attending Pharmacist (and MD if necessary), based upon the following information:
    - History of drug allergies.
    - History and severity of adverse reactions to medication (type, severity, and duration of allergic reaction/or anaphylaxis).
    - The patient having received a chemically similar medication safely in the past.
    - History of asthma

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- Potential of medication to produce anaphylaxis or serious adverse reaction. (Particularly high-risk drugs such as amphotericin and pentamidine.)
- Patient must live in an area accessible to Emergency Medical Services (911)
- Prescribing physician should be available by phone during the administration of a first dose.

- **Admission for First Dose Administration**

- Patient without a history of allergy or severe adverse reaction to the medication.
- Patient with a history of allergy, but who has been determined by the clinicians to have safely received a chemically similar medication in the past may be admitted.
- Patient with a history of asthma and/or serious adverse reaction, drug allergies, especially multiple allergies, or anaphylactic reaction to medication in the past are admitted to service for home administration **only after** the first dose has been administered without incident in a controlled medical environment.

- **First Dose Administration**

- Physician's order for appropriate interventions for adverse reactions or anaphylaxis shall be obtained from the patient's physician prior to the start of therapy.
- First dose is only administered during regular business hours, with verified contact information readily available for both the attending MD and Pharmacist.
- Administering RN verifies anaphylaxis supplies are readily available in the home prior to medication administration.
- The patient's vital signs are taken and recorded prior to initiation of the first dose.
- In the case of Biologics, the dose should be given beginning at a slow rate initially; if no reaction is observed, the rate may be increased/titrated to the usual rate.

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- The nurse shall remain with the patient **at least thirty (30) minutes** after completion of the dose to determine that the patient is medically stable and assure that a caregiver is available if needed.
  - RN shall complete an Administration Record to document the supervision of any administered first dose.
    - Documentation shall include a set of vitals (blood pressure, pulse, respiratory rate, temperature) thirty (30) minutes post infusion to support medically stable condition.
  - RN shall educate Patient/Caregiver regarding signs and symptoms of potential delayed reactions and appropriate actions if a reaction occurs (i.e., when to notify the physician, pharmacist, agency, and/or emergency services).
- **Reactions to medications:**
    - At the first sign of possible reaction, STOP the infusion immediately. If time permits, notify the Agency so that a Clinical Supervisor is involved with the occurrence.
    - Treat the patient according to the anaphylaxis protocol as applicable.
    - Physician shall be notified and orders for further treatment will be requested. In the case of severe reaction as evidenced by difficulty breathing or swelling, the nurse will initiate access to Emergency Medical Services and patient will be transported to an emergency facility.
    - See also:
      - [8A.6](#) Medication Reactions and Side Effects
      - [8A.10](#) Emergency Medications & Interventions