PURPOSE:
To describe the limitations associated with the first dose of an intravenous or injectable medication to be administered in the home.

CONSIDERATIONS:
1. The term “first dose” shall refer to a patient’s first known exposure to a medication.
2. All options for having the first dose of a medication administered in a hospital setting, or a physician’s office under the supervision of a physician or the physician’s designee should be considered before administering the medication in the home.
3. Several criteria must be considered in order to make the decision regarding whether the first dose of a medication can be administered in the home. The nurse should consult appropriate drug reference books and/or a pharmacist to become familiar with the medication.
   a. The patient will be evaluated for any history of an allergy or adverse response to:
      (1) The medication.
      (2) A medication in that classification.
      (3) A medication that has a known cross-allergenicity with any medication in that classification (e.g., penicillin and cephalosporin).
   b. Medication to which a patient has a known or suspected allergy or sensitivity may not be administered.
   c. The physician must be readily available by telephone during administration of the first dose.
   d. Emergency transport services and treatment must be available to the patient in the patient’s home.
4. If all the above criteria are met, then the medication will be considered appropriate for the first dose administration in the home.
5. The physician order must be obtained that specifies that the first dose is to be administered in the home. The physician order shall include orders for allergic or anaphylactic reaction, if appropriate.
6. If the criteria are not met for first dose administration in the home, the nurse’s supervisor is to be notified.
7. Use at least 2 patient identifiers prior to administering medications.
8. Per Joint Commission recommendations, all tubes and catheters should be labeled to prevent the possibility of tubing misconnections. Staff should emphasize to all patients the importance of contacting a clinical staff member for assistance when there is an identified need to disconnect or reconnect devices.

EQUIPMENT:
None

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Follow appropriate procedures. (See Medications and/or Infusion Therapy for Administration of Medication).
4. Discard soiled supplies in appropriate containers.

AFTER CARE:
1. Document in patient’s record:
   a. Medication administered, dose, time, rate and route.
   b. Patient’s response to procedure, side effects and management.
   c. Instructions given to patient/caregiver.
   d. Communication with physician.