

SEM MED BOX/A-PACK SUPPLY USE/REPLACEMENT FORM Version: 8-2010

AGENCY/UNIT #: _____ **HOSPITAL:** _____ **DATE:** _____

INCIDENT #: _____ **EMS CREW (Names):** _____

MEDICATION	UNIT/SIZE	QNTY	USED	CHRG
Acetaminophen 650mg/20.3 ml 10 ml oral syringe in bag	Unit dose cup	1		
Adenosine 6mg/2ml	Vial/Syringe 2 ml.	5		
Albuterol 2.5 mg/3 ml.*	Vial – UD 3 ml. A-Pack	6		
Amiodarone 150 mg/3 ml	Amp/Vial	3		
Aspirin 81 mg tablets*	Bottle – chewable or UD tabs A-Pack	1 4		
Atropine 1mg/10 ml.	Syringe 10 ml.	3		
Calcium Chloride 1 gm/10 ml.	Syringe 10 ml.	2		
Dextrose 50% 25 gm/50 ml*	Syringe 50 ml. A-Pack	2 1		
Diphenhydramine (Benadryl) 50 mg/1 ml	Vial 1 ml.	2		
Dopamine 400 mg/5 ml	Vial	1		
Epinephrine Injection ¹ 30 mg/30 ml	Vial 30 ml.	1		
Epinephrine 1 mg/10 ml	Syringe 10 ml.	7		
Furosemide 40 mg/4 ml	Vial 4 ml.	2		
Ipratropium Bromide 0.02% (In Baggie)*	2.5 ml.Vial – UD A-Pack	2 1		
Lidocaine 100mg/5ml	Syringe 5ml	3		
Lidocaine Jelly 2%	Tube 5 ml/30 ml.	1		
Magnesium Sulfate 1 gm/2 ml	Amp/Vial	4		
Methylprednisolone 125mg	Vial	1		
Naloxone* 2 mg/2 ml or 0.4mg/ml	Vial 2ml. or 10 ml. A-Pack	Min. 12mg 4mg		
Nitroglycerin* 0.4 mg/tab	Bottle A-Pack	1		
Ondansetron 2mg/ml	2ml vial	2		
Prednisone 50 mg tab*	50 mg. tab A-Pack	1		
Sodium Bicarbonate 50 mEq/50 ml.	Syringe 50 ml.	2		
Sodium Chloride 0.9% (Preservative free)	Vial 20-30 ml.	1		
Sodium Chloride 0.9%	Bag 250 ml.	2		
Sodium Chloride 0.9%	Bag 50ml	1		
CONTROLLED SUBSTANCES	UNIT/SIZE	QTY/ DOSE	USE/ WASTE*	CHRG
Diazepam 10 mg/2ml	Vial/syringe 2 ml.	2		
Fentanyl 50 mcg/ml	Vial/Amp 2 ml	3		
Midazolam 5mg/1ml	Vial 1ml	2		
Morphine 10 mg/1ml	Amp 1 ml	2		

MISCELLANEOUS	UNIT/SIZE	QNTY	USED	CHRG
Alcohol Pads		12		
Incident Report Form*	A-Pack	1		
IV Additive Labels		5		
IV Tubing 60 gtt/ml (Minidrip) with Y Site Pre-Pierced Reseal		2		
Nebulizer*	A-Pack	1		
Blunt Cannula 18 g – 1 inch *	18g/1 inch A-Pack	20 2		
Pre-Pierced Reseal Vial Adapter	13-20 mm	3		
Tubex Holder		1		
Red Lock*	A-Pack	1		
Replacement Form*	A-Pack	1		
Syringe (TB w/ needle) 1 ml	Syringe 1 ml	5		
Syringe 10 ml	Syringe 10 ml	8		
Syringe 20ml	Syringe 20ml	1		
Needle	18g x 1.5 inch	3		
Syringe w/ needle 3 ml – 22g 1.5 inch	Syringe 3 ml	4		
Fluids Used (Circle Used)	NACL 0.9% 1000 ml NACL 0.9% 500 ml NACL 0.9% 20-30 ml or 10 ml Pre-Filled Syringe			

Ordering Hospital: _____

Ordering Physician: _____

Replacing Hospital: _____

Receiving Physician Signature: _____

Date: _____

PARAMEDIC'S STATEMENT

SEM EMS Medication Box A-Pack (check one) number _____ has been opened and the above noted medication(s) used as prescribed. I accept pharmacy sealed SEM EMS Medication Box Number _____ sealed with breakaway tag number _____

Paramedic Signature: _____ **Date:** _____

REPLACING PHARMACIST'S STATEMENT

The medications in the sealed SEM EMS Medication Box No. _____ have been distributed according to the Medication/Use and Replacement Policy of the participating Medical Control Authority. All medications are in the correct concentration, dosage form, volume, amount, and not expired.

Name of Pharmacist on the Seal: _____

Signature of Replacing Pharmacist: _____

Date: _____ **Hospital:** _____

Patient Name: _____

Address: _____

City/State/Zip: _____

Signatures for Documentation of Controlled Substance Waste

Witness: _____ **Medic:** _____

Needleless stock only! * Items in both Medication Box and A-Pack

¹ This medication is available in both topical and indictable. Extra care must be taken to assure that the indictable form is stocked in EMS drug kit.