MFR Medication Kit (Red Bag) Contents and Exchange Procedure – Optional Protocol

The OCMCA shall maintain a list of agencies that has opted into the MFR Medication Kit Program. If the agency opts into the program they agree to provide training to their crew members prior to implementation.

The cooperating hospital pharmacy will stock the MFR Medication Kits in accordance with the MFR Medication Kit contents list.

Aspirin, Naloxone & Epinephrine are optional for MFR units in the MCA. Units choosing to not carry any of these medications should work with the supplying hospital to not have it stocked in the MFR Medication Kit.

MFR Medication Kit (Red Bag) Contents List

Medication / Item	Concentration	Packaging	Quantity
Aspirin	81 mg tablet	BT/UD — chewable tabs	1 BT or 4 UD
NARCAN KIT			
Naloxone (Narcan) Prefilled Syringe	2 mg/2 mL	Prefilled syringe	1
Intramuscular Needle (If atomizer not		1" 25 Gauge	1
Alcohol Prep		Single Use	2
Intranasal Mucosal Atomization Device			1
EPI-KIT			
Epinephrine (Vial)	1 mg/1 ml	1 mg/1 ml vial ***(vial only)***	1
Luer lock syringe		1 ml	2
Intramuscular Needle		1" 25 Gauge	2
Alcohol Prep		Single Use	4
BEES Dosing Card			1
Red Lock			1
Replacement Form			1

Procedure:

A. The medications placed in the kits shall be consistent throughout the stock of MFR medication kits as to dosages and concentrations prescribed by the MFR Medication Kit list.

B. Labels shall be placed in the interior pocket of all medication kits so they can be viewed from the exterior of the kit and shall include:

1. The name of the hospital pharmacy which last restocked the box.
2. The date the box was last restocked.
3. The legible initials of the pharmacist who inventoried and restocked the medication box.
4. The earliest date at which any medication would expire.

C. After the medication kit has been inventoried, restocked, and appropriately labeled, the pharmacist will attach a green plastic breakaway seal. A red seal will be placed in the kit by the restocking pharmacy for use by the MFR. The hospital pharmacy will be solely responsible for dispensing and accounting for these seals.

D. The sealed medication boxes will be placed in a locked storage area in the participating hospital ED or location designated by the participating hospital pharmacy. Only staff designated by the participating pharmacy will have access to the medication kits. A permanent record shall be maintained indicating the number on the medication kit, the name of the MFR Service for which the medication kit was issued and the name of the pharmacy designated staff or pharmacist receiving or dispensing the kit.

E. Each MCA MFR agency will stock each of its MFR units with a MFR Medication Kit. In addition, each service will stock sufficient additional MFR Medication Kits to restock anticipated usage for a minimum of 24 hours. MFR Unit Medication Kits which are used will be replaced by those in stock at the MFR agency. Used MFR Medication Kits will be exchanged for fresh MFR Medication Kits when convenient at the Hospital or FSED designated to provide exchange of kits for the MFR agency.

F. The EMS patient care record shall serve as a permanent medical record of physician orders for medications administered.

G. When medications from the kit are used or whenever the pharmacy seal on the kit is broken, the MFR will place a copy of the MCA MFR Medication Kit Replacement Form, including patient name, in the MFR Medication Kit. The MFR will then reseal the medication kit utilizing the red seal that the pharmacist placed in the medication kit for that purpose.

H. The used MFR medication kit will be exchanged for a pharmacy-sealed kit at a designated hospital or the MFR agency Station. Once sealed by the pharmacist, the exchanged box will not be inventoried by the MFR prior to necessity for use

I. .Any discrepancies in the MFR Medication Kit will be documented on the ALS Medication Discrepancy Report and clearly labeled "MFR Medication Kit Discrepancy." If the discrepancy is discovered by the MFR at the time of use, the report form shall be co-signed by the other EMS crew members. Hospital pharmacists who note discrepancies in the medication kit inventory which cannot be accounted for by the MFR Medication Kit Replacement Form shall initiate and sign the discrepancy report. Copies of the discrepancy reports along with copies of the EMS run report are sent to the EMS Medical Director and the Medical First Response Service responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy. Medications which are contaminated, lost through spillage or partially used must be accounted for on the EMS patient care record by the MFR and co-signed by other crew members.

J. Locked and secure compartments or other locking devices approved by the Department shall be provided on the EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional MFR Medication Kits which are stored at the MFR agency Station must also be locked using compartments or devices approved by the Department.

Oakland County MCA
MFR Medication Kit (Red Bag) Replacement Form

AGENCY/UNIT _____ DATE_____ INCIDENT #_____

EMS CREW (NAMES)

Medication	Unit/Size	Quantity	Used
Aspirin (Optional) 81 mg/tablet	BT/UD — Chewable Tabs	1 BT or 4 UD	
NARCAN KIT (Optional)			
Naloxone (Narcan)	2mg/2m1	1 prefilled syringe	
Intramuscular Needle (if atomizer	1" 25 Gauge	1	
Alcohol Prep	Single Use	2	
Intranasal Mucosal Atomization Device		1	
EPI-KIT (Optional)			
Epinephrine (Vial)	1 mg/1 ml	1	
Luer lock syringe	1 ml	2	
Intramuscular Needle	1" 25 Gauge	2	
Alcohol Prep	Single Use	4	
BEES Dosing Card		1	
Red Lock		1	
Replacement Form		1	

Patient Name:_____

Receiving Hospital: _____

MFR Statement

MFR Medication Box Number_____ has been opened and the above noted medication(s) used as prescribed. This box has been red sealed with _____

Use this table to document medication that has been opened and not used or opened and wasted.

Medication	Unit/Size	Quantity	Not Used/Wasted

MFR Signature: _____ Date: _____