

SENECA COUNTY EMS MED BAG EXCHANGE FORM

PATIENT USAGE

DATE ___/___/___ TIME ___:___

PATIENT NAME _____

RUN SHEET # _____

Drugs ordered by protocol? yes no

On line communications? yes no

Receiving Hospital _____

ER Physician _____

Paramedic _____

QUANTITIES

		Maximum Stock	Patient Usage	Needs Replaced	Damaged/ Broken
ADENOCARD	6mg/2ml vial	3	_____	_____	_____
AMIODARONE	150 mg vial	3	_____	_____	_____
ATROPINE SULPHATE	1mg/10ml prefill	3	_____	_____	_____
BENADRYL	50mg/1ml prefill	2	_____	_____	_____
D5W	50ml	2	_____	_____	_____
DEXTROSE 50%	50 ml syringe	2	_____	_____	_____
DIAZEPAM/VALIUM	10mg/carpject	2	_____	_____	_____
0.9% Normal Saline	250ml	1	_____	_____	_____
EPINEPHRINE 1:1,000	1mg/1ml ampule	3	_____	_____	_____
EPINEPHRINE 1:10,000	1mg/10ml prefill	3	_____	_____	_____
FENTANYL	100mcg/ml	2	_____	_____	_____
FUROSEMIDE/LASIX	100mg/10ml prefill	2	_____	_____	_____
GLUCAGON	1 mg vial	2	_____	_____	_____
LIDOCAINE HCL 2%	100mg/5ml prefill	2	_____	_____	_____
MORPHINE SULFATE	4mg/carpject	2	_____	_____	_____
NARCAN/NALOXONE	2mg/ prefill	3	_____	_____	_____
NITROSTAT	0.4mg (1/150gr) tab	1	_____	_____	_____
SODIUM BICARBONATE	50mEq/50ml prefill	1	_____	_____	_____
XYLOCAINE JELLY	2%	2	_____	_____	_____
VASOPRESSIN	20 units	2	_____	_____	_____
VENTOLIN AEROSOL	unit	4	_____	_____	_____
ZOFRAN	4mg/2ml	2	_____	_____	_____
VERSED	5mg//2ml	2	_____	_____	_____
*ASPIRIN	81 mg	1 36 ct bottle	_____	_____	_____
(EXCHANGE/REPLACE AT PS BLDG, NOT PHARMACY)					

NOTES –

SIGNATURE: _____

SIGNATURE: _____

*USE A SEPARATE FORM FOR EACH INVENTORY OR PATIENT

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* Document any wasted narcotic in the notes section. Any narcotic that is wasted must have a witness signature*
Enclose a copy of this, the facesheet, and the runsheet in compartment that med was used from prior to exchange