
Southeast Michigan Medication Exchange and Replacement Procedure

VEHICLE STOCK

- A. Each approved ALS unit will carry one GREEN LOCK SEALED Southeast Michigan (SEM) Regional Medication Box and A-Pack (Ancillary Pack). Contents are listed in Pharmacy Appendixes 1 and 2. Only appropriately numbered Medication Boxes and A-Packs issued by the participating Medical Control Authority are to be stocked by participating hospital pharmacies and issued to approved ALS units.
- B. Each EMS agency will be responsible for providing any additional equipment required by Michigan Department of Health & Human Services – Bureau of EMS & Trauma (MDHHS).
- C. All drugs, needles, syringes, and supplies will be stored in a securely locked and temperature controlled location on each approved unit. Medication Boxes/A-Packs will remain sealed at all times except when in actual use.
- D. Medication Boxes/A-Packs are to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. Inspection items include, but are not limited to: the Medication Box/A-Pack is locked in a compartment, the green lock is intact, the lock # matches number on the label, and medications are not expired. It is recommended that this inspection be included in a standard documented vehicle checklist.
- E. Agencies are responsible for maintaining Medication Boxes/A-Packs not in use by a crew in a locked and secured location, and have a system in place to **restrict track** who accesses that location.
- F. Unopened Medication Boxes/A-Packs are to be exchanged within seven (7) days of the, “Use or Replace By” date.

USE/REPLACEMENT/EXCHANGE

- A. Medication Boxes/A-Packs will only be opened by a Paramedic when presented with a patient requiring Advanced Life Support care (when acting on written or transmitted orders from a physician at an appropriate On-Line Medical Control Facility) or the Pre-Medical Control section of approved treatment protocols.
- B. Red/Green Lock Procedure for Medication Boxes/A-Packs
 - 1. The Medication Box/A-Pack will be sealed using a green lock bearing the number indicated on the label.
 - 2. After the pharmacy inventory/restocking is complete, a red lock bearing the number indicated on the label will be placed in the Medication Box/A-Pack to be used by the Paramedic to seal the Medication Box/A-Pack after it has been used.
 - 3. When the Medication Box/A-Pack is opened by the Paramedic the broken numbered green lock will be placed in the Medication Box/A-Pack and delivered with the used Medication Box/A-Pack to the replacing pharmacy.
 - 4. After use the Paramedic will seal the Medication Box/A-Pack for exchange with the red lock from the Medication Box/A-Pack bearing the number indicated on the label.

- C. OPTIONAL (MCA adoption required) Red/Green/White/ (or Yellow) Lock Procedure for MEDICATION BOXES ONLY
1. After the pharmacy inventory/restocking is complete, a red lock and green lock bearing the respective numbers indicated on the label will be placed in the Medication Box to be used to seal the box after initial inspection (green lock) and after post use inspection (red lock).
 2. The Medication Box will be sealed using a white (yellow) lock.
 3. After the Medication Box is inspected jointly by the Paramedic and ED/Pharmacy representative the Medication Box will be sealed with the green lock, from the Medication Box, bearing the number indicated on the label.
 4. When the Medication Box is opened by the Paramedic, the broken numbered green lock will be placed in the Medication Box and delivered with the used Medication Box to the replacing pharmacy.
 5. After use, and after joint inspection of the Medication Box for exchange by the Paramedic and ED/Pharmacy representative, the Paramedic will seal the Medication Box with the red lock from the Medication Box bearing the number indicated on the label.

MEDICATION BOXES:

- A. All Participating Hospitals will have Medication Boxes/A-Packs, with contents as approved by the participating Medical Control Authorities and MDHHS, available for replacement of supplies used by approved ALS Units. Replacement Medication Boxes/A-Packs will be maintained in a locked area, under the control of hospital staff, which is available 24 hours a day, 7 days a week. This area will be located within the either Emergency Department or Pharmacy of the Participating Hospital. Appropriate record keeping and security measures are required at each exchange site to ensure that only appropriately licensed and authorized personnel have access to medications and other related supplies.
- B. Medication Boxes/A-Packs used by approved ALS units for patients transported will be replaced, at the time of the run, by the receiving hospital according to established procedure. Where the receiving facility does not participate in the Regional EMS Medication Exchange System and/or supplies are expended for a patient who subsequently is not transported, the unit will proceed immediately to the Regional Participating Hospital which provided Medical Control for the run to complete replacement. A PCR will be submitted when completed.
- C. Use of any supplies contained in the Regional Medication Box/A-Pack will be documented on the Use/Replacement Form for exchange and the PCR of the patient for whom the supplies were used. This includes any medications or supplies prepared for use but not actually administered to the patient.

BOX CLEANING

- A. All empty containers, packaging and used materials will be properly disposed of by the ALS crew that used the Medication Box/A-Pack.
- B. The EMS crew using standard hard surface decontamination techniques will clean any blood or body fluid contamination to the exterior of the Medication Box.
- C. If there is blood or body fluid contamination to the interior of the Medication Box/A-Pack, or to any unused materials or packaging, the EMS crew will clean and dispose of contaminated material. If direction is needed in the cleaning and disposal of contaminated materials the crew can contact the receiving hospital pharmacy.
- D. All unused, un-contaminated supplies will be returned to the Medication Box/A-Pack.

THE ALS CREW WILL:

- A. For all SEM runs, complete the Use/Replacement Form contained in the Medication Box/A-Pack. The form shall serve as the permanent medical record for drugs administered, and the paramedic will document their MCA Medical Director's name when any controlled substance is used. For post-radio controlled substance orders, document the ordering physician's name on the Replacement Form.
- B. The ALS crew is responsible for proper distribution of the completed forms.
- C. The expended Medication Box/A-Pack (cleaned as described above and red sealed) and the completed Use/Replacement Form will be presented to an appropriate member of the hospital staff who will issue a fresh Medication Box/A-Pack (green seal). A member of the ALS crew and the hospital staff member will complete the exchange log sheet.
- D. In the event that controlled substances are prepared for use and not used or the entire contents of a container are not used, the remaining medication will be appropriately wasted by ALS crew member in the presence of licensed hospital personnel/or other ALS crew member. The following will be recorded on the Use/Replacement Form:
 - 1) The name and amount of the medication wasted.
 - 2) The initials of the ALS crew member and hospital personnel or other ALS crew member witnessing the waste.For post-radio controlled substance orders, documentation of waste must be completed before the ordering physician signs the Use/Replacement Form.
- E. All requests for information concerning the "Use/Replacement Form" by other agencies are to be directed to the appropriate Medical Control Authority.

EXPIRATION OF DRUGS/SOLUTIONS

- A. All items in a SEM Regional Medication Box/A-Pack will have expiration dates not less than 90 days after the Medication Box/A-Pack is prepared.
- B. Any unused items bearing expiration dates less than 90 days subsequent shall be removed from the Medication Box/A-Pack and replaced with fresh stock as described in A above.

- C. Each Regional Medication Box/A-Pack will have a label securely attached to the outside containing the following information:
1. The name of the participating hospital pharmacy, which restocked the Medication Box/A-Pack.
 2. The date the Medication Box/A-Pack was restocked.
 3. The printed name and initial of the pharmacist and pharmacy technician that inventoried and restocked the Medication Box/A-Pack.
 4. The expiration date is the last day of the month of the earliest expiring medication (with a maximum of one year from the current date). The Medication Box/A-Pack label will include the month/day/year in the “use or replace by” section.
 5. The red and green lock numbers.
 6. The Medication Box/A-Pack number.

MEDICATION BOXES – ALTERNATIVE PACKAGING AND SHORTAGES:

- A. Routinely, participating hospital pharmacies must provide items only in the dosage, concentration, and packaging listed. Use of alternative vendors or manufacturers is acceptable if consistent with the required contents.
- B. For products in short supply hospital pharmacies may stock the Medication Boxes/A-Packs with less than a 90-day expiration date.
- C. When a medication in alternative packaging is the only product available, place alternative medication, use directions and supplies for medication preparation inside the Medication Box/A-Pack.
- D. Attach a sticker to the exterior top of the Medication Box or to the clear side near the bottom of the A-Pack stating the substitution.
- E. Directions for specific medications in short supply, throughout the regional exchange system will be addressed through communications with participating pharmacies as approved by the Regional Protocol participating MCAs.

DISCREPANCIES

DEFINITION: For purposes of this policy, a "discrepancy" is any breakage, expiration, shortage, theft or diversion of a Regional Medication Box/A-Pack, or any contents thereof.

- A. A standard "MEDICATION DISCREPANCY REPORT" will be completed each time a discrepancy occurs. The form may be initiated by either pre-hospital or hospital staff discovering the discrepancy. The person initiating the report will be responsible for distributing the forms as required.
- B. The Medical Control copy of discrepancy reports will be sent to the Medical Control Authority in which the discrepancy occurred, which will serve as the central filing point.
- C. A copy of the PCR for the run on which the discrepancy occurred/was discovered is to be attached to each copy of the discrepancy report where applicable.

- D. The participating hospital pharmacist is to be notified immediately if controlled substances are involved in a discrepancy. The participating hospital pharmacist will determine if the discrepancy constitutes a diversion of controlled substances. In addition, the following are to be notified of controlled substance diversions:
1. The Medical Control Authority in which the diversion occurred.
 2. Drug Enforcement Administration (DEA)
 3. Michigan State Board of Pharmacy
 4. Appropriate local law enforcement agency (for the jurisdiction where the diversion most likely took place)
 5. Michigan Department of Health & Human Services (MDHHS).
- E. **The participating hospital pharmacist will be responsible for assuring that all appropriate notifications are made.**
- F. If, at any time, an ALS unit has less than the required stock of Medication Box/A-Pack supplies and cannot document use of these supplies in connection with a patient, a discrepancy report must be completed. The completed discrepancy report, along with a completed Use/Replacement Form indicating the EMS Provider Agency Name under "Patient Name" and clearly marked "Replacement for Missing Stock" will be presented to the agency's Base Hospital Pharmacy for replacement. The ALS agency can be held accountable for replacement.

Southeast Michigan Regional Protocol
Medication Section Version: 30 – June 2020

SOUTHEAST MICHIGAN MEDICATION EXCHANGE AND REPLACEMENT PROCEDURE

June, 2020

Section 9-6

MEDICATION BOX CONTENTS DRUG/ITEM	CONCENTRATION	PACKAGING	QUANTITY
Acetaminophen	650 mg/20.3 mL	Unit Dose Cup	1
Adenosine	6 mg/2 mL	2 mL Vial/Syringe	3
Albuterol	2.5 mg/3 mL	3 mL Vial - UD	6
Amiodarone	150 mg/3 mL	Amp/Vial	3
Aspirin	81 mg/tablet	BT/UD – chewable	1 BT or 4 UD tabs
Atropine	1 mg/10 mL	10 mL Syringe	3
Calcium Chloride	1 g/10 mL	10 mL Syringe	2
Dextrose 50%	25 g/50 mL	50 mL Syringe	1
Diphenhydramine	50 mg/1 mL	1 mL Vial	2
Epinephrine	1 mg/1 mL	1 mL Amp/ Vial	2
Epinephrine	1 mg/10 mL	10 mL Syringe	7
Fentanyl	50 mcg/mL	2 mL Vial/Amp	3
Ipratropium Bromide	0.02%	2.5 mL Vial - UD	2
Ketamine	100mg/ml	5ml Vial	1
Ketorolac	15mg/ml	1ml Vial	1
Lidocaine	100 mg/5 mL	5 mL Syringe	3
Lidocaine Gel	2%	Tube 5 mL/30 mL	1
Magnesium Sulfate	1 g/2 mL	Amp/Vial	4
Methylprednisolone	125 mg	Vial	1
Midazolam	5 mg/1 mL	1 mL Vial	4
Morphine	10 mg/1 mL	1 mL Amp/Vial	2
Naloxone	2 mg/2 mL or 0.4 mg/mL	4 x 2 mL Syringe or 2 x 10 mL Vial	Total = 8mg
Nitroglycerin	0.4 mg/tab	Bottle	1
Ondansetron	2 mg/mL	2 mL Vial	2
Ondansetron ODT	4mg	Tablet	2
Prednisone	50 mg tab	50 mg Tab	1
Racepinephrine 2.25% with 3 mL NS	11.25 mg/0.5 mL	0.5 mL Vial	1
Sodium Bicarbonate	50 mEq/50 mL	50 mL Syringe	2
Sodium Chloride	0.9%	50 mL Bag	1
Sodium Chloride	0.9% Preservative Free	20-30 mL Vial or 10 mL syringes	1 2
Alcohol Pad			12
Incident Report Form			1
IV Additive Labels			3
IV Tubing with Y Site Pre-pierced Reseal	60 drops/mL(mini drip)		2
Nebulizer			1
Blunt Cannula	18 G x 1 inch		5
Filter Needle	18-21 G		3
Intranasal Mucosal Atomization Device			1
Syringe	20 mL		1
Syringe	10 mL		5
Syringe with needle/Luer Lock	1 mL		5
Syringe with needle	3 mL – 21/22 G x 1.5 inch		5
Oral Liquid Syringe	10 ml		1
Needle	18 G x 1.5 inch		3
Pediatric Needle	25 G x 1 inch		2
Red Lock			1
Replacement Form			1
Three or Four-Way Stopcock			1

NOTE: Participating hospital pharmacies must provide the above listed items only in the dosage, concentration, and packaging shown above. Use of alternative vendors or manufacturers is acceptable if consistent with the required contents.

MCA Name: St. Clair Co. MCA

MCA Board Approval Date: July 1, 2020

MCA Implementation Date: July 1, 2020

Protocol/Source References: BETP EMS Section Approval Date:

SEM/EMS MEDICATION BOX CONTENTS AND SCHEMATIC

Top Shelf

<u>Acetaminophen</u> 650 mg/ 20.3 mL Unit dose cup X 1 <u>Magnesium Sulfate</u> 1 g/ 2 mL Amp/ Vial X 4		<u>Sodium Chloride 0.9%</u> Preservative Free (1) 20 – 30 mL Vial or (2) 10 mL prefilled syringe <u>Naloxone</u> 2mg/ 2mL Syringe x 2(+ 2 below) <u>Naloxone</u> 2 mg/ 2 mL or 0.4 mg/ mL 4 x 2 mL Syringe or 2 x 10 mL Vial Total = 8 mg <u>Intranasal Mucosal Atomization Device</u> - x 1		<u>Misc. Supplies</u> Alcohol Pad – x 12 Blunt Cannula (18 G x 1 inch) – x 5 Filter Needle 18 – 21 G – x 3 IV Additive Labels x 3 Needle (18 G x 1.5 inch) – x 3 Pediatric Needle (25 G x 1 inch) x 2 Three or Four Way Stopcock x 1 Red Lock x 1	
<u>Amiodarone</u> 150 mg/ 3 mL Amp/ Vial X 3	<u>Adenosine</u> 6 mg/ 2 mL 2 mL Vial/Syringe X 3	<u>Epinephrine</u> 1mg/ 1 mL Amp/ Vial X 2 <u>Lidocaine Gel 2%</u> Tube 5 mL/ 30 mL X 1	<u>Diphenhydramine</u> 50 mg/ 1 mL 1 mL Vial X 2	<u>Aspirin 81 mg</u> <u>Chewable</u> <u>Tablet</u> X 1 Bottle OR 4 UD Tabs <u>Nitroglycerin</u> 0.4 mg/ Tab Bottle X 1	<u>Ondansetron</u> 2 mg/ mL 2 mL Vial X 2 <u>Ondansetron</u> 4mg ODT 2 Tabs

Middle Shelf

<u>Controlled Substances</u> <u>Fentanyl</u> 50 mcg/ mL – 2 mL Vial/Amp x 3 <u>Midazolam</u> 5 mg/ 1 mL- 1 mL Vial x 4 <u>Morphine</u> 10 mg/ 1 mL- 1 mL Vial/Amp x 2 <u>Ketamine</u> 100mg/mL 5mL Vial x 1	<u>Methylprednisolone</u> 125 mg/ Vial X 1 <u>Prednisone</u> 50 mg Tablet X 1	<u>Ipratropium</u> <u>Bromide 0.02 %</u> 2.5 mL Vial – UD X 2 <u>Ketorolac</u> 15mg/mL Vial X 1	<u>Albuterol</u> 2.5 mg/ 3 mL 3 mL Vial – UD X 6	<u>Nebulizer</u> X 1 <u>Racinephrine</u> 2.25 % 11.25 mg/ 0.5 mL 0.5 mL Vial X 1 3 mL NS X 1
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Bottom Shelf

<u>Bag of Syringes</u> Syringe (With needle/ Luer Lock) – 1 mL x 5 Syringe 3 mL (21/ 22 G x 1.5 inch) – 3 mL x 5 Syringe – 10 mL x 5 Syringe – 20 mL x 1 <u>Lidocaine</u> 100 mg/ 5 mL – 5 mL Syringe x 3 <u>Calcium Chloride</u> 1 g/ 10 mL – 10 mL Syringe x 2 <u>Atropine</u> 1 mg/ 10 mL – 10 mL Syringe x 3 <u>Sodium Chloride</u> 0.9 % - 50 mL Bag x 1	<u>Sodium Bicarbonate</u> 50 mEq/ 50 mL – 50 mL Syringe x 2 <u>Dextrose 50%</u> 25 g/ 50 mL – 50 mL Syringe x 1	<u>Epinephrine</u> 1 mg/ 10 mL – 10 mL Syringe x 7 IV Tubing With Y Site Pre-pierced Reseal - 60 drops/mL (mini drip) x 2 <u>Forms</u> Replacement/ Schematic/ Incident- Discrepancy
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Version: 30-June 2020 (Discard all previous versions) Needleless stock only!

SEM/EMS ACCESSORY PACK (A-PACK) CONTENTS

Version: 30 – June 2020 (Discard all previous versions) Needleless stock only!

DRUG/ITEM	CONCENTRATION	PACKAGING	QUANTITY
Albuterol	2.5 mg/ 3 mL	3 mL Vial – UD	6
Aspirin	81 mg/Chewable tablet	UD Tabs	4
Dextrose 50%	25 g/50 mL	50 mL Syringe	1
Intranasal Mucosal Atomization Device			1
Ipratropium Bromide (in baggie)	0.02%	2.5 mL Vial – UD	1
Naloxone	2 mg/2 mL or 0.4 mg/mL	2x2 mL Syringe or 1x10 mL Vial	Total = 4 mg
Nitroglycerin	0.4 mg/ Tab	Bottle	1
Nebulizer			1
Ondansetron	2 mg/ mL	2 mL Vial	2
Ondansetron ODT	4mg	Tablet	2
Prednisone	50 mg tab	50 mg Tab	1
Blunt Cannula	18 G – 1 inch		2
Syringe 3 mL with needle	21/22 G x 1.5 inch needle		2
Red Lock			1
Replacement Form			1
Incident Report Form			1
Three or Four-Way Stopcock			1

SEM/EMS ACCESSORY PACK (A-PACK) SCHEMATIC

Green Lock through zipper and eyelet

(Place behind Albuterol on this side) Dextrose 50% 50 mL Syringe 25 gm/ 50 mL (1)	Nebulizer (1) (Place on this side)	<div style="border: 1px solid black; padding: 5px;"> (Elastic Holder) Nitroglycerin 0.4 mg/ Tab (1) bottle </div>
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> (Inside Front Pocket) Albuterol Blunt Cannula 2.5 mg/ 3 mL 18 G x 1 inch (2) Vial UD (6) </div>	Incident Report Form (1) Replacement Form (1) (Folded in half and placed along inside back of A-Pack)	
Prednisone (In baggie) (1)	Ipratropium Bromide 0.02% Vial Naloxone 2 mg/ 2 mL or 0.4 mg/ mL 2 x 2 mL Syringe 1 x 10 mL Vial Total = 4 mg	50 mg Tab UD (1)
Aspirin 81 mg Tab UD Chewable (4)	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> (Inside Front Pocket) Yellow Pharmacy Label </div>	Three or Four-Way Stopcock (1)
	Syringe 3 mL with 21 G x 1.5 inch needle (2)	Red Lock (1)
Intranasal Mucosal Atomization Device (1)	Ondansetron 2 mg/ mL - 2 mL vial (2)	Ondansetron ODT 4mg 2 Tablets

SEM/EMS MEDICATION BOX/PACK INCIDENT/DISCREPANCY FORM

If there is any discrepancy with the contents of this Medication Box or A-Pack, this form **MUST** be filled out by the person(s) who discover the discrepancy. **The participating hospital pharmacist is to be notified immediately if controlled substance(s) are involved in a discrepancy.** The pharmacy must send the form and any supporting documentation to **THE PARTICIPATING MEDICAL CONTROL AUTHORITY WHERE THE INCIDENT/DISCREPANCY OCCURRED.**

EMS Agency or Hospital Name:		Date Discovered:	
Reporting Individual(s) Name(s):			
Witness to Discrepancy:			
TYPE	BOX OR PACK #	RED SEAL #	GREEN SEAL #
<input type="checkbox"/> EMS MEDICATION BOX			
<input type="checkbox"/> A-PACK			
<input type="checkbox"/> OTHER			
RESTOCKING INFORMATION		RECEIVING INFORMATION	
Date Last Restocked:		Receiving Hospital:	
Restocking Hospital:		Receiving Pharmacist:	
Phone #		Phone #	
PLEASE INDICATE THE NATURE OF THE ISSUE			
<input type="checkbox"/> CONTROLLED SUBSTANCE DISCREPANCY (MUST COMPLETED SECTION BELOW)			
<input type="checkbox"/> DAMAGED MEDICATION CONTAINER			
<input type="checkbox"/> STOCKING ISSUE (MED/SUPPLY)			
<input type="checkbox"/> CLEANING ISSUE			
<input type="checkbox"/> DAMAGED EMS MEDICATION BOX/A-PACK			
<input type="checkbox"/> OTHER			
MEDICATION	DESCRIPTION STRENGTH/SIZE/VOLUME	QUANTITY # OF VIALS/AMPS	DISCREPANCY MISSING/BROKEN
<input type="checkbox"/> Fentanyl			
<input type="checkbox"/> Morphine			
<input type="checkbox"/> Midazolam			
<input type="checkbox"/> Naloxone			
Ketamine			
EMS RUN INFORMATION			
EMS AGENCY	UNIT #	RUN #	MCA
ADDITIONAL INFORMATION REGARDING MEDICATION BOX/PACK INCIDENT/DISCREPANCY			

This document can be faxed to the appropriate MCA: **Detroit East** 313-745-3653; **Genesee** 810-262-2556; **HEMS** 734-727-7281; **Lapeer** 810-664-0704; **Macomb** 586-792-1429; **Monroe** 734-240-8418; **Oakland** 248-975-9723; **St. Clair** 810-985-3012; **Washtenaw/Livingston** 734-973-4882

MCA Name: St. Clair Co. MCA

MCA Board Approval Date: July 1, 2020

MCA Implementation Date: July 1, 2020

Protocol/Source References: BETP EMS Section Approval Date:

SOUTHEAST MICHIGAN (SEM) REGIONAL

MEDICATION BOX/A-PACK AND IV EXCHANGE PROCEDURES

PLEASE POST IN ALL MEDICATION EXCHANGE AREAS

- STEP 1:** EMS Personnel must complete a SEM Med Box/A-Pack/IV Supply Use/Replacement Form and/or the SEM IV Supply Use/Replacement Form (EMS Run Report – Genesee County MCA). All information must be complete. Used Medication Boxes/A-Packs must be cleared of contaminated items, cleaned, and sealed appropriately.
- STEP 2:** Hospital staff reviews form for completeness and receiving prescriber signature (only required for cases in which controlled substances are used). Staff unlocks cabinet and allows removal of appropriate supplies. Both EMS personnel and hospital staff complete the Medication Box/A-Pack and IV Supply Exchange Log. Both EMS and hospital staff ensure that the correct Medication Box/A-Pack numbers are recorded.
- STEP 3:** The original copy of the SEM Medication Box/A-Pack/IV Supply Use/Replacement Form shall be left in the MCA cabinet. Because the hospital staff person must review the documentation form, it may not be able to be placed in the Medication Box/A-Pack before it is sealed. It will be necessary for the pharmacist to collect all separated Documentation Logs that are stored in the cabinet, when restocking drug boxes.
- STEP 4:** The MCA cabinet must be re-locked when the exchange is complete.

THESE PROCEDURES ALSO APPLY WHEN ONLY AN IV FLUID/SUPPLY EXCHANGE IS COMPLETED.

NOTE: Receiving Prescriber: Physician, P.A., N.P.

SEM MED BOX/A-PACK SUPPLY USE/REPLACEMENT FORM Version 30 – June 2020

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

INCIDENT #: _____ EMS CREW (Names): _____

Patient Name: _____ Patient DOB: _____

MEDICATION	UNIT/SIZE	QNTY	USED	NOTE
Acetaminophen 650 mg/20.3 mL 10 ml oral syringe in bag	Unit dose cup	1		
Adenosine 6 mg/2 mL	Vial/Syringe 2 mL	3		
Albuterol 2.5 mg/3 mL*	Vial – UD 3 mL A-Pack	6 6		
Amiodarone 150 mg/3 mL	Amp/Vial	3		
Aspirin 81 mg chewable tablets*	X 1 Bottle or 4 UD Tabs A-Pack	1 4		
Atropine 1mg/10 mL	Syringe 10 mL	3		
Calcium Chloride 1 g/10 mL	Syringe 10 mL	2		
Dextrose 50% 25 g/50 mL*	Syringe 50 mL A-Pack	1 1		
Diphenhydramine (Benadryl) 50 mg/1 mL	Vial 1 mL	2		
Epinephrine 1 mg/1 mL	Amp/Vial 1 mL	2		
Epinephrine 1 mg/10 mL	Syringe 10 mL	7		
Ipratropium Bromide 0.02% (In Baggie)*	2.5 mL Vial – UD A-Pack	2 1		
Ketorolac 15mg	1ml Vial	1		
Lidocaine 100 mg/5 mL	Syringe 5 mL	3		
Lidocaine Jelly 2%	Tube 5 mL/30 mL	1		
Magnesium Sulfate 1 g/2 mL	Amp/Vial	4		
Methylprednisolone 125 mg	Vial	1		
Naloxone* 2 mg/2 mL or 0.4 mg/mL Drug Box	4 x 2 mL Syringe or 2 x 10 mL Vial Total = 8 mg	4 2		
Nitroglycerin* 0.4 mg/tab	Bottle A-Pack	1 1		
Ondansetron 2 mg/mL*	2 mL vial	2		
Ondansetron 4mg ODT*	4mg tab	2		
Prednisone 50 mg tab*	50 mg. tab A-Pack	1 1		
Racinephrine 2.25% 11.25 mg/0.5 mL	0.5 mL Vial & 3mL NS	1		
Sodium Bicarbonate 50 mEq/50 mL	Syringe 50 mL	2		
Sodium Chloride 0.9% (Preservative free)	Vial 20-30 mL or 10mL syringe	1 2		
Sodium Chloride 0.9%	Bag 50 mL	1		
CONTROLLED SUBSTANCES	UNIT/SIZE	QTY/DOSE	DOSE GIVEN	DOSE WASTED
Fentanyl 50 mcg/ mL	Vial/Amp 2 mL	3		
Midazolam 5 mg/1 mL	Vial 1 mL	4		
Morphine 10 mg/1 mL	Vial/Amp 1 mL	2		
Ketamine 100mg/ml	Vial 5ml	1		

MISCELLANEOUS	UNIT/SIZE	QNTY	USED	NOTE
Alcohol Pads		12		
Incident Report Form*	A-Pack	1 Each		
IV Additive Labels		3		
IV Tubing 60 drops/mL (Minidrip) with Y Site Pre-Pierced Reseal		2		
Nebulizer*	A-Pack	1 Each		
Blunt Cannula 18 g – 1 inch *	18 G x 1 inch A-Pack	5 2		
Filter Needle	18-21 G	3		
Intranasal Mucosal Atomization Device*	A-Pack	1 Each		
Red Lock*	A-Pack	1 Each		
Replacement Form*	A-Pack	1		
Syringe 1mL (With needle/Luer Lock)	Syringe 1 mL	5		
Syringe 10 mL	Syringe 10 mL	5		
Syringe 20 mL	Syringe 20 mL	1		
Needle	18 G x 1.5 inch	3		
Pediatric Needle	25 G x 1 inch	2		
3 or 4-Way Stopcock*		1 Each		
Syringe w/ needle 3 mL– 21/22 G x 1.5 inch*	Syringe 3 mL A-Pack	5 2		

Replacing Hospital: _____

MCA Medical Director's Name or post radio ordering physician: _____

(Controlled Substance use only) PRINT NAME

Date: _____

PARAMEDIC'S STATEMENT

SEM EMS Medication Box 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: _____

RECEIVING PHARMACIST'S STATEMENT for RETURNED BOX

The controlled substance (C.S.) contents of the SEM EMS Medication Box number _____ has been reviewed. The Supply Use/Replacement form reflects the C.S. contents missing have been documented as administered by the Paramedic returning the box, C.S. contents not documented as administered are in the box in the correct concentration, dosage form, volume, and quantity per Medical Control Authority policy.

Name of Pharmacist on the Seal: _____

Name (Print)/Sig. of Receiving Pharmacist: _____

Date: _____ Hospital: _____

Documentation of Controlled Substance Waste (Please Print)

Witness: _____ Medic: _____

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

SEM A-PACK SUPPLY USE/REPLACEMENT FORM

Date: _____ Agency Name: _____ Unit #: _____ Inc. #: _____

Crew Names: _____

Replacing Hospital: _____

Paramedic's Statement

SEM EMS A-Pack # _____ has been opened and the noted medication(s) used as prescribed. I accept pharmacy sealed SEM EMS A-Pack # _____ sealed with breakaway # _____.

Patient Name: _____

Patient DOB: _____

Paramedic Signature: _____ Date: _____

Replacing Pharmacist's Statement

The medication(s) in the sealed SEM EMS A-Pack # _____ has been distributed according to the Medication/Use and Replacement Policy of the participating MCA. All Medications are in the correct concentration, dosage, form, volume, amount, and not expired.

Signature of Replacing Pharmacist: _____

Hospital: _____ Date: _____

MEDICATION	UNIT/SIZE	QNTY	USED
Albuterol 2.5 mg/ 3 mL	Vial – UD 3 mL	6	
Aspirin 81 mg tablets	Chewable UD Tablets	4	
Dextrose 50% 25 g/50 mL	Syringe 50 mL	1	
Ipratropium Bromide 0.02% (In Baggie)	2.5 mL Vial – UD	1	
Naloxone 2 mg/2 mL or 0.4 mg/mL	2 x 2 mL Syringe or 1 x 10 mL Vial	4 mg	
Nitroglycerin 0.4 mg/tab	Bottle	1	
Ondansetron 2 mg/mL	2 mL Vial	2	
Ondansetron ODT	4mg Tablet	2	
Prednisone	50 mg Tablet	1	
Nebulizer		1	
Blunt Cannula	18 G x1 inch	2	
Intranasal Mucosal Atomization Device		1	
Syringe w/needle 3 mL x 21/22 G x 1.5 inch	Syringe 3 mL	2	
3 or 4-Way Stopcock		1	
Red Lock		1	
Replacement/Incident	Forms	1ea	