



**St. Clair County Medical Control**  
Community Paramedicine  
**CP Medication Exchange and Medication Replacement Form**

Initial: March 2025

Section 11.24

***CP Medication Box Contents, Exchange Procedure & Use Replacement Form***

1. The cooperating hospital's pharmacy shall accept the responsibility for permanent inventory reconciliation of a specific number of CP medication boxes. It is the responsibility of the hospital pharmacy to develop and implement appropriate record keeping and security measures in accordance with Title 21, Federal Controlled Substances Act, which will minimize the potential for diversion.
2. The cooperating hospital pharmacy will stock the CP medication boxes in accordance with the medication list approved by the CPMD and the St. Clair County Medical Control Authority.

**Procedure:**

- A. The medications placed in the boxes shall be consistent throughout the stock of CP medication boxes as to dosages and concentrations prescribed by the CP Medication Box Replacement Form.
- B. Labels shall be securely attached to the outside of all medication boxes which 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 or solution in the box would expire (30-day lead time recommended).
- C. After the medication box has been inventoried, restocked, and appropriately labeled, the pharmacist will attach a green plastic breakaway seal. A red seal will be placed in the box by the restocking pharmacy for use by the Community Paramedic. 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 pharmacy or appropriate location designated by the participating hospital pharmacy. Only staff designated by the participating hospital pharmacy will have access to the medication boxes. A permanent record shall be maintained indicating the number on the medication box, the CP designation, the name of the Community Paramedic to whom the medication box was issued, and the name of the pharmacy designated staff or pharmacist receiving or dispensing the box. Other facilities may provide a similar service as approved by the MCA.
- E. The CP run record shall serve as a permanent medical record of physician orders for medications administered.
- F. When medications from the box are used or whenever the pharmacy seal on the box is broken, the Community Paramedic will place a copy of the St. Clair County MCA CP Medication Box Replacement Form, including patient name and registration number, signed by the Community Paramedic who administered the

MCA Name: St. Clair County MCA  
MCA Board Approval Date: 03-19-25  
MDHHS Approval Date: 06-27-25  
MCA Implementation Date: 07-07-25

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- medication and/or broke the seal on the medication box. The Community Paramedic will then reseal the medication box utilizing the red seal that the pharmacist placed in the medication box for that purpose.
- G. The used CP medication box will then be exchanged for a pharmacy-sealed box at the approved pharmacy designated area under the supervision of the appropriate pharmacy staff. Once sealed by the pharmacist, the exchanged box will not be inventoried by the Community Paramedic personnel prior to documented necessity for use.
- H. All requirements for signatures and filing of the CP run report apply independent of the receiving facility whenever a CP medication box is used for patient transport.
- I. Any discrepancies in the medication box will be documented on ALS Medication Discrepancy Report and clearly labeled CP Medication Box Discrepancy form.
1. If the discrepancy is discovered by the Community Paramedic at the time of utilization, the report form shall be signed by the Community Paramedic.
  2. Hospital pharmacists who note discrepancies in the medication box inventory, which cannot be accounted for by the CP run records, shall initiate, and sign the discrepancy form.
  3. Copies of the discrepancy reports, along with copies of the CP run report, are sent to the CPMD and the ambulance service that is responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy.
  4. Controlled substances which are contaminated, lost through spillage, or partially used must be accounted for on the CP run record by the Community Paramedic.
- J. Locked and secure compartments or other locking devices approved by the Michigan Department of Health and Human Services shall be provided on the CP vehicle and utilized to prevent access to stored drugs by unauthorized persons.
- K. Any incident resulting in diversion of a controlled substance shall be promptly reported by the participating hospital pharmacy. The report of the circumstances concerning the diversion shall be forwarded to the following:
1. Board of Pharmacy
  2. Michigan Department of Health and Human Services
  3. The local law enforcement agency.
  4. U.S. Department of Justice/Drug Enforcement Administration (Report to DEA must be submitted on DEA Form 106 "Report of Theft or Loss of Controlled Substances").
  5. CPMD
  6. EMS Medical Director

7.



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Community Paramedicine

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St. Clair County MCA - CPU Medication Box Replacement Form

CP A-Pack #: \_\_\_\_\_ Date: \_\_\_\_\_ Hospital: \_\_\_\_\_

Agency: \_\_\_\_\_ Incident #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Comm. Paramedic Name: \_\_\_\_\_

MEDICATION/ITEM	UNIT/SIZE	PACKAGING	EXPIRATION	QUANT.	QUANT. Used
<b><u>ANALGESIC</u></b>					
Acetaminophen (Tylenol) 325 mg	325mg	Tablet		2	
Acetaminophen (Tylenol) Oral Suspension	650mg/20.3ml	20.3ml-UD		1	
Ibuprofen (Motrin)	200mg	Tablet		4	
Ibuprofen (Motrin) Oral Suspension	100mg/5ml	5ml-UD		2	
Phenazopyridine (Pyridium)	200mg	Tablet		1	
20ml Oral Syringe	20ml	Oral Syringe		1	
<b><u>ANTIBIOTIC INJECTION</u></b>					
Ceftriaxone (Rocephin) Injection	250mg	Injection		1	
Ceftriaxone (Rocephin) Injection	1 gram	Injection		1	
Lidocaine 1% Injection	20ml	Injection		1	
Sterile Water Injection	10ml	Injection		1	
Syringe w/ needle	21/22G x1.5-inch (3mL)	Syringe		2	
Syringe	10mL	Syringe		2	
Needle	18G x 1.5-inch	Syringe		2	
<b><u>ANTIBIOTIC ORAL</u></b>					
Azithromycin (Zithromax)	500mg	Tablet		1	
Cephalexin (Keflex)	500mg	Tab/Capsule		1	
Ciprofloxacin (Cipro)	500mg	Tablet		1	
Clindamycin (Cleocin)	150mg	Tab/Capsule		2	
Metronidazole (Flagyl)	500mg	Tablet		1	
Penicillin V Potassium	250mg	Tab/Capsule		2	
Trimethoprim/Sulfamethoxazole DS (Bactrim)	160mg/800mg	Tablet		1	
<b><u>ANTIEMETIC/ ANTIDIARRHEAL</u></b>					
Ondansetron (Zofran) ODT	4mg	ODT		2	
Meclizine (Antivert)	25mg	Tablet		1	
Loperamide (Imodium)	2mg	Capsule		2	
<b><u>CORTICOSTEROID</u></b>					
Prednisone	20mg	Tablet		3	
Prednisone	10mg	Tablet		1	
<b><u>DIURETIC</u></b>					
Furosemide (Lasix)	40mg	Tablet		1	
Furosemide (Lasix)	40mg	Injection		2	
<b><u>NASAL DECONGESTANT</u></b>					
Oxymetazoline (Afrin)	0.05%	15ml bottle		1	



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<b>OTHER</b>					
Incident Report Form			N/A	1	
Red Lock			N/A	1	
Replacement Form			N/A	1	

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