

**LFEMS MONTHLY DRUG & NARCOTIC ACCOUNTABILITY  
EXPIRING INVENTORY EXCHANGE FORM  
*For Winchester Medical Center ONLY***

**PLEASE FAX TO WMC PHARMACY AT LEAST 24 HOURS PRIOR TO PICKUP**

**PHARMACY FAX NUMBER 540-536-7819**

**DATE OF REQUEST: \_\_\_\_\_ ALS TECH: \_\_\_\_\_**

**COMPANY: \_\_\_\_\_ UNIT: \_\_\_\_\_**

ITEM DESCRIPTION	QUANTITY REQUESTED	ITEM DESCRIPTION	QUANTITY REQUESTED
Adenosine 6mg vial		Magnesium Sulfate 1gm/2ml vial	
Albuterol Sulfate Inh.bullet 2.5mg/3ml		Metoprolol 1mg/ml 5ml amp.	
Amiodarone 150mg/3ml 3ml vial		Morphine Sulfate 2mg syringe	
Aspirin 81 mg tab		Naloxone(Narcan) 4mg/10ml Mdv vial	
Atropine 1mg/10ml Syringe		Nitroglycerine 0.4mg sublingual tabs 25 ct	
Ipratropium(Atrovent) Inh. Bullet 0.5mg/2.5ml		Nitroglycerin ointment 2% w/ Paper	
Diphenhydramine(Benadryl) 50mg vial		Sodium Bicarbonate 50meq/50ml syringe	
Dextrose 50%--50ml Syringe		Solu-Medrol 40mg vial	
Epinephrine 1:1000 ampules		Vasopressin(Pitressin) 20u/ml 1ml vial	
Epinephrine 1:1000 30 ml vial		Midazolam (Versed) 1mg/ml 5ml vial	
Epinephrine 1:10,000 syringe		EpiPen	
EpiPen Jr.		Ondansteron(Zofran)4mg/2ml 2ml vial	
Glucagon 1mg/ml vial		Furosemide 40mg vial	
IV Fluid--(0.9% normal saline 1,000ml)		IV Fluid—(D5 100ml bag BBraun)	

**ADDITIONAL COMMENTS: \_\_\_\_\_**