

Drug Exchange Form (rev. 16 Aug 2019)

Patient Sticker or

Name: _____

DOB: _____

Agency:	Box #:	Incident #:	Date of incident:
----------------	---------------	--------------------	--------------------------

Controlled Medication Usage

Medication Name	Amount Administered	Amount Wasted
Diazepam (Valium®) 10mg/2mL (2)		
Fentanyl (Sublimaze®) 100mcg/2mL (2)		
Midazolam (Versed®) 5mg/1mL (2)		
Morphine 10mg/1mL or 2mL (2)		
Ketamine (Ketalar®) 500mg/10mL (1)		

ALS provider (print):	Signature:
------------------------------	-------------------

EMS Crew Witness (print):	Signature:
----------------------------------	-------------------

Physician (print):	Signature:
---------------------------	-------------------

Non-controlled Medication Usage

Medication	Qty used	Medication	Qty used
Adenosine (Adenocard®) 6mg/2mL (3)		Haloperidol (Haldol®) 5mg/1mL (2)	
Albuterol (Proventil®) 2.5mg/3mL (5)		Hydroxocobalamin (Cyanokit®) 5g/200mL (1)	
Amiodarone (Cordarone®) 150mg/3mL (3)		Ipratropium Bromide (Atrovent®) 0.5mg/2.5mL (1)	
Aspirin 81mg chewable		Ketorolac Tromethamine (Toradol®) 30mg/1mL	
Atropine 1mg/10mL (3)		Lidocaine (Xylocaine®) 40mg/2mL (1)	
Calcium Chloride 10% 1g/10mL (1)		Magnesium Sulfate 1g/2mL (4)	
Dextrose (Glucose®) 25g/50mL (2)		Methylprednisolone (SoluMedrol®) (2)	
Diphenhydramine (Benadryl®) 50mg/1mL (1)		Metoprolol (Lopressor®) 5mg/5mL (3)	
Dopamine (Intropin®) 800mg/250mL (1)		Naloxone (Narcan®) 4mg/10mL (1)	
Epinephrine 1:1,000 1mg/1mL (2)		Nitroglycerin (Nitropaste, Nitro-Bid) 1g (2)	
Epinephrine 1:1,000 30mg/30mL (1)		Nitroglycerin (Nitrostat®) 0.4mg (one bottle)	
Epinephrine 1:10,000 1mg/10mL (4)		Ondansetron (Zofran®) 4mg/2mL (2)	
EpiPen® 0.3mg (Not provided by RMH)		Ondansetron (Zofran®) 4mg tablets	
EpiPen Jr.® 0.15mg (Not provided by RMH)		Sodium Bicarbonate 8.4% 50mEq/50mL (2)	
Glucagon (Glucagen®) 1mg		Tranexamic Acid 1000mg/10mL (1)	
		Micro Drip (60gtt) set	
		0.09% Normal Saline 1000mL	
		Dextrose 5% 100mL	

EMS Crew Member (print):	Signature:
---------------------------------	-------------------

Pharmacy Tech:	Signature:
-----------------------	-------------------

Pharmacist:	Signature:
--------------------	-------------------