



SENECA COUNTY EMS



DATE: ___/___/___ TIME: ___:___

SQUAD: _____

PATIENT NAME: _____

RUN NUMBER: _____

	Strength	PAR LEVEL	Patient Usage	Needs Replaced	Damaged/ Broken
0.9% Normal Saline	250ml / Bag	1			
0.9% Normal Saline	1000ml / Bag				
0.9% Normal Saline	10ml syringe				
Adenocard	6mg/2ml l	3			
Albuterol	2.5mg/3ml	4			
Amiodarone	150mg/ml	3			
Aspirin	81mg/Tab	Bottle			
Atropine	1mg/10ml	3			
Atrovent	0.5mg/3ml	2			
Benadryl	50mg/ml	2			
Cardizem	25mg/5ml	2			
D5W	50ml / Bag	1			
Dextrose 10%	250ml / Bag	1			
Dextrose 50%	50ml	2			
Epi 1:1	1mg/ml	2			
Epi 1:10	1mg/10ml	6			
Etomidate	40mg/20ml				
Fentanyl	100mcq/ml	2			
Glucagon	1mg	1			
Ketamine	500mg/5ml				
Lidocaine	100mg/5ml	2			
Mag Sulfate	2G/2ml	2			
Morphine	4mg/ml	2			
Narcan	2mg/2ml	4			
Nitro	0.4 mcq Tab	Bottle			
Sodium Bicarb	50mEq/50ml	2			
Solu-Medrol	125mg	1			
Tranexamic Acid	1G/10ml	1			
Versed	5mg/ml	2			
Zofran	4mg/2ml	2			
Zofran ODT	4mg Tab	4			

All Drugs Replaced at EMS Headquarters – Not the Hospital

COMMENTS:

PRINTED NAME: _____

SIGNATURE: _____

- USE A SEPARATE FORM FOR EACH INVENTORY OR PATIENT
- Document any use and waste of a Controlled II, III, IV substances on the backside of this form. Any narcotic that is wasted must have a witness signature*
- Attach this form the EPCR

12/2022



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SCHEDULE II, III, and IV MEDICATION USE / WASTE
(Etomidate, Fentanyl, Haldol, Ketamine, Midazolam, Morphine, Succinylcholine, Vecuronium)

Medication Name	Package (ie 10mg/1ml)	Amount Opened	Amount Administered	Amount Wasted	Lot Number

Administered/Wasted By: <i>Name (Printed):</i> <i>Signature:</i>	Credentials
Witnessed By: <i>Name (Printed):</i> <i>Signature:</i>	Credentials