

EMS DRUG/IV BOX

Please record all medications including IV solutions used.
 Pharmacy will inventory the box/bag and restock
 Be sure to record all narcotics wasted and obtain signatures.

MEDICATIONS		IV SOLUTION TYPE		
1.	AMT	1.	SIZE	# USED
2.	AMT	2.	SIZE	# USED
3.	AMT	3.	SIZE	# USED
4.	AMT	<h2 style="margin: 0;">NOTES</h2> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
5.	AMT			
6.	AMT			
7.	AMT			
8.	AMT			
NARCOTICS WASTED				
1.	AMT			
2.	AMT			
3.	AMT	(Patient Name)		
		(Street Address)		
(Hospital)	(Unit Number)	(City)	(State)	(Zip)
(Paramedic Signature)		(Box/Bag Number)	(Reseal Tag Number)	
(Paramedic Print)		(Incident Number)	(Date)	
(Witness Signature)		(Physician Signature)		
(Witness Print)		(Physician Print)	(DEA#)	

Please check one:

- All medications administered per **pre-radio** protocol. *No signature required.*
- Narcotic/Controlled substances administered per **pre-radio** protocol. *Physician signature only required for drug box restocking.*
- Some or all medications administered per **online** medical control order. *Signature required.*