

- Care Flight From Scene
- Field Termination
- Transported to another Hospital: _____
- No Transport

*In all the above situations, place a copy of the run sheet in the handle of the drug bag prior to exchanging bags
Opened compartments must be red sealed. Discrepancies need a discrepancy report with Blue Seal attached to form*

Patient's Name: _____ Date: _____
EMS Department: _____ Bag #: _____

PARAMEDIC BAG

ALS BLS

USED	CHARGE #	BRAND NAME	GENERIC NAME	DOSES	QTY
AIRWAY POUCH					
	ALBU2.5UD	Proventil	Albuterol Solution	2.5mg/3ml UD	4
	ATROIS	Atrovent	Ipratropium Solution	0.5mg/2.5ml UD	1
MAIN COMPARTMENT CONTROLLED POUCH					
	KETAVIAL	Ketalar	Ketamine	50 mg/ml 10ml (vial)	1
MAIN COMPARTMENT					
	ADENOCI	Adenocard	Adenosine	6mg PFS	5
	ADENI2ISYR	Adenocard	Adenosine	12 mg 4 ml (PFS)	
	CORDI	Amiodarone	Cordarone	150mg/3ml (vial)	4
	ATROSYR	Atropine	Atropine	1mg/10ml PFS	3
	CALCSYR	Calcium Chloride	Calcium Chloride	13.6mEq/10ml (vial)	2
	DOPA400INJ	Dopamine	Dopamine	400 mg/250 ml (bag)	1
	EPINSYR	Epinephrine	Epinephrine	1:10,000; 1mg/10ml PFS	8
	LIDOSYR	Lidocaine	Lidocaine	100mg/5ml PFS	4
	LIDO2JEL	Lidocaine	Lidocaine	JELLY 2 % 5 ml (tube)	1
	TERE2ES	Pontocaine	Tetracaine ophth	0.5%, 1ml	1
	SODASYR	Sodium Bicarbonate	Sodium Bicarbonate	50mEq/50ml 8.4% (PFS)	2
	ZOFR4IUD	Zofran	Ondansetron	4mg/ 2ml (vial)	1
	SF20	Normal Saline PF	Sodium Chloride PF	10ml SDV	1
MAIN COMPARTMENT CONTINUED WMD Meds: Dayton Fire Department will supply these drugs					
	NA	Atropen Pedi		0.5mg (auto inject)	1
	NA	Atropen		1mg (auto inject)	1
	NA	Atropine		1mg/ml (vial)	1
	NA	Duodote Injector		Cartridge	2
	NA	Sodium Thiosulfate		12.5g/50ml	1
INTERMEDIATE COMPARTMENT					
	BENAI	Benadryl	Diphenhydramine	50mg/ 1 ml (vial)	1
	DEXT10/500	Dextrose	Dextrose	10% 500 ml (bag)	1
	EPI30ML	Epinephrine	Epinephrine	1:1,000 30ml (vial)	1
	GLUCI	Glucagon	Glucagon	1 unit/1mg diluent (vial)	2
	LIDOSYR5ML	Lidocaine	Lidocaine	100 mg/5ml (syringe)	1
ZIPPED AREA INSIDE INTERMEDIATE COMPARTMENT CONTROLLED MEDICATIONS					
*	VERS10I	Versed	Midazolam	10mg/2ml vial	1
*	FENT100INJ	Fentanyl	Fentanyl	100mcg/2 ml ampul	
*	VALII	Valium	Diazepam	10mg/2ml PFS	1
BLS POUCH					
	ASA81	Aspirin	4 Chewable Aspirin	81mg chew tab	4
	EPIP	EpiPen Adult	Epinephrine	0.3 mg PFS	1
	EPIPJR	EpiPen Jr	Epinephrine	0.15mg PFS	1
	N.4	Nitrostat	Nitroglycerin	0.4mg, 25's (Bottle)	1
NEW	NACL0.9SYR	Sodium Chloride Flush	Sodium Chloride Flush	0.9% 10 ml Syringe	

***Must fill out Controlled Substance Sheet & place a copy of run sheet in the handle of the drug bag before exchanging bags.**

GMVEMSC CONTROLLED DRUG USAGE SHEET (VALIUM, FENTANYL, VERSED)

EMS Department _____ Med Vehicle _____

This section MUST be completed any time a Controlled Drug out of the GMVEMSC DRUG BAG is administered.

Date: _____ Time: _____ Patient Name: _____

Drug Administered (Circle One): Fentanyl Valium Versed

Dose Administered: _____ Dose Wasted: _____

Paramedic Administering Drug (Please Print): _____

Paramedic Administering Drug Signature: _____ Title _____

Witness of Drug Disposal (Please Print): _____

Witness of Drug Disposal Signature: _____ Title _____