Memorial EMS System (0327 and 0653) Medication Refill Request Form—AEMT–EMT–I

Agency	Rig #	Date
Contact Person		Contact Number
Replacement Obtained By (Pharmacy Staff Member)		Date/Time
Requested Picked Up By		Date/Time

Level	Number Supplied	Medication	How Supplied	Quantity Needed	Date(s) Medications Expire (dd/yy)	Quantity Given by Pharmacy
AEMT/EMT-I	3	adenosine (Adenocard)	6 mg/2 mL vial			
AEMT/EMT-I	3	albuterol-ipratropium (Duoneb)	2.5 mg–0.5 mg/3 mL nebulizer			
AEMT/EMT-I	4	aspirin	81 mg			
AEMT/EMT-I	3	atropine	1 mg/10 mL emergency syringe			
AEMT/EMT-I	2	dextrose 10% bag	250 ml bag			
AEMT/EMT-I	2	diphenhydraMINE (Benadryl)	50 mg/1 ml vial			
AEMT/EMT-I	6	EPINEPHrine	1 mg/10 mL emergency syringe			
AEMT/EMT-I	2	EPINEPHrine	1 mg/mL ampule/vial			
AEMT/EMT-I	1	fentaNYL	100 mcg/2 mL vial			
AEMT/EMT-I	1	glucagon	1 mg + Diluent box			
AEMT/EMT-I	4	lidocaine 2%	100 mg/5 mL emergency syringe			
AEMT/EMT-I	2	midazolam (Versed)	10 mg/2 mL vial			
AEMT/EMT-I	2	naloxone (Narcan)	2 mg/2 mL emergency syringe			
AEMT/EMT-I	1 bottle	nitroglycerin	0.4 mg bottle			
AEMT/EMT-I	1	ondansetron (Zofran)	4 mg ODT			
AEMT/EMT-I	2	ondansetron (Zofran)	4 mg/2 ml vial			
AEMT/EMT-I	2	oral glucose (to be purchased by agency)	15 g tube	NA		NA

This count is per protocol and does not reflect changes due to shortages. Always refer to active Memos regarding shortages.