

EMS Medication

Advanced Emergency Medical Technician (EMT-I) Drug Bag Refill Request

Decatur Fire Department ONLY

Transitional Protocols

Agency:		Unit #		Date:	
Contact person:			Contact number:		
# Supplied	Medication	How Supplied	Quantity Needed	Date(s) Medications Expire (dd/yy)	Quantity Given by Pharmacy
3	Duoneb	3 mL			
4	Aspirin	81 mg chewable			
1	Dextrose 50%	25gm/50mL			
2	DiphenhydrAMINE	50 mg/ mL injectable			
2	EPINEPHrine 1:10,000 Emergency Syringe	1 mg/ 10 mL			
1	EPINEPHrine 1:1,000	1 mg/ 1 mL			
1	Glucagon	1mg/ 1 mL			
1	MethylPREDNISolone	125 mg/ 2 mL			
2	Narcan	2 mg/ 2 mL			
1 bottle	Nitroglycerin	0.4 mg			
2	Zofran	4 mg/ 2 mL			
Request completed by:			Date/ Time:		
Request picked up by:			Date/ Time:		

End of the month outdates should include anything with a month/ year expiration for that month as well as any medication with a day/ month/year expiration at the first of the following month.

Agencies should check for outdates around the 15th to 20th of the month. Any time after the 20th outdate needs can be submitted to DMH Pharmacy. Please email to all of the following

Mike Guithues guithues.michael@mhsil.com

Candy Bobbitt bobbitt.candace@mhsil.com

Requests can be emailed day or night and will be available for pick up the next business day after the second business day. Central pharmacy is staffed 9-4, M-F. Please bring the outdate medications for exchange at the time of pick up.