



EMS Drug Bag Medication Refill Request Form—BLS

Agency:		Rig #:		Date:	
Contact person:			Contact number:		
# Supplied	Medication	How Supplied	Quantity Needed	Date(s) Medications Expire (dd/yy)	Quantity Given by Pharmacy
2	Albuterol (Proventil) 0.083%	2.5mg/3mL nebulizer		1. 2.	
4	Aspirin (ASA)	81mg		1. 2. 3. 4.	
1	EPINEPHrine auto-injection (EpiPen)	0.3mg			
1	EPINEPHrine auto-injection Jr. (EpiPen Jr.)	0.15mg			
2	EPINEPHrine (This may be substituted in place of Epi pens)	1mg/mL ampule/vial		1. 2.	
1	Glucagon	1mg + Diluents			
3	Oral Glucose	15G Tube		1. 2. 3.	
1	Narcan (Naloxone)	2mg/2mL syringe		1.	
1 bottle	Nitroglycerin	0.4mg		1.	
1	Zofran (ODT)	4mg tab		1.	
Request completed by:				Date/time:	
Request picked up by:				Date/time:	

** Please note that this count is per protocol and does not reflect changes due to periodic system-wide shortages of certain medications. Refer to the latest MEMS memo (when applicable) regarding counts during these shortages.*