



EMS Drug Bag Medication Refill Request Form—CCT

| Agency: | | Rig #: | | Date: | |
|-----------------------|-------------------------------------|-------------------------|-----------------|------------------------------------|----------------------------|
| Contact person: | | | Contact number: | | |
| # Supplied | Medication | How Supplied | Quantity Needed | Date(s) Medications Expire (dd/yy) | Quantity Given by Pharmacy |
| 3 | Adenosine | 6 mg/2 mL | | | |
| 6 | Albuterol 0.083% | 2.5 mg/3 mL nebulizer | | | |
| 3 | Amiodarone | 150 mg/3 mL | | | |
| 4 | Atropine | 1 mg/10 mL syringe | | | |
| 1 | Atropine | 0.4 mg/mL 20 mL | | | |
| 5 | Calcium Gluconate | 4.6 mEq/10 mL | | | |
| 2 | Dextrose 50% | 25 gm/50 mL syringe | | | |
| 2 | diazepam | 10 mg/2 mL syringe | | | |
| 5 | diltiazem | 25 mg/5 mL vial | | | |
| 2 | diphenhydramine | 50 mg/1 mL | | | |
| 1 | DOPamine | 400 mg/250 mL premix | | | |
| 2 | EPINEPHrine | 1 mg/1 mL Ampule/vial | | | |
| 6 | EPINEPHrine | 1 mg/10 mL syringe | | | |
| 1 | Etomidate | 40 mg/20 mL | | | |
| 1* | fentanyl | 100 mcg/2 mL | | | |
| 2 | Furosemide | 20 mg/2 mL | | | |
| 3 | Glucagon | 1 mg vial | | | |
| 2 | HYDROMORPHONE | 1 mg/1mL | | | |
| 4 | Ipratropium Bromide 0.02% | 0.5 mg/2.5 mL nebulizer | | | |
| 1 | Ketamine | 500 mg/10 mL | | | |
| 2 | Labetalol Hydrochloride | 200 mg/40 mL | | | |
| 4 | Lidocaine 2% | 100 mg/5 mL syringe | | | |
| 1 | Lidocaine | 2 gm/250 mL premix bag | | | |
| 5 | LORazepam | 4 mg/1 mL | | | |
| 4 | Magnesium Sulfate | 1 gram/2 mL | | | |
| 1 | MethylPREDNISolone Sodium Succinate | 125 mg/2 mL | | | |
| 3 | Midazolam | 10 mg/2 mL | | | |
| 5 | Morphine Sulfate | 4 mg/1 mL syringe | | | |
| 5 | Naloxone | 2 mg/2 mL syringe | | | |
| 1 | Nitroglycerin | 50 mg/250 mL premix | | | |
| 1 bottle | Nitroglycerin SL | 0.4 mg bottle | | | |
| 1 | Norepinephrine | 4 mg/4 mL | | | |
| 3 | Ondansetron | 4 mg/2 mL | | | |
| 4 | Rocuronium | 50 mg/5 mL | | | |
| 2 | Sodium Bicarbonate 8.4% | 50 mEq/50 mL syringe | | | |
| 1 | Succinylcholine | 200 mg/10 mL vial | | | |
| 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.