



## 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)	2.5mg/3mL unit dose		1. 2.	
4	Aspirin (ASA)	81 mg		1. 2. 3. 4.	
1	EPI pen	0.3 mg			
1	EPI pen Jr	0.15 mg			
*2	Epinephrine (This may be substituted in place of Epi pens)	1:1000– 1 ml ampule		1. 2.	
1	Glucagon	1 mg + Diluents			
3	Oral Glucose	15 G Tube		1. 2. 3.	
1	Narcan (Naloxone)	2 mg/2 mL			
1 bottle	Nitroglycerin (NTG)	0.4 mg			
Transport Units Only					
2	Zofran	4 mg ODT			
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.