



EMS Drug Bag Medication Refill Request Form—ILS

Agency:		Rig #:		Date:	
Contact person:			Contact number:		
# Supplied	Medication	How Supplied	Quantity Needed	Date(s) Medications Expire (dd/yy)	Quantity Given by Pharmacy
3	Adenocard (Adenosine)	6 mg/2 mL			
2	Albuterol (Proventil) 0.083%	2.5 mg/3 mL nebulizer			
2	Atrovent (Ipratropium)	0.5 mg/2.5 mL nebulizer			
4	Aspirin	81 mg			
3	Atropine syringe	1 mg/10 mL			
2	Dextrose 10%	250 ml bag			
2	EPINEPHrine	1 mg/mL ampule/vial			
6	EPINEPHrine	1 mg/10 mL syringe			
1	Glucagon	1 mg + Diluents			
4	Lidocaine syringe	100 mg/5 mL			
2	Narcan (Naloxone)	2 mg/2 mL syringe			
1 bottle	Nitroglycerin	0.4 mg			
1	Odansetron	4 mg ODT			
1	Odansetron	4 mg/2 ml			
2	Versed (Midazolam) (Controlled substance container)	10 mg/2 mL			
1	FentaNYL	100 mcg/2 mL			
TEMS and Rescue Dept. Elective Requirements					
1	Atropine	8 mg/20 mL			
2	Benadryl (diphenhydrAMINE)	50 mg/1 mL			
1	Cyanokit	5 g 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.*