



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			
3	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 shortages of certain medications. Refer to the latest MEMS memo (when applicable) regarding counts during these shortages.*