



EMS Drug Bag Medication Refill Request Form—ALS

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			
3	Amiodarone	150 mg/3 mL			
4	Aspirin	81 mg			
3	Atropine	1 mg/10 mL			
2	Atrovent (Ipratropium)	0.5 mg/2.5 mL			
2	Diphenhydramine (Benadryl)	50 mg/1 mL			
2	Dextrose 10%	250 mL bag			
1	Dextrose 5% bag	100 mL for use with amiodarone or tranexamic acid			
1	DOPamine	400 mg/250 mL			
2	EPINEPHrine	1 mg/mL ampule/vial			
6	EPINEPHrine	1 mg/10 mL syringe			
1	Glucagon	1 mg + Diluents			
4	Lidocaine	100 mg/5 mL syringe			
2	Benzocaine 20% topical (Hurricane)	0.5 mL bottle			
2	Narcan (Naloxone)	2 mg/2 mL syringe			
1 bottle	Nitroglycerin	0.4 mg			
1	Ondansetron (Zofran)	4 mg ODT			
1	Ondansetron (Zofran)	4 mg/2 ml			
2	Sodium Bicarbonate	50 mEq/50 mL syringe			
1	Tranexamic Acid	1gm/10 mL			
2	FentaNYL	100 mcg/2 mL			
1	Ketamine	500 mg/10 mL			
2	Morphine	4 mg/ 1 mL			
2	Versed (Midazolam)	10 mg/ 2 mL			
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.*