

**HAZARDOUS MATERIAL MEDICATION BOX  
MEDICATION SUPPLIES USE/REPLACEMENT LIST**

**Agency/Unit#:** \_\_\_\_\_ **Base Hospital:** \_\_\_\_\_

**Incident #:** \_\_\_\_\_ **EMS Crew (Names):** \_\_\_\_\_

MEDICATION	UNIT/SIZE	QNTY	USED	CHRG
Activated Charcoal (Liqua Char) 50gm	Bottle 50gm	2		
Albuterol 2.5mg/3ml	Vial 3ml	10		
Amylnitrate 0.3ml Inhalant	Inhalant 0.3ml	24		
Atropine 0.4mg/ml	Vial 20ml	25		
Calcium Gluconate 10%	Vial 10ml	10		
Cyanide Antidote Kit	Kit	1		
Dextrose 5%	Bag 100ml	10		
Dextrose 5%	Bag 250ml	1		
Dopamine 200mg/5ml	Vial 5ml	5		
Furosemide 10mg/1ml	Vial 4ml	5		
Mag. Sulfate 50%	Vial 10ml	2		
Methylene Blue 1%	Amp 100mg	3		
Naloxone 1mg/ml	Amp 2mg	8		
Nitroglycerin 0.4mg/tab	Bottle	1		
Tetracaine 0.5%	Bottle	2		
Pralidoxime Chloride	Vial 1gm	10		
Sodium Bicarbonate 50meg/50ml	Vial 50ml	2		
Sodium Chloride 0.9%	Bag 250ml	1		
CONTROLLED SUBSTANCES	UNIT/SIZE	QNTY	USED	CHRG
Fentanyl 50 mcg/ml	Vial/Amp 2 ml	2		
Morphine 10mg/1ml	Ampule 10mg	8		
Valium 10mg/2ml	Vial 2ml	5		

MISCELLANEOUS	UNIT/SIZE	QNTY	USED	CHRG
Alcohol Preps		10		
Blunt Cannulas	18g 1"	6		
K-Y Jelly (water soluble) foil packet		24		
IV Tubing 60gtt/ml (minidrip) w/Y Site Pre-Pierced Reseal		2		
Medication Additive Labels		6		
Nebulizer		2		
pH paper	Roll	1		
Needles	21g 1.5"	6		
Needles	23g 1.5"	6		
Red Lock		1		
Sterile Water	Bottle 20ml	10		
Syringe 1ml	Syringe 1ml	6		
Syringe 3ml	Syringe 3ml	6		
Syringe 10ml	Syringe 10ml	6		
Syringe 30ml	Syringe 30ml	6		
Vial Adapters		3		
Medication Supply Use/Replacement Form				
Discrepancy/Incident Report Form				

**COMPLETE ALL INFORMATION**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

(include Zip) \_\_\_\_\_

Ordering Hospital: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Replacing Hospital: \_\_\_\_\_

Receiving Physician \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REPLACING PHARMACIST'S STATEMENT**

The medications in the sealed SEM EMS Medication Box # \_\_\_\_\_ have been distributed according to the Medication/Use and Replacement Policy of the participating Medical Control Authority. All medications are in the correct concentration, dosage form, volume, amount, and not expired.

Signature of Replacing Pharmacist: \_\_\_\_\_

Date: \_\_\_\_\_ Hospital: \_\_\_\_\_

PRESCRIPTION NUMBER: \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**MEDIC:** \_\_\_\_\_

**Distribution**

(Responsibility of the EMS personnel completing the exchange) Replacing Hospital Pharmacy (Must be presented at time of exchange along with the used drug box and any clean, unused supplies from opened IV kits.) All requests for information from this document by other agencies are to be directed to the Medical Control Authority. The EMS crew completing the exchange must also provide a photocopy of the run report form if this form is presented for exchange at a facility other than the hospital to which the patient was transported.

**PARAMEDIC'S STATEMENT**

SEM EMS Medication Box # \_\_\_\_\_ has been opened and the above noted medication(s) used as prescribed. I accept pharmacy sealed SEM EMS Medication Box # \_\_\_\_\_ sealed with breakaway tag number \_\_\_\_\_

Signature of Accepting Paramedic: \_\_\_\_\_

Date: \_\_\_\_\_ Agency/Unit#: \_\_\_\_\_