



# Regional EMS Drug Issue Sheet

Northern Virginia Emergency Medical Services Council



This form shall be used to obtain medications from all Northern Virginia Emergency Departments or Pharmacies

- Providers must be in uniform and show department or agency identification for issue
- Pharmacy sends the completed form to the EMS agency for reconciliation and/or billing

Revised 07/01/2017

Hospital Name:		Date Issued:	
Reason for issue: <input type="checkbox"/> Patient care <input type="checkbox"/> Breakage* <input type="checkbox"/> Expiration* <input type="checkbox"/> Other _____		Patient Name: (last, first, middle):	
		DOB:	Apply hospital medical record sticker here (if available)
		Medical Record #:	

*\*Providers replacing expired or damaged medications are required to provide those to the pharmacy for verification purposes*

Quantity	Item	Quantity	Item
	Acetaminophen 325mg/10.15 mL for PO use		Ipratropium bromide 0.5mg/2.5mL bullet
	Acetaminophen 500mg tablet for PO use		Ketorolac 30mg/1mL vial
	Activated Charcoal 50 grams/240 mL		Ketorolac 60mg/2mL vial
	Adenosine 6mg/2mL vial		Labetolol 100 mg vial
	Albuterol 2.5mg/3mL bullet		Lidocaine 2%100mg/5mL PFS
	Albuterol 2.5mg/0.5mL bullet		Lidocaine Premix 2gram/500mL
	Amiodarone 150mg/3mL vial		Magnesium Sulfate 1gram/2mL vial
	Aspirin 81mg tablet, chewable		Magnesium Sulfate 4 grams/100mL
	Atropine 1mg/10mL PFS		Magnesium Sulfate 5 gram vial
	Calcium Chloride 1gram/10mL PFS		Methylprednisolone 125mg/2mL vial
	Calcium Gluconate 10% 5 grams/50 mL		Metoprolol 5 mg vial
	Dexamethasone 10mg/mL		Naloxone 2mg/2mL PFS or vial
	Dextrose 10% (D10W) 250 mL bag		Nitroglycerin bottle 0.4 mg tablets
	Dextrose 50% 25g/50mL PFS		Nitroglycerin infusion 50mg/250mL
	Diltiazem 25mg/10mL vial		Nitroglycerin paste 2% unit dose 1"
	Diltiazem 100mg/5mL vial		Nitroglycerin 0.4 mg spray
	Diphenhydramine 50 mg/1mL vial		Norepinephrine 4 mg/4mL vial
	Diphenhydramine liquid 25 mg/10mL		Ondansetron 4mg ODT
	Dopamine pre-mixed 400mg/250mL		Ondansetron 4mg vial
	DuoNeb 3mL solution for inhalation		Promethazine 25 mg/1mL amp or vial
	Epinephrine (1:10,000) 1mg/10mL PFS		Racemic Epi 11.25mg/0.5mL
	Epinephrine (1:1000) 1mg/1mL amp or vial		Rocuronium bromide 50 mg/5mL
	Epinephrine (1:1000) 30mg/30mL vial		Sodium Bicarb 4.2% 10mL PFS
	Etomidate 20mg/10mL		Sodium Bicarb 8.4% 50mL PFS
	Etomidate 40mg/20mL		Succinylcholine 20mg/mL vial
	Famotidine 10mg/mL 2 mL vial		Terbutaline 1mg/1ml
	Furosemide 100 mg/10mL vial		Tetracaine 0.5 % ophthalmic solution
	Glucagon 1mg kit or vial		Tranexamic acid 1000mg/10mL
	Haloperidol 5mg/mL		Vecuronium 10mg powder
	Ibuprofen 200mg tablets for PO use		<b><u>TOTAL ITEMS ISSUED</u></b>
	Ibuprofen 100mg/5mL for PO use		

EMS Agency:	Unit ID:	EMS Incident Number:
EMS Attendant in charge (Print)		EMS Attendant in charge (Signature)
RN/NP/PA/MD (Print) (If applicable)		RN/NP/PA/MD (Signature)
Hospital Pharmacy Tech or Pharmacist (Print)		Hospital Pharmacy Tech or Pharmacist (Signature)