



# East Central Illinois EMS

## Controlled Substance Risk Screen

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

Advanced Provider(s) Name(s): \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Controlled Substance Involved: Fentanyl  Morphine  Midazolam  Ketamine

### MINOR

- |  |                          |
|--|--------------------------|
| Incomplete or omitted documentation  | <input type="checkbox"/> |
| Witnessed accidental breakage<br><i>(Both parties witnessing the accidental breakage sign the Controlled Administration Log)</i> | <input type="checkbox"/> |
| Broken Controlled Substance  | <input type="checkbox"/> |
| Missing Daily Security Log   | <input type="checkbox"/> |
| Missing Controlled Substance Administration Log  | <input type="checkbox"/> |
| Other  | <input type="checkbox"/> |

### SERIOUS

- |   |                          |
|---|--------------------------|
| Loss of a Controlled Substance                    | <input type="checkbox"/> |
| Theft of a Controlled Substance                   | <input type="checkbox"/> |
| Broken Lock                                       | <input type="checkbox"/> |
| Medication error <i>(waste discrepancy, etc.)</i> | <input type="checkbox"/> |
| Open packaging                                    | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |

Narrative of event(s):

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Supervisor's Comments/Resolution:

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EMS Supervisor signature / Date

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EMS Coord or EMS MD signature / Date