



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 <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): _____

Supervisor's Comments/Resolution: _____

EMS Supervisor signature / Date

EMS Coord or EMS MD signature / Date