



Expired/Replacement Medication Request Form – Non-Transport ALS

Date: _____ Agency Name: _____ Unit #: _____

Contact Person: _____ Contact Number: _____

Bring expired medications with when picking up new medications

Par Level	Medication	Quantity Needed	Quantity Given by Pharmacy
MAXIMUM	Controlled Substances		
3	Fentanyl 100mcg/2ml		
2	Morphine 2mg/ml syringe		
1	Morphine 10mg/ml syringe		
4	Midazolam 5mg/5ml vial		
1	Midazolam 10mg/2ml syringe (For IN use Only)		
1	Ketamine 500mg/10ml		
MINIMUM	Medications		
3	Acetaminophen (Tylenol) 325mg tablets		
3	Adenosine (Adenocard) 6mg/2ml		
3	Amiodarone 150mg/3ml		
4	Aspirin, 81mg chewable tablets		
3	Atropine 1mg/10ml pre-filled syringe		
1	Atropine 0.4 mg/ml, 20ml vial (One patient use)		
1	Benzocaine spray		
1	Dextrose 10% (D10) 25g/250ml		
2	Diltiazem, 100mg Add-vantage vial with 100ml NS Diluent		
1	Diphenhydramine (Benadryl) 50mg/ml		
2	Diphenhydramine (Benadryl) 25mg tablet		
1	Dopamine 400mg/250ml D5W		
4	DuoNeb (Albutrol and Ipratropium) 3ml		
1	Epinephrine 1:1000 1mg/ml vial		
4	Epinephrine 1:10,000 1mg/10ml pre-filled syringe		
1	Epinephrine, Racemic 2.25% 0.5 ml		
1	Glucagon 1mg/1unit		
1	Ketoralac, 30mg/ml		
3	Lidocaine 2% 100mg/5ml syringe		
1	Lidocaine 2g/250ml D5W		
2 ea	Magnesium Sulfate 1gm/2ml vial and 2g premix bag		
1	Methylprednisolone, 125 mg		
2	Naloxone (Narcan) 2mg/2ml syringe		
1 Bottle	Nitroglycerin Spray or Tablet 0.4mg		
1	Nitroglycerin Paste, pre-measured pack		
1 kit	Norepinephrine, (2) 1mg/ml 4ml vial w/ (1) 250ml D5W diluent (only with pump) Total: 8mg/250ml D5W		
2 each	Ondansetron (Zofran) 4mg/2ml vial and 4mg ODT		
2	Oral glucose 15g Tube		
1	Sodium Bicarbonate 50meq/50ml syringe		
1	Tranexamic Acid 1g/100ml premix		
EMS Office Approval: (EMS Coord. or EMSMD Signature)		Date/ Time	
Request filled by: (HMMC or SHMC Pharmacy Signature)		Date/ Time	
Request picked up by: (Advanced Pre-Hospital Provider)		Date/ Time	