## **TEMS PHARMACY EXCHANGE FORM**

EMS Agency:					
		(Printe	ed)		
Incident #		Patient	Patient Name		
Unit #			& MRN		
Date:		or	or cover w/ PATIENT STICKER		
EMS Provider Pr	inted Nam	e:			
EMS Provider Sig	gnature: _				
Used IV Box #:		U:	Used Medication Box #:		
Na			Nove Marking Day #		
New IV Box #:		N	New Medication Box #:		
Controlled Substance Documentation: (If Applicable)					
Drug	Amount Given	Amount Wasted	Waste Witness Name/Signature		
Sublimaze					
(Fentanyl)					
100mcg/2ml x 2					
Ketamine					
500mg/10ml x 1	<u> </u>				
Midazolam					
(Versed)					
5mg/1ml x 3	<u> </u>				
Morphine					
10mg/1ml x 2	<u> </u>				
REMAINING CO	ONTROLLE	D SUBSTA	ANCES ACCOUNTED FOR: YES / NO		
Physician Signat	ure:				
3					
			Revised: April 2020		

TEMS PHARMACY EXCHANGE FORM					
EMS Agency:					
lucidout #		(Print	ed)		
Incident #		Patien	Patient Name		
Unit #		& MRI	N		
Date:		0	r cover w/ PATIENT STICKER		
EMS Provider Pri	inted Nam	e:			
EMS Provider Sig	gnature:				
Used IV Box #: _		U	Used Medication Box #:		
New IV Box #:		N	New Medication Box #:		
Controlled Substance Documentation: (If Applicable)					
Drug	Amount Given	Amount Wasted	Waste Witness Name/Signature		
Sublimaze					
(Fentanyl)					
100mcg/2ml x 2					
Ketamine					
500mg/10ml x 1					
Midazolam					
(Versed)					
5mg/1ml x 3					
Morphine					
10mg/1ml x 2					
REMAINING CONTROLLED SUBSTANCES ACCOUNTED FOR: YES / NO					
Physician Signatu	ure:				

Revised: April 2020 Revised: April 2020