Sarah Bush Lincoln

Emergency Medical Services

Expired/Replacement Medication Request Form

Date: _____ Agency: _____ Service Level: EMR / BLS / ILS /ALS

Person Completing Requesting: _____ Contact Number: _____

Par Level	Medications	Item Number	Needed	Filled
8	Acetaminophen (Tylenol) 325mg tablets	5200003994		
6	Adenosine (Adenocard) 6mg/2ml	5200003707		
6	Amiodarone 150mg/3ml	5200000584		
6	Albuterol-ipratropium 2.5 mg-0.5 mg/3 mL (3mL) Soln-inhalation	5200003106		
8	Aspirin, 81mg chewable tablets	5200003728		
4	Atropine 1mg/10ml pre-filled syringe	5200000278		
1	Atropine 0.4 mg/ml, 20ml vial (One patient use)	5200000277		
1	Benzocaine spray aerosol 56 gm	5200003070		
2	Dextrose 10% (D10) 25g/250ml	5200004432		
2	Dextrose 25% 2.5g (10mL) PEDIATRIC ABBOJECT	5200000101		
2	Dextrose 50% (D50) 25g/50ml	5200000721		
2	Diphenhydramine (Benadryl) 50mg/ml	5200000781		
4	Diphenhydramine (Benadryl) 25mg tablet	5200000778		
1	Dopamine 400mg/250ml D5W	5200003527		
1	Epinephrine Pen - Adult 0.3mg **(EMR Services Only)**	5200003809		
1	Epinephrine Pen – Pediatric 0.15mg **(EMR Services Only)**	5200004554		
2	Epinephrine 1:1000 1mg/ml vial	5200003068		
8	Epinephrine 1:10,000 1mg/10ml pre-filled syringe	5200003068		
2	Glucagon 1mg/1unit	5200001026		
2	Ketoralac, 30mg/ml	5200002390		
4	Lactated Ringers Injection (1000mL) Soln-IV	5200003532		
4	Lidocaine 2% 100mg/5ml syringe	5200005013		
1	Lidocaine 0.4g/D5W 2G (500Ml)	5200002572		
1	Levophed Drip **(Pump Services Only)**	5200004823		
2	Magnesium Sulfate 2g premix bag	5200000405		
3	Methylprednisolone, 125 mg	5200003152		
4	Naloxone (Narcan) 2mg/2ml syringe	5200004788		
4	Naloxone (Narcan) 0.4mg/1ml	5200001566		
1	Nitroglycerin Spray	5200003914		
1	Nitroglycerin Tablet 0.4mg	5200001641		
4	Nitroglycerin Paste, pre-measured pack	5200001642		
4	Ondansetron (Zofran) 4mg/2ml vial	5200002624		
4	Ondansetron (Zofran) 4mg ODT	5200004380		
1	Oral Glucose 15g Tube	5200004760		
2	Sodium Bicarbonate 50meq/50ml syringe	5200002134		
4	Sodium Chloride 0.9% (1000mL) Soln-IV	5200003539		
2	Sodium Chloride 0.9% (500mL) Soln-IV	5200003540		
2	Sodium Chloride 0.9% Mini-Bag Plus IV Soln 50 ml- Individual	5200005026		
2	Tranexamic Acid 1g/100ml premix	5200003329		
Controlled Substances - Advanced Service Providers Only				
Par Level	**Medications**	**Item Number**	**Needed**	**Filled**
2	Fentanyl 100mcg/2ml	5200002195		
2	Morphine 10mg/1ml syringe	5200001514		
2	Midazolam 5mg/1ml vial	5200002508		
2	Ketamine 500mg/10ml	5200001239		

EMS Office Approval:	(EMS Ofc Printed Name)	Date / Time:	
Request filled by:	(Pharmacy Printed Name)	Date / Time:	
Request picked up by:	(Pre-Hospital Provider Printed Name)	Date / Time:	

SBL EMS Phone Number: 217-258-2403 SBL EMS Fax: 217-258-2455

Bring expired medications with when picking up medications*