

USAR MED BOX SUPPLY USE/REPLACEMENT FORM

AGENCY/UNIT #: _____ BASE HOSPITAL: _____ DATE: _____

INCIDENT #: _____ EMS CREW (NAMES): _____

PATIENT NAME: _____ PATIENT DOB: _____

MEDICATION	UNIT/SIZE	QNTY	USED	NOTE
Albuterol 2.5mg/3mL	3mL Neb	20		
Atropine 1mg/10mL	10mL Syringe	2		
Calcium Chloride 1g/10mL	10mL Syringe	4		
Ceftriaxone	1g Vial	2		
Chlorhexidine 0.12% Oral Rinse	15mL Cup	2		
Etomidate 2mg/mL	20mL Vial	2		
Lactated Ringers	500mL Bag	1		
Lactated Ringers	1000mL Bag	1		
Sodium Chloride 0.9%	100mL Bag	1		
Sodium Chloride 0.9%	250mL Bag	1		
Sodium Chloride 0.9%	500mL Bag	1		
Sodium Chloride 0.9%	1000mL Bag	1		
Sodium Bicarbonate 1mEq/mL	50mL Syringe	3		
Sterile Water	10mL Vial	2		
Sterile Water	50mL Vial	1		
Succinylcholine 20mg/mL	10mL Syringe	2		
Tetracaine 0.5% Eye Drop	4mL Bottle	1		
Tranexamic Acid 100mg/mL	10mL Vial	2		
Vecuronium	10mg Vial	2		

CONTROLLED SUBSTANCES	UNIT/SIZE	QNTY	DOSE GIVEN	DOSE WASTED
Fentanyl 50mcg/mL	2mL Vial	4		
Ketamine 100mg/mL	5mL Vial	2		
Midazolam 5mg/mL	1mL Vial	4		

MISCELLANEOUS	UNIT/SIZE	QNTY	USED	NOTE
Alcohol Prep Pads		12		
Incident Report Form		1		
IV Additive Labels		3		
IV Tubing with Y-Site Pre-Pierced Reseal	60 Drops/mL (Micro drip)	2		
IV Tubing with Y-Site Pre-Pierced Reseal	10 Drops/mL (Macro drip)	2		
Nebulizer		1		
Blunt Cannula	18G x 1"	5		
Filter Needle	18-21G	3		
Intranasal Mucosal Atomization Device		1		
Red Top Blood Draw Vial		1		
Syringe	20mL	1		
Syringe	10mL	5		
Syringe with Needle	3mL (21G x 1.5")	5		
Needle	18G x 1.5"	3		
Red Lock		1		
Replacement Form		1		
Three or Four-Way Stopcock		1		

Replacing Hospital: _____

Date: _____

Documentation of Controlled Substance Waste (Please Print)

Receiving Pharmacist's Statement for Returned Box

MCA Medical Director's Name/Ordering Physician: _____

Witness: _____ Medic: _____

The controlled substance (C.S.) contents of the SEM EMS Medication Box # _____ has been reviewed. The Supply Use/Replacement form reflects the C.S. contents missing have been documented as administered by the Paramedic returning the box. C.S. contents not documented as administered are in the box in the correct concentration, dosage form, volume, and quantity per Medical Control Authority policy.

Prehospital Provider's STATEMENT

SEM EMS Medication Box # _____ has been opened and the above noted medication(s) used as prescribed. I accept pharmacy sealed USAR EMS Medication Box # _____ sealed with breakaway tag number _____

Name of Pharmacist on the Seal: _____

Name of Receiving Pharmacist: _____

Paramedic Signature _____, Date: _____

Date: _____ Hospital: _____

HEMS MCA
System Protocol
Urban Search and Rescue (USAR) Medical Response Team
Medication Box Contents

Date:10/1/2024

Section: 12-5 (S)

MEDICATION BOX CONTENTS DRUG/ITEM	CONCENTRATION	PACKAGING	QUANTITY
Albuterol	2.5mg/3mL	3mL UD Neb	20
Atropine	1mg/10mL	10mL Syringe	2
Calcium Chloride	1g/10mL	10mL Syringe	4
Ceftriaxone	1g	Vial	2
Chlorhexidine 0.12%	15mL	Cup	2
Etomidate	2mg/mL	20mL Vial	2
Fentanyl	50mcg/mL	2mL Vial/Amp	4
Ketamine	100mg/mL	5mL Vial	2
Lactated Ringers	500mL	IV Bag	1
Lactated Ringers	1000mL	IV Bag	1
Mannitol 20%	500mL	500mL Bag	2
Midazolam	5mg/mL	1mL Vial	4
Sodium Chloride 0.9%	100mL	IV Bag	1
Sodium Chloride 0.9%	250mL	IV Bag	1
Sodium Chloride 0.9%	500mL	IV Bag	1
Sodium Chloride 0.9%	1000mL	IV Bag	1
Sodium Bicarbonate	1mEq/mL	50mL Syringe	3
Sterile Water	10mL	Vial	2
Sterile Water	50mL	Vial	1
Succinylcholine	20mg/mL	10mL Syringe	2
Tetracaine 0.5%	4mL	Bottle	1
Tranexamic Acid	100mg/mL	10mL Vial	2
Vecuronium	10mg	Vial	2
Alcohol Pad			12
Incident Report Form			1
IV Additive Labels			3
IV Tubing w/ Y-Site Pre-Pierced	60 drops/mL (mini drip)		2
IV Tubing w/ Y-Site Pre-Pierced	10 drops/mL (macro drip)		2
Nebulizer			1
Blunt Cannula	18G x 1"		5
Filter Needle	18-21G		3
Intranasal Mucosal Atomization Device			1
Red Top Blood Draw Vial			1
Syringe	20mL		1
Syringe	10mL		5
Syringe with Needle	3mL – 21/22G x 1.5"		5
Needle	18G x 1.5"		3
Red Lock			1
Replacement Form			1
Three or Four-Way Stopcock			1

Note: Participating hospital pharmacies must provide the above listed items only in the dosage, concentration, and packaging shown above.
Use of alternative vendors or manufacturers is acceptable if consistent with required contents.

