

**HEMS**  
**MEDICATION SECTION**

**MFR/BLS NALOXONE KIT CONTENTS AND EXCHANGE PROCEDURE**

Date: September 13, 2018  
Revised Date: 9/4/2024

Section 9-6(S1)

***MFR/BLS Naloxone Kit Contents and Exchange Procedure***

The cooperating hospital pharmacy will stock the MFR/BLS Naloxone Kits in accordance with the MFR/BLS Naloxone Kit contents list.

**MFR/BLS Naloxone Kit Contents List**

<b>Medication / Item</b>	<b>Concentration</b>	<b>Packaging</b>	<b>Quantity</b>
Naloxone (Narcan)	2mg/2ml	prefilled syringe	1
Intranasal Mucosal Atomization Device			1
Replacement Form			1

**PROCEDURE:**

- A. The medications provided shall be consistent throughout the stock of MFR/BLS Naloxone Kits as to dosages and concentrations prescribed by the MFR/BLS Naloxone Kit list.
- B. The Naloxone Kit contents will be placed in a baggie, sealed and on the exterior affixed with a sticker providing following information:
  - 1. The name of the hospital pharmacy which last restocked the Kit.
  - 2. The date the Kit was last restocked.
  - 3. The legible initials of the pharmacist who inventoried and restocked the medication Kit.
  - 4. The earliest date at which any medication would expire.
- C. The hospital pharmacy will be solely responsible for dispensing and accounting for these seals.
- D. The sealed Naloxone Medication Kits will be placed in a locked storage area in the participating hospital ED or location designated by the participating hospital pharmacy. Only staff designated by the participating pharmacy will have access to the medication Kits. A permanent record shall be maintained indicating the name of the MFR/BLS Service for which the Naloxone Medication Kit was issued and the name of the pharmacy designated staff or pharmacist receiving or dispensing the Kit.

**MFR/BLS VEHICLE STOCKING AND EXCHANGE**

- A. Each Transporting MCA MFR/BLS Service will stock each of its MFR/BLS units with a MFR/BLS Naloxone Medication Kit. When used, the Naloxone Medication Kit will be exchanged at the receiving Hospital. If the baggie is torn/broken open the Naloxone Medication Kit will be exchanged at the assigned stocking hospital.

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- B. Each Non-Transporting MCA MFR/BLS Service will stock each of its MFR/BLS units with 1 Naloxone Medication Kit and stock 1 additional Naloxone Medication Kit, for each unit, at the Service headquarters for immediate restock of a used Kit. When used or the baggie is torn/broken open the Naloxone Medication Kit will be exchanged at the assigned stocking hospital within 24 hours to maintain availability of Kits for replenishment of units.
- C. The EMS patient care record shall serve as a permanent medical record of physician orders for medications administered.
- D. The replacement/use form must be completed and returned to the designated hospital for dispensing of a replacement Naloxone Kit.
- E. Any discrepancies in the MFR/BLS Naloxone Medication Kit will be documented on the Medication Discrepancy Report and clearly labeled “MFR/BLS Naloxone Medication Kit Discrepancy.” If the discrepancy is discovered by the MFR/BLS personnel at the time of use, the report form shall be co-signed by another EMS crew member. Hospital pharmacists who note discrepancies in the Medication Kit inventory which cannot be accounted for by the MFR/BLS Naloxone Medication Kit Replacement Form shall initiate and sign the discrepancy report. Copies of the discrepancy reports along with copies of the EMS run report are sent to the MCA and the MFR/BLS Service responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy. Medications which are contaminated, lost through spillage or partially used must be accounted for on the EMS patient care record by MFR/BLS personnel and co-signed by another crew member.
- F. Locked and secure compartments or other locking devices approved by the Department shall be provided on the EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional MFR/BLS Naloxone Medication Kits which are stored at the MFR/BLS Service Headquarters must also be locked using compartments or devices approved by the Department.
- G. On request, compensate the replacing hospital for the costs associated with the replacement of the Naloxone Medication Kit due to failure to comply with approved protocol, including but not limited to:
  - 1. Presentation of the Naloxone Medication Kit for exchange or replacement less than 30 days prior to the expiration date indicated on the package label.
  - 2. Presentation of a Naloxone Medication Kit for exchange or replacement that is unusable due to failure to store the supplies in accordance with approved protocols.

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3. Naloxone Medication Kit provided by the replacing hospital to correct a deficiency in the stock of a current vehicle which cannot be documented as being used in connection with a patient.

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**MFR/BLS Naloxone Medication Kit Replacement Form**

AGENCY/UNIT \_\_\_\_\_ DATE \_\_\_\_\_ INCIDENT # \_\_\_\_\_

EMS CREW (NAMES) \_\_\_\_\_

Medication	Unit/Size	Quantity	Used
Naloxone (Narcan) Medication Kit	2mg/2ml prefilled syringe/Atomizer	1	

Patient Name: \_\_\_\_\_

Receiving Hospital: \_\_\_\_\_

Use this table to document medication that has been opened and not used or opened and wasted.

Medication	Unit/Size	Quantity	Not Used/Wasted
Naloxone (Narcan) Medication Kit	2mg/2ml prefilled syringe/Atomizer	1	

MFR/BLS CREW:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**HEMS MFR & BLS Naloxone Kit Incident/Discrepancy Form**

If there is any discrepancy with the contents of this medication kit, this form **MUST** be filled out by the person(s) who discover the discrepancy. The Life Support Agency shall maintain a copy of this for their records as well as send a copy to the HEMS, the original shall be placed with the medication kit and the pharmacy must send the form and any supporting documentation to the HEMS.

EMS Agency or Hospital Name:		Date Discovered:	
Reporting Individual(s) Name(s):			
Witness to Discrepancy:			
<b>TYPE</b>	<b>Kit #</b>		
<input type="checkbox"/> MFR/BLS Medication Kit			
<b>RESTOCKING INFORMATION</b>		<b>RECEIVING INFORMATION</b>	
Date Last Restocked:		Receiving Hospital:	
Restocking Hospital:		Receiving Pharmacist:	
Phone #		Phone #	
<b>PLEASE INDICATE THE NATURE OF THE ISSUE</b>			
<input type="checkbox"/> DAMAGED MEDICATION CONTAINER			
<input type="checkbox"/> MISSING MEDICATION(S)			
<input type="checkbox"/> STOCKING ISSUE (MED/SUPPLY)			
<b>MEDICATION</b>	<b>DESCRIPTION STRENGTH/SIZE/VOLUME</b>	<b>QUANTITY # OF VIALS/AMPS</b>	<b>DISCREPANCY MISSING/BROKEN</b>
<input type="checkbox"/> Naloxone			
<b>EMS RUN INFORMATION</b>			
<b>EMS AGENCY</b>	<b>UNIT #</b>	<b>RUN #</b>	<b>MCA</b>
<b>ADDITIONAL INFORMATION REGARDING MEDICATION BOX/PACK INCIDENT/DISCREPANCY</b>			

This document should be faxed to the appropriate MCA: **HEMS 734 727-7281**