

R5MCAN Controlled Substances Documentation Form



Controlled Substances Documentation Form

Box #: \_\_\_\_\_

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Green Lock #: \_\_\_\_\_

EMS Agency: \_\_\_\_\_ Unit: \_\_\_\_\_ Incident #: \_\_\_\_\_ Red Lock #: \_\_\_\_\_

Description	Expiration Date(s)*	Amount Administered	Amount Wasted	Paramedic Name/Signature	Name/Signature of Wasting Witness
Ketamine 500mg/5ml (1)					
Midazolam 5mg/1 ml (4)					
Fentanyl 100mcg/2ml (3)					

\*Paramedic to confirm integrity of, and document expiration dates for, all unused vials.

NOTE: All controlled medication use and wastage must include documentation of a witness, which may be an RN, physician, or a pharmacist.



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