

**Appendix 8
EMS MEDICATION BAG REFILL FORM**



Date: _____ Incident #: _____ EMS Bag Number: _____ EMS Agency: _____

Unit #: _____ Paramedic Name (print): _____ Paramedic Employee #: _____

EMS Medication Bag Main (Black) Compartment (Stocked by Pharmacy)

Quantity Used (Quantity Stocked):

- | | |
|---|---|
| _____ (3) Adenosine 6mg/2mL vial | _____ (3) Lidocaine 2% 100mg/5mL syringe |
| _____ (2) Atropine 1 mg/10 mL syringe | _____ (1) Lidocaine 2% jelly 5mL tube |
| _____ (1) Calcium chloride 10% 1 gm/10 mL syringe | _____ (2) Magnesium sulfate 1g/2mL vial |
| _____ (2) Epinephrine 1:1000 1mg/1mL vial | _____ (2) Sodium Bicarb 8.4% 50mEq/50mL syringe |
| _____ (8) Epinephrine 1:10,000 1mg/10mL syringe | _____ (1) Tetracaine 0.5% ophthalmic 2mL bottle |
| _____ (1) Glucagon 1mg vial w/1mL sterile water | _____ (1) TXA Kit |
| _____ (1) Racemic epinephrine 2.25% 0.5mL vial + (1) Sodium chloride 0.9% 5mL vial for nebulization | |

Paramedic to secure the compartment with the enclosed **RED** lock **before** turning in the bag.

Notes to Pharmacy:

EMS Medication Bag Green Compartment (Stocked by Paramedic)

Quantity Used (Quantity Stocked):

- | | |
|---|---|
| _____ (3) Acetaminophen 160mg/5mL | _____ (2) Ondansetron 4mg/2mL vial |
| _____ (3) Acetaminophen 325mg tab | _____ (2) Ondansetron ODT 4mg single dose |
| _____ (4) Albuterol 2.5mg/3mL | _____ (1) Prednisone 50 mg tablet |
| _____ (4) Aspirin 81mg blister pack tab | _____ (2) Medication cannula - needleless |
| _____ (2) Dextrose 10% 250mL w/10gtts set | _____ (1) Microdrip IV set 60gtts/mL |
| _____ (1) Diphenhydramine 50mg/1mL | _____ (1) Nebulizer |
| _____ (2) Duoneb (albuterol/ipratroprium) 3mL | _____ (2) Needles 18/19ga 1.5" safety |
| _____ (1) Ibuprofen liquid 100mg/5mL (15mL) | _____ (2) Needles 22/23ga 1.5" safety |
| _____ (3) Ibuprofen 200mg tablet | _____ (2) Piggyback labels colored |
| _____ (1) Ketoralac 15mg/1mL vial | _____ (2) Syringe 3mL |
| _____ (1) Methylprednisolone 125mg/2mL | _____ (2) Syringe 5mL |
| _____ (4) Naloxone 2mg/2mL syringe | _____ (2) Syringe 10mL |
| _____ (1) Nitroglycerin 0.4mg (25 count bottle) | _____ (2) Syringe 20mL |
| | _____ (4) Sodium chloride 0.9% 10mL syringe |

Paramedic to confirm all supplies and medications are present and in date, then secure the compartment with a **WHITE** lock containing the EMS agency name, paramedic employee number, and next expiring medication name/date written **LEGIBLY** on it.

Completed form must be legible and accurate.