Pharmacy Medication Exchange and Replacement Procedure

VEHICLE STOCK

- A. Each approved ALS unit will carry one GREEN LOCK SEALED Southeast Michigan (SEM) Regional Medication Box and A-Pack (Ancillary Pack). Contents are listed in Pharmacy Appendixes 1 and 2. Only appropriately numbered Medication Boxes and A-Packs issued by the participating Medical Control Authority are to be stocked by participating hospital pharmacies and issued to approved ALS units.
- B. Each EMS agency will be responsible for providing any additional equipment required by Michigan Department of Health & Human Services – Bureau of EMS & Trauma (MDHHS).
- C. All drugs, needles, syringes, and supplies will be stored in a securely locked and temperature controlled location on each approved unit. Medication Boxes/A-Packs will remain sealed at all times except when in actual use.
- D. Medication Boxes/A-Packs are to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. Inspection items include, but are not limited to: the Medication Box/A-Pack is locked in a compartment, the green lock is intact, the lock # matches number on the label, and medications are not expired. It is recommended that this inspection be included in a standard documented vehicle checklist.
- E. Agencies are responsible for maintaining Medication Boxes/A-Packs not in use by a crew. At a minimum the boxes must be secured in a locked area or cabinet that can only be accessed by paramedics or agency leadership. The area where the boxes are located must have video surveillance that is capable of capturing any activity with the boxes. Agencies must also have a check-in/check-out process that paramedics use to obtain and return the boxes.
- F. Unopened Medication Boxes/A-Packs are to be exchanged within seven (7) days of the, "Use or Replace By" date.

USE/REPLACEMENT/EXCHANGE

- A. Medication Boxes/A-Packs will only be opened by a Paramedic when presented with a patient requiring Advanced Life Support care (when acting on written or transmitted orders from a physician at an appropriate On-Line Medical Control Facility) or the Pre-Medical Control section of approved treatment protocols.
- B. Red/Green Lock Procedure for Medication Boxes/A-Packs
 - 1. The Medication Box/A-Pack will be sealed using a green lock bearing the number indicated on the label.
 - 2. After the pharmacy inventory/restocking is complete, a red lock bearing the number indicated on the label will be placed in the Medication Box/A-Pack to be used by the Paramedic to seal the Medication Box/A-Pack after it has been used.
 - 3. When the Medication Box/A-Pack is opened by the Paramedic the broken numbered green lock will be placed in the Medication Box/A-Pack and delivered with the used Medication Box/A-Pack to the replacing pharmacy.

- After use the Paramedic will seal the Medication Box/A-Pack for exchange with the red lock from the Medication Box/A-Pack bearing the number indicated on the label.
- C. <u>OPTIONAL (MCA adoption required)</u> Red/Green/White/ (or Yellow) Lock Procedure for MEDICATION BOXES ONLY
 - 1. After the pharmacy inventory/restocking is complete, a red lock and green lock bearing the respective numbers indicated on the label will be placed in the Medication Box to be used to seal the box after initial inspection (green lock) and after post use inspection (red lock).
 - 2. The Medication Box will be sealed using a white (yellow) lock.
 - 3. After the Medication Box is inspected jointly by the Paramedic and ED/Pharmacy representative the Medication Box will be sealed with the green lock, from the Medication Box, bearing the number indicated on the label.
 - 4. When the Medication Box is opened by the Paramedic, the broken numbered green lock will be placed in the Medication Box and delivered with the used Medication Box to the replacing pharmacy. If only an A-Pack is used in treating a patient and that patient refuses transportation, the crew should go to the nearest hospital to exchange the A-Pack but will remain in service should they be needed for another emergency call. If they are dispatched to another emergency call prior to exchanging the A-Pack they can delay the exchange to respond to that call and exchange the A-Pack at their next opportunity.
 - 5. After use, and after joint inspection of the Medication Box for exchange by the Paramedic and ED/Pharmacy representative, the Paramedic will seal the Medication Box with the red lock from the Medication Box bearing the number indicated on the label.

MEDICATION BOXES:

- A. All Participating Hospitals will have Medication Boxes/A-Packs, with contents as approved by the participating Medical Control Authorities and MDHHS, available for replacement of supplies used by approved ALS Units. Replacement Medication Boxes/ A-Packs will be maintained in a locked area, under the control of hospital staff, which is available 24 hours a day, 7 days a week. This area will be located within the either Emergency Department or Pharmacy of the Participating Hospital. Appropriate record keeping and security measures are required at each exchange site to ensure that only appropriately licensed and authorized personnel have access to medications and other related supplies.
- B. Medication Boxes/A-Packs used by approved ALS units for patients transported will be replaced, at the time of the run, by the receiving hospital according to established procedure. Where the receiving facility does not participate in the Regional EMS Medication Exchange System and/or supplies are expended for a patient who subsequently is not transported, the unit will proceed immediately to the Regional Participating Hospital which provided Medical Control for the run to complete replacement. A PCR will be submitted when completed.
- C. Use of any supplies contained in the Regional Medication Box/A-Pack will be

Section 9-6

documented on the Use/Replacement Form for exchange and the PCR of the patient for whom the supplies were used. This includes any medications or supplies prepared for use but not actually administered to the patient.

BOX CLEANING

- A. All empty containers, packaging and used materials will be properly disposed of by the ALS crew that used the Medication Box/A-Pack.
- B. The EMS crew using standard hard surface decontamination techniques will clean any blood or body fluid contamination to the exterior of the Medication Box.
- C. If there is blood or body fluid contamination to the interior of the Medication Box/A-Pack, or to any unused materials or packaging, the EMS crew will clean and dispose of contaminated material. If direction is needed in the cleaning and disposal of contaminated materials the crew can contact the receiving hospital pharmacy.
- D. All unused, un-contaminated supplies will be returned to the Medication Box/A-Pack.

THE ALS CREW WILL:

- A. For all SEM runs, complete the Use/Replacement Form contained in the Medication Box/A-Pack. The form shall serve as the permanent medical record for drugs administered, and the paramedic will document their MCA Medical Director's name when any controlled substance is used. For post-radio controlled substance orders, document the ordering physician's name on the Replacement Form.
- B. The ALS crew is responsible for proper distribution of the completed forms.
- C. The expended Medication Box/A-Pack (cleaned as described above and red sealed) and the completed Use/Replacement Form will be presented to an appropriate member of the hospital staff who will issue a fresh Medication Box/A-Pack (green seal). A member of the ALS crew and the hospital staff member will complete the exchange log sheet.
- D. In the event that controlled substances are prepared for use and not used or the entire contents of a container are not used, the remaining medication will be appropriately wasted by ALS crew member in the presence of licensed hospital personnel/or other ALS crew member. The following will be recorded on the Use/Replacement Form:
 - 1) The name and amount of the medication wasted.
 - 2) The initials of the ALS crew member, hospital personnel or other ALS crew

member witnessing the waste.

E. All requests for information concerning the "Use/Replacement Form" by other agencies are to be directed to the appropriate Medical Control Authority.

EXPIRATION OF DRUGS/SOLUTIONS

- A. All items in a SEM Regional Medication Box/A-Pack will have expiration dates not less than 90 days after the Medication Box/A-Pack is prepared.
- B. Any unused items bearing expiration dates less than 90 days subsequent shall be removed from the Medication Box/A-Pack and replaced with fresh stock as described in A above.
- C. Each Regional Medication Box/A-Pack will have a label securely attached to the

outside containing the following information:

- 1. The name of the participating hospital pharmacy, which restocked the Medication Box/A-Pack.
- 2. The date the Medication Box/A-Pack was restocked.
- 3. The printed name and initial of the pharmacist and pharmacy technician that inventoried and restocked the Medication Box/A-Pack.
- 4. The expiration date is the last day of the month of the earliest expiring medication (with a maximum of one year from the current date). The Medication Box/A-Pack label will include the month/day/year in the "use or replace by" section.
- 5. The red and green lock numbers.
- 6. The Medication Box/A-Pack number.

MEDICATION BOXES - ALTERNATIVE PACKAGING AND SHORTAGES:

- A. Routinely, participating hospital pharmacies must provide items only in the dosage, concentration, and packaging listed. Use of alternative vendors or manufacturers is acceptable if consistent with the required contents.
- B. For products in short supply hospital pharmacies may stock the Medication Boxes/A- Packs with less than a 90-day expiration date.
- C. When a medication in alternative packaging is the only product available, place alternative medication, use directions and supplies for medication preparation inside the

Medication Box/A-Pack.

- D. Attach a sticker to the exterior top of the Medication Box or to the clear side near the bottom of the A-Pack stating the substitution.
- E. Directions for specific medications in short supply, throughout the regional exchange system will be addressed through communications with participating pharmacies as approved by the Regional Protocol participating MCAs.

DISCREPANCIES

- DEFINITION: For purposes of this policy, a "discrepancy" is any breakage, expiration, shortage, theft or diversion of a Regional Medication Box/A-Pack, or any contents thereof.
- A. A standard "MEDICATION DISCREPANCY REPORT" will be completed each time a discrepancy occurs. The form may be initiated by either pre-hospital or hospital staff discovering the discrepancy. The person initiating the report will be responsible for distributing the forms as required.
- B. The Medical Control copy of discrepancy reports will be sent to the Medical Control Authority in which the discrepancy occurred, which will serve as the central filing point.
- C. A copy of the PCR for the run on which the discrepancy occurred/was discovered is to be attached to each copy of the discrepancy report where applicable.
- D. The participating hospital pharmacist is to be notified immediately if controlled substances are involved in a discrepancy. The participating hospital pharmacist

Section 9-6

will determine if the discrepancy constitutes a diversion of controlled substances. In addition, the following are to be notified of controlled substance diversions:

- 1. The Medical Control Authority in which the diversion occurred.
- 2. Drug Enforcement Administration (DEA)
- 3. Michigan State Board of Pharmacy
- 4. Appropriate local law enforcement agency (for the jurisdiction where the diversion most likely took place)
- 5. Michigan Department of Health & Human Services (MDHHS).
- E. <u>The participating hospital pharmacist will be responsible for assuring that</u> <u>all appropriate notifications are made.</u>
- F. If, at any time, an ALS unit has less than the required stock of Medication Box/A-Pack supplies and cannot document use of these supplies in connection with a patient, a discrepancy report must be completed. The completed discrepancy report, along with a completed Use/Replacement Form indicating the EMS Provider Agency Name under "Patient Name" and clearly marked "Replacement for Missing Stock" will be presented to the agency's Base Hospital Pharmacy for replacement. The ALS agency can be held accountable for replacement.

Genesee County Medical Control Authority Medication Protocols PHARMACY

ORUGITEM CONCENTRATION PACKAGING QUANTITY Acetaminophen 650 mg/20.3 mL Unit Dose Cup 1 Adenosine 6 mg/2 mL 2 mL Vial/Syringe 3 Abuterol 2.5 mg/3 mL 3 mL Vial - UD 6 Amiodarone 150 mg/3 mL Amp/Vial 3 Asprin 81 mg/ablet BT/UD - ohwable 1 BT of 4 UD tabs Atopine 1 mg/10 mL 10 mL Syringe 2 Calcium Chieride 2 gm vial 2 gm vial 2 Calcium Chieride 50 mg/1 mL 1 mL Vial 2 Cating Syringe 1 mg/1 mL 1 mL Map/ Vial 2 Cating Syringe 1 mg/1 mL 1 mL Map/ Vial 2 Cating Syringe 1 mg/1 mL 1 mL Map/ Vial 2 Catinge 0 02% 2.5 mL Vial VID 2 Catinge 0 02% 2.5 mL Vial VID 2 Catinge 1 mg/10 mL 1 mL Map/ Vial 1 Catinge 0 02% 2.5 mL Vial VID 2 Catinge	February, 2024	FHARMACT	Section 9-6		
Adenosine 6 mg/2 mL 2 mt, Wal-VD 6 Anticdarone 150 mg/3 mL Amy Vial VD 6 Anticdarone 150 mg/3 mL Amy Vial VD 6 Appin 81 mg/10 mL 10 mL Syringe 3 Calcium Chloride 1 g/10 mL 10 mL Syringe 2 Calcium Chloride 2 gm vial 2 gm vial 2 Calcium Chloride 2 gm vial 2 gm vial 2 Dextrose 50% 26 g/50 mL 60 mL Syringe 1 Depthenbytramine 1 mg/1 mL 1 mL Vial 2 Epinephrine 1 mg/1 mL 1 mL Vial 2 2 Epinephrine 1 mg/1 mL 1 mL Vial 1 1 Epinephrine 1 mg/1 mL 1 mL Vial 1 1 Epinephrine 1 mg/1 mL 1 mL Vial 1 1 External 100mg/ml 5mt Vial · UD 2 2 Ketarnine 100 mg/S mL 5 mL Syringe 3 3 Magnesium Sulfate 1 g/2 mL	MEDICATION BOX CONTENTS DRUG/ITEM	CONCENTRATION	PACKAGING	QUANTITY	
Albuterol 2.5. mg/3 mL 3.mL / Ual - UD 6 Aspinin 81 mg/tablet ArmpVial 3 Aspinin 81 mg/tablet BT/Ua -mmsVial 3 Atopine 1 mg/10 mL 10 mL Syringe 3 Active and the second and t	Acetaminophen	650 mg/20.3 mL	Unit Dose Cup	1	
Albuterol 2.5. mg/3 mL 3.mL / Ual - UD 6 Aspinin 81 mg/tablet ArmpVial 3 Aspinin 81 mg/tablet BT/Ua -mmsVial 3 Atopine 1 mg/10 mL 10 mL Syringe 3 Active and the second and t	Adenosine			3	
Arnicdarone 150 mg/3 mL Amp/lail 3 Aspin 81 mg/10 mL 10 mL Syringe 3 Artopine 1 mg/10 mL 10 mL Syringe 2 Calcium Chloride 1 g/10 mL 10 mL Syringe 1 Catinaxone 2gm vial 2gm vial 1 Dextrose 50% 25 g/50 mL 50 mL Syringe 1 Diphenlydramine 1 mg/1 mL 1 mL Vial 2 Epinephrine 1 mg/1 mL 1 mL Vial 2 Epinephrine 1 mg/1 mL 1 mL Vial 2 Epinephrine 1 mg/1 mL 1 mL Vial 1 Teatropium Bromide 0 02% 2.5 mL Vial - UD 2 Ketorolac 150mg/ml 1 mL Vial 1 1 Lidocaine 100 mg/5 mL 5 mL Syringe 3 3 Magnesium Sufate 1 g/2 mL 4 mg/vial 1 1 Methylprednisolone 10 mg/1 mL 1 mL Vial 4 2 Naloxone 2 mg/mL 1 mL Vial 2	Albuterol			6	
Aspin 81 mg/tablet BT/0 nL BT or 4 UD tabs Arogine 1 mg/10 mL 10 mL Syringe 2 Catcium Chloride 1 g/10 mL 10 mL Syringe 2 Ceftriaxone 2 gri vial 2 gri vial 2 gri vial 2 Diphentydramine 50 mg/t mL 1 mL Vial 2 2 Epinephrine 1 mg/10 mL 1 mL Amg/ Vial 2 2 Epinephrine 1 mg/10 mL 10 mL Syringe 7 7 Fentanyl 50 mcg/mL 2 mL Vial/Mp 3 3 Ipratropium Bromide 0.02% 2.5 mL Vial - UD 2 Ketarnine 100 mg/ml 5m Vial 1 1 Ketorolac 15 mg/ml 1 mL Vial 4 4 Magnesium Sulfate 1 g/2 mL Amg/Vial 4 4 Midezolan 5 mg/1 mL 1 mL Vial 4 2 2 Magnesium Sulfate 1 g/2 mg/mL 1 mL Vial 4 2 2 2 2 2 2 </td <td>Amiodarone</td> <td></td> <td></td> <td>3</td>	Amiodarone			3	
Atropine 1 mg/10 mL 10 mL Syringe 3 Calclum Chloride 1 g/10 mL 10 mL Syringe 2 Calclum Chloride 2 gm Vial 2 gm Vial 1 Dextrose 60% 25 gd50 mL 50 mL Syringe 1 Diphenhydramine 50 mg/1 mL 1 mL Vail 2 Epinephrine 1 mg/10 mL 1 mL Amp/ Vial 2 Epinephrine 1 mg/10 mL 10 mL Syringe 7 Fentanyl 50 mcg/mL 2 mL Vial/Amp 3 Ipratropium Bromide 0.02% 2.5 mL Vial 1 Ketarnine 100 mg/ml 5m Vial 1 1 Ketorolac 1 g/2 mL Amp/Vial 4 1 Lidocaine 100 mg/ mL 5 mL Syringe 3 1 Magnesium Sulfate 10 g/2 mL 7 mL 1 mL Vial 4 Methyprefiniosone 2 mg/2 mL or 0.4 mg/NaL 2 mL Vial 2 2 Nalozone 2 mg/2 mL or 0.4 mg/nL 1 mL Vial 4 1 2 <	Aspirin			1 BT or 4 UD tabs	
Calcium Chloride 1 g/10 mL 10 mL Syringe 2 Certinaxone 2gm vial 1 Dextrose 50% 25 g/50 mL 50 mL Syringe 1 Diphentpytramine 50 mg/1 mL 1 mL Vial 2 Epinephrine 1 mg/1 nL 1 mL Vial 2 Epinephrine 1 mg/10 mL 10 mL Syringe 7 Fentanyl 50 mg/mL 2 mL Vial/Mp 3 Ipattopium Bromide 0.02% 2.5 mL Vial - UD 2 Ketarnine 100mg/ml 5ml Vial 1 1 Ketarolac 15mg/ml 1 ml Vial 1 1 Ketarolac 15mg/ml 1 ml Vial 1 1 Ketarolac 1 g/2 mL Amp/Vial 4 1 Mediviprednisolone 1 g/1 mL 1 mL Amp/Vial 2 1 Midazolan 5 mg/1 mL 1 mL Amp/Vial 2 1 Nitroglycerin 0.4 mg/tab Bottle 1 1 Ordansetron 2 mg/mL 2 mL Vial				3	
Ceftriaxone 2gn vial 2gn vial 1 Dobratorse 50% 25 g/0 mL 50 mL Syringe 1 Diphenhydramine 50 mg/1 mL 1 mL Amp/Vial 2 Epinephrine 1 mg/1 mL 1 mL Amp/Vial 2 Epinephrine 1 mg/1 mL 1 mL Amp/Vial 2 Fentanyl 50 mcg/mL 2 mL Vial/Amp 3 Terntanyl 0.02% 2.5 mL Vial JUD 2 Ketarnine 100mg/ml 5ml Vial 1 Ketorolac 15mg/ml 1 ml Vial 1 Lidocaine 1 92 mL Amp/Vial 4 Magnesium Suffate 1 g/2 mL Amp/Vial 4 Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Vial 4 Naixone 2 mg/2 mL or 0.4 mg/mL 1 mL Vial 4 Nitroglycerin 0.4 mg/tab Bottle 1 1 Ondansetron 2 mg/mL 2 mL Vial 2 2 Ondansetron 2 m				2	
Dextose 50% 25 g/50 mL 50 mL yringe 1 Diphenhydramine 50 mg/t mL 1 mg/t Nal 2 Epinephrine 1 mg/t nL 1 mL Amp/ Vial 2 Epinephrine 1 mg/t nL 1 mL Amp/ Vial 2 Epinephrine 0 mL grit 10 mL Syringe 7 Fentanyl 50 mg/ml 1 mL Vial 1 Katamine 0.02% 2.5 mL Vial - UD 2 Katoriala 15mg/ml 1 ml Vial 1 Idocate 15mg/ml 1 ml Vial 1 Idocate 1 g/2 mL Amp/Vial 4 Magnesium Sulfate 1 g/2 mL Amp/Vial 4 Methylpredinsolone 1 mg/t nL 1 mL Vial 1 Midzzolan 5 mg/t nL 1 mL Vial 2 Nitroglycerin 0.4 mg/tab Botte 1 Ondansetron 2 mg/mL 2 mL Vial 2 Ordansetron ODT 4 mg Tablet 2 Prednisone 50 mg tab 50 mg tab <td< td=""><td></td><td></td><td></td><td>1</td></td<>				1	
Diphenhydramine 50 mg/1 mL 1 mL /vial 2 Epinephrine 1 mg/1 mL 1 mL Amp/ Vial 2 Epinephrine 1 mg/10 mL 10 mL Syringe 7 Fentanyl 50 mcg/mL 2 mL Vial/Amp 3 Ipratropium Bromide 0.02% 2.5 mL /vial 1 Ketarnine 100mg/ml 5m Vial 1 Ketorolac 15mg/nl 1m Vial 1 Lidocaine 100 mg/5 mL 5 mL Syringe 3 Magnesium Sulfate 1 g/2 mL Amp/vial 4 Methylpredinsolone 125 mg Vial 1 Nitroglycerin 10 mg/1 mL 1 mL Mp/vial 2 Natoxone 2 mg/2 mL or 0.4 mg/mL 2 mL Vial 2 Ordansetron ODT 4 mg Tablet 2 Ordansetron ODT 4 mg 10 mL vial 1 Sodium Bicarbonate 50 mg tab 50 mg tab 10 mL vial 1 Sodium Chioride 0.9% Preservative Free 20.30 mL vial 1				1	
Epinephrine 1 mg/1 mL 1 mL Amp/ Vial 2 Epinephrine 1 mg/1 mL 10 mL Syringe 7 Fertanyl 50 mcg/mL 2 mL Vial/Amp 3 Ipratopium Bromide 0.02% 2.5 mL Vial + UD 2 Ketamine 100mg/ml 5m Vial 1 Ketorolac 15mg/ml 1m Vial 1 Lidocalne 100 mg/5 mL 5 mL Syringe 3 Magnesium Sulfate 1 g/2 mL Amp/Vial 4 Methylprednisolone 1 mg/1 mL 1 mL Vial 4 Midazolam 5 mg/1 mL 1 mL Amp/Vial 4 Morphine 10 mg/1 mL 1 mL Amp/Vial 2 Naloxone 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe or 2 x 1 0 mL Vial Nitroglycerin 0.4 mg/tab Bottie 1 Ondansetron 2 mg/mL 2 mL Vial 2 Predrisone 50 mg Tab 1 1 Sodium Chloride 0.9% 100 mL Syringe 2 Sodium Chloride 0					
Epinephrine 1 mg/10 mL 10 mL Syringe 7 Fentanyl 50 mcg/mL 2 mL Vial/Amp 3 pratropium Bromide 0.02% 2.5 mL Vial 10 Ketarnine 100 mg/ml 5ml Vial 1 Ketorolac 15mg/ml 1ml Vial 1 Lidocaine 100 mg/5 mL 5 mL Syringe 3 Magnesium Sulfate 1g? mL Amp/Vial 4 Methylpredrisolone 125 mg Vial 1 Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Vial 4 Naloxone 2 mg/2 mL or 0.4 mg/mL 2 mL Vial 2 Ordanestron ODT 4 mg Tablet 2 2 Ondanestron ODT 4 mg Tablet 2 2 Sodium Choride 0.9% Preservative Free 20-30 mL Vial 1 Sodium Choride 0.9% Preservative Free 20-30 mL Vial 1 Coldure Choride 0.9% Preservative Free 3 3					
Fentanyl 50 mcg/mL 2 mL Vial/Amp 3 Ipratropium Bromide 0.02% 2.5 mL Vial - UD 2 Ketarnine 100mg/ml 5ml Vial 1 Ketorolac 15mg/ml 1ml Vial 1 Lidocaine 100 mg/5 mL 5 mL Syringe 3 Magnesium Sulfate 1 g/2 mL Amg/Vial 4 Methylprednisolone 125 mg Vial 1 Midazolam 5 mg/1 mL 1 mL Amp/Vial 2 Naloxone 2mg/2 mL or 0.4 mg/mL 4 x 2mL Syringe Total = 8mg Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron ODT 2 mg/mL 2 mL Vial 2 Prednisone 50 mg tab 50 mg Tab 1 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% 100 mL Syringe 2 Sodium Chloride 0.9% 10 mL Syringe 2 Sodium Chloride 0.9% 10 mL Syringe 2 Sodium Chloride 0.9% <td></td> <td></td> <td></td> <td></td>					
Ipratopium Bromide 0.02% 2.5 m L Vial - UD 2 Ketamine 100mg/ml 5ml Vial 1 Ketorolac 15mg/ml 1ml Vial 1 Lidocaine 100 mg/5 mL 5 mL Syringe 3 Magnesium Sulfate 1 g/2 mL Amp/Vial 4 Methylprednisolone 125 mg Vial 1 Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Amp/Vial 2 Naloxone 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe or 2 x 10 mL Vial 2 Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron ODT 4 mg Tablet 2 Prednisone 50 mg tab 50 mL Syringe 2 Sodium Bicarbonate 50 mg/20 mL 50 mL So					
ketamine 100mg/ml 5ml Vial 1 Ketorolac 15mg/ml 1ml Vial 1 Lidocaine 100 mg/5 mL 5 mL Syringe 3 Magnesium Sulfate 1 g/2 mL Amp/Vial 4 Methypredinisolone 125 mg Vial 1 Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe Total = 8mg Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron ODT 4mg Tablet 2 Prednisone 50 mg tab 50 mg Tab 1 Sodium Bicarbonate 50 mEg/50 mL 50 mL Syringe 2 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% 100 mL Mag 1 Sodium Chloride 0.9% 100 mL Vial 1 Sodium Chloride 0.9% 100 mL Mag 1 Sodium Chloride 0.9% 100 mL Mag 1 Sodium Chloride 0.9% 10					
Ketorolac 15mg/ml 1ml Vial 1 Lidocaine 100 mg/5 mL 5mL Syringe 3 Magnesium Sulfate 1g/2 mL Amp/Vial 4 Methylprednisolone 125 mg Vial 1 Methylprednisolone 10 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Vial 4 Naixone 2 mg/2 mL or 0.4 mg/mL 1 mL Amp/Vial 2 Naixopycerin 0.4 mg/lab Bottle 1 1 Ondansetron 2 mg/mL 2 mL Vial 2 2 Ondansetron ODT 4 mg Tablet 2 2 Sodium Bicarbonate 50 mg fab 50 mg fab 1 1 Sodium Chloride 0.9% 100 mL Bag 1 1 Sodium Chloride 0.9% 100 mL Mag 1 1 Accohol Pad 1 1 1 1 1 N Zoblitve Labels 60 drops/mL(mini drip					
Lidocaine 100 mg/5 mL 5 mL Syringe 3 Magnesium Sulfate 1 g/2 mL Amp/Vial 4 Methylpredinisolone 125 mg Vial 1 Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Amp/Vial 2 Naloxone 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe or 2 x 10 mL Vial Total = 8mg Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron ODT 4 mg Tablet 2 Prednisone 50 mg tab 50 mg tab 50 mg tab 1 Sodium Chloride 0.9% 100 mL Sag 1 1 Sodium Chloride 0.9% 100 mL Bag 1 1 Sodium Chloride 0.9% 100 mL Syringes 2 1 Incident Report Form 100 mg/ml 10 ml Vial 1 1 V Additive Labels 1 3 1 1 1 Viruling with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 2 1				-	
Magnesium Sulfate 1 g/2 mL Amp/Vial 4 Methylprednisolone 125 mg Vial 1 Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Amp/Vial 2 Naloxone 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe or 2 x 10 mL Vial 7 total = 8 mg Nitroglycerin 0.4 mg/tab Bottle 1 1 Ondansetron 2 mg/mL 2 mL Vial 2 Ondansetron ODT 4 mg Tablet 2 Prednisone 50 mg tab 50 mg Tab 1 1 Sodium Chloride 0.9% 100 mL Bag 1 1 Sodium Chloride 0.9% 100 mL Bag 1 1 Action Pad 100 mg/ml 10 ml Vial 1 1 Action Pad 0.9% 100 mL Bag 1 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 1 Actional Report Form 10 ml Vial 1 1 1 1 </td <td></td> <td></td> <td></td> <td>-</td>				-	
Methylprednisolone 125 mg Vial 1 Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Vial 2 Naloxone 2 mg/2 mL or 0.4 mg/mL 1 mL Vial 2 Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron 2 mg/mL 2 mL Vial 2 Ondansetron ODT 4mg Tablet 2 Prednisone 50 mg tab 50 mg Tab 1 Sodium Bicarbonate 50 mg/50 mL 50 mL Vial 1 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free or 10 mL syringes 2 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Nicodent Report Form 1 12 1 V Additive Labels 1 1 1 V Additive Labels 1 1 1 Not difference 1 1 1 V Tubing with Y Site Pre-piereced Reseal 60 drops/mL(mini drip) <td></td> <td></td> <td></td> <td></td>					
Midazolam 5 mg/1 mL 1 mL Vial 4 Morphine 10 mg/1 mL 1 mL Amp/Vial 2 Naloxone 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe or 2 x 10 mL Vial 7 Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron 2 mg/mL 2 mL Vial 2 Ondansetron ODT 4mg Tablet 2 Racepinephrine 2.25% with 3 mL NS 11.25 mg/0.5 mL 0.5 mL Vial 1 Sodium Bicarbonate 50 mg/ab 50 mg Tab 1 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Alcohol Pad 1 100 mL syringes 2 Incident Report Form 1 1 3 V Additive Labels 1 3 1 V Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 2 Nitroglyce 20 mL 1 3 <td< td=""><td></td><td></td><td></td><td></td></td<>					
Morphine 10 mg/1 mL 1 mL Amp/Vial 2 Naloxone 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe or 2 x 10 mL Vial Total = 8mg Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron Ondansetron ODT 4 mg Tablet 2 Prednisone 50 mg tab 50 mg Tab 1 Racepinephrine 2.25% with 3 mL NS 11.25 mg/0.5 mL 0.5 mL Vial 1 Sodium Bicarbonate 50 mg/s0 mL 0.5 mL Vial 1 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Sodium Chloride 0.9% Preservative Free 10 mL syringes 2 Tranexamic Acid (TXA) 100mg/ml 10 mL vial 1 Alcohol Pad 1 12 1 Incident Report Form 1 1 1 V Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 1 Nebulizer 1 1 </td <td>,</td> <td></td> <td></td> <td>-</td>	,			-	
Naloxone 2 mg/2 mL or 0.4 mg/mL 4 x 2 mL Syringe or 2 x 10 mL Vial Total = 8mg Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron ODT 2 mg/mL 2 mL Vial 2 Prednisone 50 mg tab 50 mg Tab 1 Sodium Bicarbonate 50 mg Tab 1 2 Sodium Bicarbonate 50 mEq/50 mL 50 mL Syringe 2 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 1 1 1 Incident Report Form 1 1 1 V Additive Labels 1 1 1 V Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 2 Nebulizer 1 1 1 1 Incident Report Form 1 1 1 1 V Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2					
Nitroglycerin 0.4 mg/tab Bottle 1 Ondansetron 2 mg/mL 2 mL Vial 2 Ondansetron ODT 4mg Tablet 2 Prednisone 50 mg tab 50 mg Tab 1 Racepinephrine 2.25% with 3 mL NS 11.25 mg/0.5 mL 0.5 mL Vial 1 Sodium Bicarbonate 50 mEq/50 mL 0.5 mL Vial 1 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Incident Report Form 100 mL Mail 1 1 N Additive Labels 100 ml Vial 1 1 Incident Report Form 1 1 1 V Additive Labels 1 1 1 IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 2 Nebulizer 1 1 1 1 Blunt Cannula 18 G x 1 inch 5 5	Naloxone		4 x 2 mL Syringe		
Ondansetron 2 mg/mL 2 mL Vial 2 Ondansetron ODT 4mg Tablet 2 Prednisone 50 mg tab 50 mg Tab 1 Racepinephrine 2.25% with 3 mL NS 11.25 mg/0.5 mL 0.5 mL Vial 1 Sodium Bicarbonate 50 mEq/50 mL 50 mL Syringe 2 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Incident Report Form 100mg/ml 10 mL Vial 1 N Additive Labels 1 1 1 N Additive Labels 1 1 1 Nebulizer 1 1 1 Blunt Cannula 18 G x 1 inch 5 1 Filter Needle 18-21 G 3 1 Syringe 20 mL 1 1 Syringe with needle/Luer Lock 1 mL 5 5 Syringe with needle 3 mL – 21/22 G x 1.5 i	Nitroalycerin	0.4 mg/tab		1	
Ondansetron ODT 4mg Tablet 2 Prednisone 50 mg tab 50 mg Tab 1 Racepinephrine 2.25% with 3 mL NS 11.25 mg/0.5 mL 0.5 mL Vial 1 Sodium Bicarbonate 50 mEq/50 mL 50 mL Syringe 2 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 10 ml Vial 1 1 Incident Report Form 1 10 ml Vial 1 V Additive Labels 0 3 1 V Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 2 Nebulizer 1 1 1 1 1 Blunt Cannula 18 G x 1 inch 5 5 5 5 Syringe 20 mL 1 1 5 5 5 5 5 5 5 5 5 5 5 5					
Prednisone 50 mg tab 50 mg Tab 1 Racepinephrine 2.25% with 3 mL NS 11.25 mg/0.5 mL 0.5 mL Vial 1 Sodium Bicarbonate 50 mEq/50 mL 50 mL Syringe 2 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 100mg/ml 10 ml Vial 1 Incident Report Form 1 1 1 IV Additive Labels 60 drops/mL(mini drip) 2 2 Nebulizer 1 1 1 1 Blunt Cannula 18 G x 1 inch 5 5 1 Syringe 20 mL 1 1 1 1 Syringe 20 mL 1 5 <td></td> <td></td> <td></td> <td></td>					
Racepinephrine 2.25% with 3 mL NS 11.25 mg/0.5 mL 0.5 mL Vial 1 Sodium Bicarbonate 50 mEg/50 mL 50 mL Syringe 2 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Tranexamic Acid (TXA) 100mg/ml 10 mL Vial 1 Alcohol Pad 0 100 mJ/ml 10 mL Vial 1 Incident Report Form 1 12 1 1 V Additive Labels 1 1 1 1 1 V Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 2 1 Nebulizer 1 18 G x 1 inch 5 5 5 1 Blunt Cannula 18 G x 1 inch 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	n and a second se				
Sodium Bicarbonate 50 mEq/50 mL 50 mL Syringe 2 Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial or 10 mL syringes 1 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 10 ml Vial 1 1 Incident Report Form 1 1 1 IV Additive Labels 60 drops/mL(mini drip) 2 3 VT ubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 1 Blunt Cannula 18 G x 1 inch 5 3 Filter Needle 18-21 G 1 1 Syringe 20 mL 1 1 Syringe 10 mL 5 5 Syringe with needle/Luer Lock 1 mL 5 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 5 Oral Liquid Syringe 10 ml 1 1 1 Needle 18 G x 1.5 inch 3 2 2					
Sodium Chloride 0.9% 100 mL Bag 1 Sodium Chloride 0.9% Preservative Free 20-30 mL Vial 1 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 10 ml Vial 1 1 Incident Report Form 1 1 1 IV Additive Labels 3 3 1 IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 1 Nebulizer 1 1 1 1 Blunt Cannula 18 G x 1 inch 5 5 Filter Needle 18-21 G 3 1 Syringe 20 mL 1 1 Syringe with needle/Luer Lock 1 mL 5 5 Syringe with needle 3 mL - 21/22 G x 1.5 inch 5 5 Oral Liquid Syringe 10 ml 1 1 Needle 18 G x 1.5 inch 3 3 Oral Liquid Syringe 10 ml 1 1 Needle 28 G x 1.5 inch 3					
Sodium Chloride 0.9% Preservative Free 20-30 mL Vial or 10 mL syringes 1 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 10 ml Vial 1 Incident Report Form 1 12 V Additive Labels 3 3 IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 Nebulizer 1 1 Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 22 G x 1.5 inch 5 Stringe with needle 22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Nee					
or 10 mL syringes 2 Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 10 ml Vial 1 12 Incident Report Form 1 1 12 IV Additive Labels 3 3 1 V Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 2 Nebulizer 1 1 1 1 Blunt Cannula 18 G x 1 inch 5 5 1 Filter Needle 18-21 G 3 3 1 Syringe 20 mL 1 1 1 Syringe 10 mL 5 5 1 Syringe with needle/Luer Lock 1 mL 5 5 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 5 5 Oral Liquid Syringe 10 ml 1 1 1 1 Needle 18 G x 1.5 inch 3 3 1 1 Red Lock 25 G x 1 inch 2 <td< td=""><td></td><td></td><td></td><td></td></td<>					
Tranexamic Acid (TXA) 100mg/ml 10 ml Vial 1 Alcohol Pad 12 Incident Report Form 1 IV Additive Labels 3 IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 Nebulizer 1 Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle/Luer Lock 1 mL 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 5 Pediatric Needle 18 G x 1.5 inch 2 Red Lock 25 G x 1 inch 1		0.0701103017417011100			
Alcohol Pad 12 Incident Report Form 1 IV Additive Labels 3 IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 Nebulizer 1 Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1 Replacement Form 1 1	Tranexamic Acid (TXA)	100mg/ml	10 ml Vial		
Incident Report Form 1 IV Additive Labels 3 IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 Nebulizer 1 Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle/Luer Lock 1 mL 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2		leenig			
IV Additive Labels 3 IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 Nebulizer 1 1 Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL - 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1					
IV Tubing with Y Site Pre-pierced Reseal 60 drops/mL(mini drip) 2 Nebulizer 1 1 Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL - 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1				-	
Nebulizer 1 Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1		60 drops/ml (mini drip)		-	
Blunt Cannula 18 G x 1 inch 5 Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 1 Syringe 20 mL 1 Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL - 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1					
Filter Needle 18-21 G 3 Intranasal Mucosal Atomization Device 1 Syringe 20 mL 1 Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL - 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1		18 G x 1 inch			
Intranasal Mucosal Atomization Device 1 Syringe 20 mL 1 Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1					
Syringe 20 mL 1 Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1		10210		-	
Syringe 10 mL 5 Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1 Replacement Form 1 1		20 ml		-	
Syringe with needle/Luer Lock 1 mL 5 Syringe with needle 3 mL – 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1 Replacement Form 1 1					
Syringe with needle 3 mL - 21/22 G x 1.5 inch 5 Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1 Replacement Form 1 1					
Oral Liquid Syringe 10 ml 1 Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1 Replacement Form 1 1					
Needle 18 G x 1.5 inch 3 Pediatric Needle 25 G x 1 inch 2 Red Lock 1 1 Replacement Form 1 1					
Pediatric Needle 25 G x 1 inch 2 Red Lock 1 Replacement Form 1					
Red Lock 1 Replacement Form 1					
Replacement Form 1		20 0 X T III01			
	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 the required contents.

SEM/EMS MEDICATION BOX CONTENTS AND SCHEMATIC

Top Shelf

Acetamin		Т				<u>oride 0.9%</u>			Misc. St		
650 mg/ 20			F	Preservative Free (1) $20 - 30$ mL					Alcohol Pad – x 12		
Unit dose d								Blunt C	Blunt Cannula (18 G x 1 inch) $-$ x 5		
	1		•	Vial or (2) 10 mL prefilled syringe				Filter Needle $18 - 21 \text{ G} - x \text{ 3}$			
									V Additive		
					Naloz	vono				1.5 inch) - x 3	
			C)		· ·	/	
			2	ing/ 2m	syring	$e \ge 2(+2 below)$	~)			$25 \text{ G x 1 inch} \times 2$	
	~							Three		ay Stopcock x 1	
<u>Magnesium</u>					Naloz	xone			Red Lo	ck x l	
1 g/ 2 ı				2 mg/		r 0.4 mg/ mL					
Amp/ V	Vial		4 x			or 2 x 10 mL V	/ial				
X 4			11	. 2 1112 .	Total =		iui				
			Intrana	səl Muc		omization Dev	vice - v	1			
			<u>11111 alla</u> :	sai wiuc	<u>USAI AU</u>		<u>vice</u> - A	1			
Amiodarone	Adenos	sine	Fni	nephrii	10	Diphenhyd	ramin	e Asniri	in 81 mg	Ondansetron	
150 mg/ 3 mL	6 mg/ 2			ng/ 1 mI		50 mg/ 1			wable	2 mg/ mL	
Amp/ Vial	2 mI		Al	mp/ Via	1	1 mL V			ablet	2 mL Vial	
X 3	Vial/Syr			X 2		X 2			ottle OR 4	X 2	
	X 3								Tabs		
						Tranexam			glycerin	Ondansetron	
						100mg	/ml	0.4 n	ng/ Tab	4mg ODT	
						1 x 10m	l vial		ottle	2 Tabs	
								2	X 1		
MCLU CL 16											
Middle Shelf						-			_		
Controlled Subs	tances		ylpredni			<u>atropium</u>		lbuterol	<u> </u>	lebulizer et al.	
<u>Fentanyl</u>		1	25 mg/ V	ial		nide 0.02 %		mg/ 3 mL		X 1	
50 mcg/ mL	_		X 1		2.5 m	L Vial – UD	3 mL	. Vial – UD			
2 mL Vial/Am	рх3					X 2		X 6	Race	epinephrine	
Midazolan	n	1	Prednisor	ne						2.25 %	
5 mg/ 1 mL			0 mg Tab		K	etorolac			11.25	5 mg/ 0.5 mL	
1 mL Vial x			Х1			ng/ml Vial				5 mL Vial	
Morphine					_	X 1			_	X 1	
10 mg/ 1 mI		6	Ceftriaxo	ne						3 mL NS	
1 mL Vial/Am		<u> </u>	2gm vial						-	X 1	
			X 1	L						Λ 1	
Ketamine			ΛΙ								
100mg/ml											
5ml Vial x	1										
Bottom Shelf											
Bag	of Syringes	5		:	<u>Sodi</u> um	Bicarbonate			Epinep	hrine	
Syringe (With need			mL x 5			50 mL – 50 mI	L	1 mg/ 10		nL Syringe x 7	
Syringe 3 mL (21/ 2						ringe x 2		0 -			
	e - 10 mL 3				~)1	0 -					
	e - 20 mL				Devt	rose 50%					
Syring	• 20 mL /	. 1		25 0/		50 mL Syring	ev 1	IV Tubir	o With V S	Site Pre-pierced	
т:	idocaine			25 g/ .		50 mL Syring	,• ^ 1	IV IUUII	Resea	1	
		min an -	- 2				- 60 drops/mL (mini drip) x 2				
100 mg/ 5 mL	2 - 3 mL S	yinge x						- 00 di	iops/mL (m	nin urip) x 2	
		1.									
	<u>im Chloric</u>		•								
1 g/ 10 mL –	- 10 mL Sy	rınge x	2						_		
								_	<u>Form</u>		
	tropine							Replacer		natic/ Incident-	
1 mg/ 10 mL -	– 10 mL Sy	ringe x	: 3						Discrepa	ncy	
	•								-		
Sodium Chloride											
	00 mL Bag										
L						Il provious vo	•	N7 11 1			

SEM/EMS ACCESSORY PACK (A-PACK) CONTENTS

DRUG/ITEM	CONCENTRATION	PACKAGING	QUANTITY
Albuterol	2.5 mg/ 3 mL	3 mL Vial – UD	6
Aspirin	81 mg/Chewable tablet	UD Tabs	4
Dextrose 50%	25 g/50 mL	50 mL Syringe	1
Intranasal Mucosal Atomization Device			1
Ipratropium Bromide (in baggie)	0.02%	2.5 mL Vial – UD	1
Naloxone	2 mg/2 mL or 0.4 mg/mL	2x2 mL Syringe or 1x10 mL Vial	Total = 4 mg
Nitroglycerin	0.4 mg/ Tab	Bottle	1
Nebulizer			1
Ondansetron	2 mg/ mL	2 mL Vial	2
Ondansetron ODT	4mg	Tablet	2
Prednisone	50 mg tab	50 mg Tab	1
Blunt Cannula	18 G – 1 inch		2
Syringe 3 mL with needle	21/22 G x 1.5 inch needle		2
Red Lock			1
Replacement Form			1
Incident Report Form			1
Three or Four-Way Stopcock			1

Version: September 1, 2022 (Discard all previous versions) Needleless stock only!

SEM/EMS ACCESSORY PACK (A-PACK) SCHEMATIC

Green Lock through zipper and eyelet

(Place behind Albuterol Dextrose 50% 50 mL Syringe 25 gm/ 50 mL (1)	on this side)	Nebulizer ((Place on th		(Elastic Holder) Nitroglycerin 0.4 mg/ Tab		
(Inside Front Pocket)		Incident Report	t Form (1)	(1) bottle		
Albuterol	Blunt Cannula	Replacement F	form (1)			
2.5 mg/ 3 mL Vial UD (6)	18 G x 1 inch (2)	(Folded in half	half and placed along inside back of A-Pack)			
Prednisone		Ipratropium Bromic	de 0.02% Vial			
(In baggie) (1)		xone 2 mg/ 2 mL or 0.4 mg 2 mL Syringe 1 x 10 mL V Total = 4 mg		50 mg Tab UD (1)		
Aspirin 81 mg Tab UD Chewable (4)	Y	(Inside Front Pocket) Yellow Pharmacy Label	Three or Four-Way Stop	ocock (1)		
		e 3 mL with 21 G x 1.5 incl		Red Lock (1)		
Intranasal Mucosal .	Atomization Device (1)	Ondansetron 2 mg/ mI	L - 2 mL vial (2) Ondanse 2 Tablets			

SOUTHEAST MICHIGAN (SEM) REGIONAL

MEDICATION BOX/A-PACK AND IV EXCHANGE PROCEDURES

PLEASE POST IN ALL MEDICATION EXCHANGE AREAS

- **STEP 1:** EMS Personnel must complete a SEM Med Box/A-Pack/IV Supply Use/Replacement Form and/or the SEM IV Supply Use/Replacement Form (EMS Run Report – Genesee County MCA). All information must be complete. Used Medication Boxes/A-Packs must be cleared of contaminated items, cleaned, and sealed appropriately.
- **STEP 2:** Hospital staff reviews form for completeness and receiving prescriber signature (only required for cases in which controlled substances are used). Staff unlocks cabinet and allows removal of appropriate supplies. Both EMS personnel and hospital staff complete the Medication Box/A-Pack and IV Supply Exchange Log. Both EMS and hospital staff ensure that the correct Medication Box/A-Pack numbers are recorded.
- **STEP 3:** The original copy of the SEM Medication Box/A-Pack/IV Supply Use/Replacement Form shall be left in the MCA cabinet. Because the hospital staff person must review the documentation form, it may not be able to be placed in the Medication Box/A-Pack before it is sealed. It will be necessary for the pharmacist to collect all separated Documentation Logs that are stored in the cabinet, when restocking drug boxes.
- **STEP 4:** The MCA cabinet must be re-locked when the exchange is complete.

THESE PROCEDURES ALSO APPLY WHEN ONLY AN IV FLUID/SUPPLY EXCHANGE IS COMPLETED.

NOTE: Receiving Prescriber: Physician, P.A., N.P.

Date and Time IN Controlled substance status* OUT Personnel Discrepency Report? Box / Box / All C.S **EMS** Provider Pharmacy Red EMS Green Red A full box contains: Green EMS Agency A-Pack Date Time A-Pack On run sheet Present Last Name -Lock Personnel Badge # Lock Lock Lock 3 4 1 2 No. Y/N **Please Print** No. Present in Box Mo F Mid Ket Mo F Mid Ket 2 2 11/1/2013 6:45am 123 12345 56789 4 1 1 456 23456 67891 JT M. Smith 1 ABC -. = Record # of containers present and used. Initiate a Discrepancy Form if sum is not 10. Mo = Morphine 10mg, F = Fentanyl 2 ml, Mid = Midzolam 5 mg, Ket = Ketamine 5 ml

MCA Name: Genesee County MCA Board Approval Date: February 1, 2024 MDCH Approval Date: April 26, 2024 MCA Implementation Date: May 1, 2024

SEM MED BOX/A-PACK SUPPLY USE/REPLACEMENT FORM Version September 1, 2022

AGENCY/UNIT #: _______HOSPITAL: ______DATE: ______DATE: ______

INCIDENT #: _____EMS CREW (Names): _____

Patient Name: _____Patient DOB: _____

MEDICATION	UNIT/SIZE	QNTY	USED	NOTE
Acetaminophen	Unit dose cup	1		
650 mg/20.3 mL 10 ml oral syringe in bag				
Adenosine 6 mg/2 mL	Vial/Syringe 2	3		
_	mL			
Albuterol 2.5 mg/3 mL*	Vial – UD 3 mL	6		
Amiodarone	A-Pack Amp/Vial	6		
150 mg/3 mL	Amp/ viai	3		
Aspirin 81 mg chewable	X 1 Bottle or	1		
tablets*	4 UD Tabs			
Atropine 1mg/10 mL	A-Pack Syringe 10 mL	4 3		
Calcium Chloride	Syringe 10 mL	2		
1 g/10 mL	Synnge to mil	1		
Ceftriaxone 2gm	2gm vial	1		
Dextrose 50% 25 g/50 mL*	Syringe 50 mL	1		
25 g/50 mL* Diphenhydramine	A-Pack Vial 1 mL	1		
(Benadryl) 50 mg/1 mL	Viai i iiiL	2		
Epinephrine	Amp/Vial 1 mL	2		
1 mg/1 mL	G : 10 X	7		
Epinephrine 1 mg/10 mL	Syringe 10 mL	7		
Ipratropium Bromide	2.5 mL Vial – UD	2		
0.02% (In Baggie)*	A-Pack	1		
Ketorolac 15mg Lidocaine 100 mg/5 mL	1ml Vial Syringe 5 mL	1		
Magnesium Sulfate	Amp/Vial	4		
1 g/2 mL	7 mp/ v lui	-		
Methylprednisolone 125 mg	Vial	1		
Naloxone*	4 x 2 mL Syringe			
2 mg/2 mL or 0.4 mg/mL	or 2 x 10 mL Vial	4		
Drug Box	Total = 8 mg	2		
Nitroglycerin*	Bottle	1		
0.4 mg/tab	A-Pack	1		
Ondansetron 2 mg/mL*	2 mL vial	2		
Ondansetron 4mg ODT*	4mg tab	2		
Prednisone 50 mg tab*	50 mg. tab	1		
Racepinephrine 2.25%	A-Pack 0.5 mLVial &	1		
11.25 mg/0.5 mL	3mL NS	1		
Sodium Bicarbonate 50 mEq/50 mL	Syringe 50 mL	2		
Sodium Chloride 0.9%	Vial 20-30 mL or	1		
(Preservative free)	10mL syringe	2		
Sodium Chloride 0.9%	Bag 100 mL	1		
Tranexamic Acid (TXA)	10ml vial	1		
100mg/ml				
CONTROLLED SUBSTANCES	UNIT/SIZE	QTY/ DOSE	DOSE GIVEN	DOSE WASTED
Fentanyl 50 mcg/ mL	Vial/Amp 2 mL	3		
Midazolam 5 mg/1 mL	Vial 1 mL	4		
Morphine 10 mg/1 mL	Vial/Amp 1 mL	2		
Ketamine 100mg/ml	Vial 5ml	1		

Witness: ______Medic: _____

dleless stock only! MISCELLANEOUS	* Items in both			
	UNIT/SIZE	QNTY	USED	NO
Alcohol Pads		12		
Incident Report Form*	A-Pack	1 Each		
IV Additive Labels		3		
IV Tubing 60 drops/mL (Minidrip) with Y Site Pre-Pierced Reseal		2		
Nebulizer*	A-Pack	1 Each		
Blunt Cannula 18 g -	18 G x 1 inch	5		
1 inch *	A-Pack	2		
Filter Needle	18-21 G	3		
Intranasal Mucosal Atomization Device*	A-Pack	1 Each		
Red Lock*	A-Pack	1 Each		
Replacement Form*	A-Pack	1		
Syringe 1mL (With needle/Luer Lock)	Syringe 1 mL	5		
Syringe 10 mL	Syringe 10 mL	5		
Syringe 20 mL	Syringe 20 mL	1		
Needle	18 G x 1.5 inch	3		
Pediatric Needle	25 G x 1 inch	2		
3 or 4-Way Stopcock*		1 Each		
Syringe w/ needle 3 mL- 21/22 G x 1.5	Syringe 3 mL A-Pack	5 2		

Replacing Hospital: _____

MCA Medical Director's Name or post radio ordering physician:

(Controlled Substance use only) PRINT NAME

Date:

PARAMEDIC'S STATEMENT

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

Paramedic Signature:

Date:

RECEIVING PHARMACIST'S STATEMENT for RETURNED BOX The controlled substance (C.S.) contents of the SEM EMS Medication Box number _____ 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.

Name of Pharmacist on the Seal:

Name (Print)/Sig. of Receiving Pharmacist:

Date: _____ Hospital: _____

Documentation of Controlled Substance Waste (Please Print)

SEM A-PACK SUPPLY USE/REPLACEMENT FORM

Date: Agency Name:	Unit #: Inc. #	:		
Crew Names:				
Replacing Hospital:				
Paramedic's Statement	MEDICATION	UNIT/SIZE	QNTY	USED
	Albuterol 2.5 mg/ 3 mL	Vial – UD 3 mL	6	
SEM EMS A-Pack # has been opened and the noted medication(s) used as prescribed. I accept pharmacy sealed	Aspirin 81 mg tablets	Chewable UD Tablets	4	
SEM EMS A-Pack # sealed with breakaway #		Syringe 50 mL	1	
Patient Name: Patient DOB:	Ipratropium Bromide 0.02% (In Baggie)	2.5 mL Vial – UD	1	
Paramedic Signature: Date:	Naloxone 2 mg/2 mL or 0.4 mg/mL	2 x 2 mL Syringe or 1 x 10 mL Vial	4 mg	
	Nitroglycerin 0.4 mg/tab	Bottle	1	
Replacing Pharmacist's Statement	Ondansetron 2 mg/mL	2 mL Vial	2	
	Ondansetron ODT	4mg Tablet	2	
The medication(s) in the sealed SEM EMS A-Pack	Prednisone	50 mg Tablet	1	
#has been	Nebulizer		1	
distributed according to the Medication/Use and Replacemen	Blant Gannala	18 G x1 inch	2	
Policy of the participating MCA. All Medications are in the correct	Intranasal Mucosal Atomization Device		1	
concentration, dosage, form, volume, amount, and not expired.	Syringe w/needle 3 mL x 21/22 G x 1.5 inch	Syringe 3 mL	2	
Signature of Replacing Pharmacist:	3 or 4-Way Stopcock		1	
	Red Lock		1	
Hospital: Date:	Replacement/Incident	Forms	1ea	