



CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

25 N. WINFIELD ROAD
WINFIELD, IL 60190

PHONE: 630.933.6910
EMAIL: CDHEMS@NM.ORG

WEB: WWW.CDHEMS.COM

NON-NARCOTIC MEDICATION LOSS REPORTING AND REPLACEMENT FORM

THIS FORM IS TO BE UTILIZED WHEN A NON-CONTROLLED (NON-SCHEDULED) MEDICATION IS REPLACED FOR ANY REASON OTHER THAN PATIENT ADMINISTRATION OR EXPIRATION. THIS INCLUDES ALL MEDICATION EXCEPT, MIDAZOLAM (VERSED®), MORPHINE SULFATE (MORPHINE®), FENTANYL (SUBLIMAZE®), KETAMINE (KETALAR®), DIAZEPAM (VALIUM®), AND LORAZEPAM (ATIVAN®). FOR CONTROLLED SUBSTANCE LOSS REPORTING AND REPLACEMENT, SEE FORM CDHEMSS-003

DATE: ____/____/____

TIME: _____HRS

EMS AGENCY: _____

UNIT / VEHICLE NUMBER: _____

HOSPITAL PROVIDING REPLACEMENT: _____

MEDICATION: _____

TOTAL DOSE: _____

DOSE ADMINISTERED
(IF APPLICABLE): _____

| | | | | | |
|---------------------------------|-----------------------|------------------|----------------------|------------------|--------------|
| PACKAGING TYPE (CIRCLE ONE): | PRE-FILLED SYRINGE | AMPULE / VIAL | TUBEX / CARPUJECT | Box / PACKAGE | OTHER: _____ |
|---------------------------------|-----------------------|------------------|----------------------|------------------|--------------|

EXPLANATION OF
LOSS:

REQUIRED NAMES AND SIGNATURES:

EMS PROVIDER NAME: _____ SIGNATURE: _____

RN OR PHARMACIST NAME: _____ SIGNATURE: _____

EMS SYSTEM COORDINATOR: _____ SIGNATURE: _____

FORWARD THIS COMPLETED FORM TO THE CENTRAL DUPAGE HOSPITAL EMS SYSTEM OFFICE, ATTN: EMS SYSTEM COORDINATOR

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