

Morrow County EMS
Controlled Substance Administration Form

Run # _____ Kit # _____ Seal # _____

Date of administration ___/___/___ Medic # _____

Drug Administered: (please circle)

Morphine *Versed* *Fentanyl* *Ativan* *Valium*

Succinylcholine *Rocuronium* *Toradol* *Vecuronium*

Amount Administered in Mg / Mcg _____

Amount remaining in container or wasted in Mg / Mcg _____

Patient Name _____

Reason for administration _____

Administered by; Name _____ EMS # _____

Witnessed by; Name _____ EMS # _____

Disposition of remaining medication: (please circle one)

Left with ED *Wasted* *Returned with Kit*

Complete the section below if left with Hospital (must be RN or Physician)

Amount in Mg left with Hospital _____

Received by: Print name _____

Employee # _____ Signature; _____

Witnessed by; Print name _____

Employee # _____ Signature; _____

Please return *this sheet, kit, and broken seal* to the Captain on duty for exchange.