



OSF
HEALTHCARE

East Central Illinois EMS

Agency: _____ Unit: _____

Month: _____ Year: _____

Controlled Substance Administration Log

| Date (MM/DD/YY) | Admin. Time | Run Number | Med. (F/M/V) | Dose Admin. | Waste Amt. | Total | Old Tag Number | New Tag Number | Med. (F/M/V) | Dose Resupp. | EMS Signature (Adv. Provider) | RN Signature (Waste Witness) |
|--------------------|----------------|---------------|-----------------|----------------|---------------|------------|-------------------|-------------------|-----------------|-----------------|----------------------------------|---------------------------------|
| 01/01/2016 | 0830 | 12345678 | F | 50 mcg | 50 mcg | 100 mcg | 1234567 | 1234568 | F | 100 mcg | Signature | Signature |
| | | | | | | | | | | | Printed Name | Printed Name |
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* Fentanyl = **F**; Morphine = **M**; Versed = **V**
 ** Include units (i.e. mcg, mg, etc.) when documenting dosages