



**Expired/Replacement Medication Request Form – Non-Transport ILS/ALS**

Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Par Level	Medication	Quantity Needed	Quantity Given by Pharmacy
<b>MAXIMUM</b>	<b>Controlled Substances</b>		
4	Fentanyl 100mcg/2ml		
2	Morphine 2mg/ml syringe		
2	Morphine 10mg/ml syringe		
4	Midazolam 5mg/5ml vial		
1	Midazolam 10mg/2ml syringe (For IN use Only)		
<b>MINIMUM</b>	<b>Medications</b>		
3	Acetaminophen (Tylenol) 325mg tablets		
3	Adenocard (Adenosine) 6mg/2ml		
3	Amiodarone 150mg/3ml		
4	Aspirin, 81mg chewable tablets		
2	Atropine 1mg/10ml pre-filled syringe		
1	Atropine 0.4mg/ml, 20ml vial (One patient use)		
1	Benzocaine spray		
2	Cardizem, 100mg Add-vantage vial with 100ml NS Diluent		
1	Dextrose 10% (D10) 25g/250ml		
1	Diphenhydramine (Benadryl) 50mg/ml		
1	Dopamine 400mg/250ml D5W		
4	DuoNeb (Albutrol and Ipratropium) 3ml		
1	Epinephrine 1:1000 1mg/ml ampule		
4	Epinephrine 1:10,000 1mg/10ml pre-filled syringe		
1	Glucagon 1mg/1 unit		
1	Oral Glucose 15g Tube		
1	Lactated Ringers, 1000 ml bag		
3	Lidocaine 2% 100mg/5ml syringe		
1	Lidocaine 2g/500ml D5W -OR- 1g/250ml D5W		
2	Magnesium Sulfate 1gm/2ml vial		
1	Methylprednisolone, 125 mg		
2	Naloxone (Narcan) 2mg/2ml syringe		
1 Bottle	Nitroglycerin Spray or Tablet 0.4mg		
1 Tube or 5 pkgs	Nitroglycerin Paste/ paper (Tube or 1 inch pre-measured foil pkgs)		
1 each	Ondansetron (Zofran) 4mg/2ml vial <b>and</b> 4mg ODT		
2	Normal Saline 0.9%, 1000 ml bag		
1	Sodium Bicarbonate 50meq/50ml syringe		
1	Sodium chloride 3%, 500ml bag		
1	Tranexamic Acid 1g/10ml vial (Recommend 50ml Saline bag)		
	IV Fluid: (type/size)		
EMS Office Approval: (EMS Coord. or EMSMD Signature)		Date/ Time	
Request filled by: (HMMC or SHMC Pharmacy Signature)		Date/ Time	
Request picked up by: (Advanced Pre-Hospital Provider)		Date/ Time	

**EMS Phone Number: 217-359-6619      EMS Fax Number: 217-359-7408**  
\*Bring expired medications with when picking up new medications\*