HEMS
MEDICATION SECTION
BLS NEBULIZED BRONchodilator KIT CONTENTS AND EXCHANGE PROCEDURE (OPTIONAL)
Date: March 22, 2019

BLS Nebulized Bronchodilator Kit Contents and Exchange Procedure (Optional)

The cooperating hospital pharmacy will stock the BLS medication Kits in accordance with the BLS Medication Kit contents list.

BLS Nebulized Bronchodilator Medication Kit Contents List

<table>
<thead>
<tr>
<th>Medication / Item</th>
<th>Concentration</th>
<th>Packaging</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol</td>
<td>2.5mg/3ml</td>
<td>3 ml Vial - UD</td>
<td>3</td>
</tr>
<tr>
<td>Hand Held</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Nebulizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement Form</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

PROCEDURE:
A. The medications provided shall be consistent throughout the stock of BLS medication Kits as to dosages and concentrations prescribed by the BLS Medication Kit list.

B. The Nebulized Bronchodilator contents will be placed in a baggie, sealed and on the exterior affixed with a sticker providing following information:
   1. The name of the hospital pharmacy which last restocked the Kit.
   2. The date the Kit was last restocked.
   3. The legible initials of the pharmacist who inventoried and restocked the medication Kit.
   4. The earliest date at which medication will expire.

C. The hospital pharmacy will be solely responsible for dispensing and accounting for these seals.

D. The sealed Nebulized Bronchodilator Medication Kits will be placed in a locked storage area in the participating hospital ED or location designated by the participating hospital pharmacy. Only staff designated by the participating pharmacy will have access to the medication Kits. A permanent record shall be maintained indicating the name of the BLS Service for which the Nebulized Bronchodilator Medication Kit was issued and the name of the pharmacy designated staff or pharmacist receiving or dispensing the Kit.

BLS VEHICLE STOCKING AND EXCHANGE
A. Each Transporting MCA BLS Service has the option to stock each of its BLS units with a BLS Nebulized Bronchodilator Medication Kit. When used, the Nebulized Bronchodilator Medication Kit will be exchanged at the receiving Hospital. If the baggie is torn/broken open the Nebulized Bronchodilator Medication Kit will be exchanged at the assigned stocking hospital.
B. Each Non-Transporting MCA BLS Service has the option to stock each of its BLS units with 1 Nebulized Bronchodilator Medication Kit and stock 1 additional Nebulized Bronchodilator Medication Kit, for each unit, at the Service headquarters for immediate restock of a used Kit. When used or the baggie is torn/broken open the Nebulized Bronchodilator Medication Kit will be exchanged at the assigned stocking hospital within 24 hours to maintain availability of Kits for replenishment of units.

C. The EMS patient care record shall serve as a permanent medical record of physician orders for medications administered.

D. The replacement/use form must be completed and returned to the designated hospital for dispensing of a replacement Nebulized Bronchodilator Kit.

E. Any discrepancies in the BLS Nebulized Bronchodilator Medication Kit will be documented on the Medication Discrepancy Report and clearly labeled “BLS Nebulized Bronchodilator Medication Kit Discrepancy.” If the discrepancy is discovered by the BLS personnel at the time of use, the report form shall be co-signed by another EMS crew member. Hospital pharmacists who note discrepancies in the Medication Kit inventory which cannot be accounted for by the BLS Nebulized Bronchodilator Medication Kit Replacement Form shall initiate and sign the discrepancy report. Copies of the discrepancy reports along with copies of the EMS run report are sent to the MCA and the BLS Service responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy. Medications which are contaminated, lost through spillage or partially used must be accounted for on the EMS patient care record by BLS personnel and co-signed by another crew member.

F. Locked and secure compartments or other locking devices approved by the Department shall be provided on the EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional BLS Nebulized Bronchodilator Medication Kits which are stored at the MFR/BLS Service Headquarters must also be locked using compartments or devices approved by the Department.

G. On request, compensate the replacing hospital for the costs associated with the replacement of the Nebulized Bronchodilator Medication Kit due to failure to comply with approved protocol, including but not limited to:
   1. Presentation of the Nebulized Bronchodilator Medication Kit for exchange or replacement less than 30 days prior to the expiration date indicated on the package label.
   2. Presentation of a Nebulized Bronchodilator Medication Kit for exchange or replacement that is unusable due to failure to store the supplies in accordance with approved protocols.
3. Nebulized Bronchodilator Medication Kit provided by the replacing hospital to correct a deficiency in the stock of a current vehicle which cannot be documented as being used in connection with a patient.
HEMS
BLS Nebulized Bronchodilator Medication Kit
Replacement Form

AGENCY/UNIT____________DATE________INCIDENT # __________

EMS CREW (NAMES) ________________________________

<table>
<thead>
<tr>
<th>Medication</th>
<th>Unit/Size</th>
<th>Quantity</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol</td>
<td>2.5mg/3ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3ml Vial - UD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Held Nebulizer</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Patient Name: ________________________________

Receiving Hospital: __________________________

Use this table to document medication that has been opened and not used or opened and wasted.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Unit/Size</th>
<th>Quantity</th>
<th>Not Used/Wasted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol</td>
<td>2.5mg/3ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3ml Vial - UD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BLS CREW:

Signature:_________________________Date: __________

Signature:_________________________Date: __________