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Southeast Michigan Medication Exchange and Replacement Procedure

VEHICLE STOCK

- A. Each approved ALS unit will carry one GREEN LOCK SEALED Southeast Michigan (SEM) Regional Medication Box and A-Pack (Ancillary Pack). Contents are listed in Pharmacy Appendixes 1 and 2. Only appropriately numbered Medication Boxes and A-Packs issued by the participating Medical Control Authority are to be stocked by participating hospital pharmacies and issued to approved ALS units.
- B. Each EMS agency will be responsible for providing any additional equipment required by Michigan Department of Health & Human Services Bureau of EMS & Trauma (MDHHS).
- C. All drugs, needles, syringes, and supplies will be stored in a securely locked and temperature-controlled location on each approved unit. Medication Boxes/A-Packs will remain sealed at all times except when in actual use.
- D. Medication Boxes/A-Packs are to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. Inspection items include, but are not limited to: the Medication Box/A-Pack is locked in a compartment, the green lock is intact, the lock # matches number on the label, and medications are not expired. It is recommended that this inspection be included in a standard documented vehicle checklist.
- E. Agencies are responsible for maintaining Medication Boxes/A-Packs not in use by a crew in a locked and secured location, and have a system in place to **restrict** who accesses that location.
- F. Unopened Medication Boxes/A-Packs are to be exchanged within seven (7) days of the, "Use or Replace By" date.

USE/REPLACEMENT/EXCHANGE

- A. Medication Boxes/A-Packs will only be opened by a Paramedic when presented with a patient requiring Advanced Life Support care (when acting on written or transmitted orders from a physician at an appropriate On-Line Medical Control Facility) or the Pre-Medical Control section of approved treatment protocols.
- B. Red/Green Lock Procedure for Medication Boxes/A-Packs
 - 1. The Medication Box/A-Pack will be sealed using a green lock bearing the number indicated on the label.
 - 2. After the pharmacy inventory/restocking is complete, a red lock bearing the number indicated on the label will be placed in the Medication Box/A-Pack to be used by the Paramedic to seal the Medication Box/A-Pack after it has been used.
 - 3. When the Medication Box/A-Pack is opened by the Paramedic the broken numbered green lock will be placed in the Medication Box/A-Pack and delivered with the used Medication Box/A-Pack to the replacing pharmacy.
 - 4. After use the Paramedic will seal the Medication Box/A-Pack for exchange with the red lock from the Medication Box/A-Pack bearing the number indicated on the label.

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- C. <u>OPTIONAL (MCA adoption required)</u> Red/Green/White/ (or Yellow) Lock Procedure for MEDICATION BOXES ONLY
 - 1. After the pharmacy inventory/restocking is complete, a red lock and green lock bearing the respective numbers indicated on the label will be placed in the Medication Box to be used to seal the box after initial inspection (green lock) and after post use inspection (red lock).
 - 2. The Medication Box will be sealed using a white (yellow) lock.
 - 3. After the Medication Box is inspected jointly by the Paramedic and ED/Pharmacy representative the Medication Box will be sealed with the green lock, from the Medication Box, bearing the number indicated on the label.
 - 4. When the Medication Box is opened by the Paramedic, the broken numbered green lock will be placed in the Medication Box and delivered with the used Medication Box to the replacing pharmacy.
 - 5. After use, and after joint inspection of the Medication Box for exchange by the Paramedic and ED/Pharmacy representative, the Paramedic will seal the Medication Box with the red lock from the Medication Box bearing the number indicated on the label.

MEDICATION BOXES:

- A. All Participating Hospitals will have Medication Boxes/A-Packs, with contents as approved by the participating Medical Control Authorities and MDHHS, available for replacement of supplies used by approved ALS Units. Replacement Medication Boxes/ A-Packs will be maintained in a locked area, under the control of hospital staff, which is available 24 hours a day, 7 days a week. This area will be located within the either Emergency Department or Pharmacy of the Participating Hospital. Appropriate record keeping and security measures are required at each exchange site to ensure that only appropriately licensed and authorized personnel have access to medications and other related supplies.
- B. Medication Boxes/A-Packs used by approved ALS units for patients transported will be replaced, at the time of the run, by the receiving hospital according to established procedure. Where the receiving facility does not participate in the Regional EMS Medication Exchange System and/or supplies are expended for a patient who subsequently is not transported, the unit will proceed immediately to the Regional Participating Hospital which provided Medical Control for the run to complete replacement. A PCR will be submitted when completed.
- C. Use of any supplies contained in the Regional Medication Box/A-Pack will be documented on the Use/Replacement Form for exchange and the PCR of the patient for whom the supplies were used. This includes any medications or supplies prepared for use but not actually administered to the patient.

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BOX CLEANING

- A. All empty containers, packaging and used materials will be properly disposed of by the ALS crew that used the Medication Box/A-Pack.
- B. The EMS crew using standard hard surface decontamination techniques will clean any blood or body fluid contamination to the exterior of the Medication Box.
- C. If there is blood or body fluid contamination to the interior of the Medication Box/A-Pack, or to any unused materials or packaging, the EMS crew will clean and dispose of contaminated material. If direction is needed in the cleaning and disposal of contaminated materials the crew can contact the receiving hospital pharmacy.
- D. All unused, un-contaminated supplies will be returned to the Medication Box/A-Pack.

THE ALS CREW WILL:

- A. For all SEM runs, complete the Use/Replacement Form contained in the Medication Box/A-Pack. The form shall serve as the permanent medical record for drugs administered, and the paramedic will document their MCA Medical Director's name when any controlled substance is used. For post-radio-controlled substance orders, document the ordering physician's name on the Replacement Form.
- B. The ALS crew is responsible for proper distribution of the completed forms.
- C. The expended Medication Box/A-Pack (cleaned as described above and red sealed) and the completed Use/Replacement Form will be presented to an appropriate member of the hospital staff who will issue a fresh Medication Box/A-Pack (green seal). A member of the ALS crew and the hospital staff member will complete the exchange log sheet.
- D. In the event that controlled substances are prepared for use and not used or the entire contents of a container are not used, the remaining medication will be appropriately wasted by ALS crew member in the presence of licensed hospital personnel/or other ALS crew member. The following will be recorded on the Use/Replacement Form:
 - 1) The name and amount of the medication wasted.
 - 2) The initials of the ALS crew member, hospital personnel or other ALS crew member witnessing the waste.
- E. All requests for information concerning the "Use/Replacement Form" by other agencies are to be directed to the appropriate Medical Control Authority.

EXPIRATION OF DRUGS/SOLUTIONS

- A. All items in a SEM Regional Medication Box/A-Pack will have expiration dates not less than 90 days after the Medication Box/A-Pack is prepared.
- B. Any unused items bearing expiration dates less than 90 days subsequent shall be removed from the Medication Box/A-Pack and replaced with fresh stock as described in A above.

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- C. Each Regional Medication Box/A-Pack will have a label securely attached to the outside containing the following information:
 - 1. The name of the participating hospital pharmacy, which restocked the Medication Box/A-Pack.
 - 2. The date the Medication Box/A-Pack was restocked.
 - 3. The printed name and initial of the pharmacist and pharmacy technician that inventoried and restocked the Medication Box/A-Pack.
 - 4. The expiration date is the last day of the month of the earliest expiring medication (with a maximum of one year from the current date). The Medication Box/A-Pack label will include the month/day/year in the "use or replace by" section.
 - 5. The red and green lock numbers.
 - 6. The Medication Box/A-Pack number.

MEDICATION BOXES - ALTERNATIVE PACKAGING AND SHORTAGES:

- A. Routinely, participating hospital pharmacies must provide items only in the dosage, concentration, and packaging listed. Use of alternative vendors or manufacturers is acceptable if consistent with the required contents.
- B. For products in short supply hospital pharmacies may stock the Medication Boxes/A- Packs with less than a 90-day expiration date.
- C. When a medication in alternative packaging is the only product available, place alternative medication, use directions and supplies for medication preparation inside the Medication Box/A-Pack.
- D. Attach a sticker to the exterior top of the Medication Box or to the clear side near the bottom of the A-Pack stating the substitution.
- E. Directions for specific medications in short supply, throughout the regional exchange system will be addressed through communications with participating pharmacies as approved by the Regional Protocol participating MCAs.

DISCREPANCIES

- DEFINITION: For purposes of this policy, a "discrepancy" is any breakage, expiration, shortage, theft or diversion of a Regional Medication Box/A-Pack, or any contents thereof.
- A. A standard "MEDICATION DISCREPANCY REPORT" will be completed each time a discrepancy occurs. The form may be initiated by either pre-hospital or hospital staff discovering the discrepancy. The person initiating the report will be responsible for distributing the forms as required.
- B. The Medical Control copy of discrepancy reports will be sent to the Medical Control Authority in which the discrepancy occurred, which will serve as the central filing point.
- C. A copy of the PCR for the run on which the discrepancy occurred/was discovered is to be attached to each copy of the discrepancy report where applicable.

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- D. The participating hospital pharmacist is to be notified immediately if controlled substances are involved in a discrepancy. The participating hospital pharmacist will determine if the discrepancy constitutes a diversion of controlled substances. In addition, the following are to be notified of controlled substance diversions:
 - 1. The Medical Control Authority in which the diversion occurred.
 - 2. Drug Enforcement Administration (DEA)
 - 3. Michigan State Board of Pharmacy
 - 4. Appropriate local law enforcement agency (for the jurisdiction where the diversion most likely took place)
 - 5. Michigan Department of Health & Human Services (MDHHS).
- E. <u>The participating hospital pharmacist will be responsible for assuring that</u> <u>all appropriate notifications are made.</u>
- F. If, at any time, an ALS unit has less than the required stock of Medication Box/A-Pack supplies and cannot document use of these supplies in connection with a patient, a discrepancy report must be completed. The completed discrepancy report, along with a completed Use/Replacement Form indicating the EMS Provider Agency Name under "Patient Name" and clearly marked "Replacement for Missing Stock" will be presented to the agency's Base Hospital Pharmacy for replacement. The ALS agency can be held accountable for replacement.

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MEDICATION BOX CONTENTS DRUG/ITEM	CONCENTRATION	PACKAGING	QUANTITY
Acetaminophen	650 mg/20.3 mL	Unit Dose Cup	1
Adenosine	6 mg/2 mL	2 mL Vial/Syringe	3
Albuterol	2.5 mg/3 mL	3 mL Vial - UD	6
Amiodarone	150 mg/3 mL	Amp/Vial	3
Aspirin	81 mg/tablet	BT/UD – chewable	1 BT or 4 UD tabs
Atropine	1 mg/10 mL	10 mL Syringe	3
Calcium Chloride	1 g/10 mL	10 mL Syringe	2
Ceftriaxone	2 gm Vial	2 gm Vial	1
Dextrose 50%	25 g/50 mL	50 mL Syringe	1
Diphenhydramine	50 mg/1 mL	1 mL Vial	2
Epinephrine	1 mg/1 mL	1 mL Amp/ Vial	2
Epinephrine	1 mg/10 mL	10 mL Syringe	7
Fentanyl	50 mcg/mL	2 mL Vial/Amp	3
Ipratropium Bromide	0.02%	2.5 mL Vial - UD	2
Ketamine	100mg/ml	5ml Vial	1
Ketorolac	15mg/ml	1ml Vial	1
Lidocaine	100 mg/5 mL	5 mL Syringe	3
Magnesium Sulfate	1 g/2 mL	Amp/Vial	4
Magnesian Sunate	125 mg	Vial	1
Midazolam	5 mg/1 mL	1 mL Vial	4
Morphine	10 mg/1 mL	1 mL Amp/Vial	2
Naloxone	2 mg/2 mL or 0.4 mg/mL	4 x 2 mL Syringe	—
Naloxone	2 mg/2 mL or 0.4 mg/mL	or 2 x 10 mL Vial	Total = 8mg
Nitroglycerin	0.4 mg/tab	Bottle	1
Ondansetron	2 mg/mL	2 mL Vial	2
Ondansetron ODT	4mg	Tablet	2
Prednisone	50 mg tab	50 mg Tab	1
Racepinephrine 2.25% with 3 mL NS	11.25 mg/0.5 mL	0.5 mL Vial	1
Sodium Bicarbonate	50 mEq/50 mL	50 mL Syringe	2
Sodium Chloride	0.9%	100 mL Bag	1
Sodium Chloride	0.9% Preservative Free	20-30 mL Vial	1
Sodiam Chionde	0.5%116361740761166	or 10 mL syringes	2
Tranexamic Acid (TXA)	100mg/ml	10 ml Vial	1
Alcohol Pad	roomg/m		12
Incident Report Form			1
IV Additive Labels			3
IV Tubing with Y Site Pre-pierced Reseal	60 drops/mL(mini drip)		2
Nebulizer			1
Blunt Cannula	18 G x 1 inch		5
Filter Needle	18-21 G		3
Intranasal Mucosal Atomization Device	10210		1
Syringe	20 mL		1
Syringe	10 mL		5
Syringe with needle/Luer Lock	1 mL	1	5
Syringe with needle	3 mL – 21/22 G x 1.5 inch		5
Oral Liquid Syringe	10 ml		1
Needle	18 G x 1.5 inch		3
Pediatric Needle	25 G x 1 inch		2
Red Lock			1
Replacement Form			1
Three or Four-Way Stopcock			1
			1 .

NOTE: Participating hospital pharmacies must provide the above listed items only in the dosage, concentration, and packaging shown above. Use of alternative vendors or manufacturers is acceptable if consistent with the required contents

SEM/EMS MEDICATION BOX CONTENTS AND SCHEMATIC

Acctaminophen 650 mg/2 03 mL Unit dose cup X 1 Sodium Chloride 0.9% Vial or (2) 10 mL prefilled syringe Vial or (2) 10 mL prefilled syringe 2 mg/ 2ml Syringe X 2(+ 2 below) Misc. Supplies Actional (1) 20 mL 5 Misc. Supplies Actional (1) 20 mL Syringe X 2(+ 2 below) Magnesium Suifate 1 g/2 mL X 4 Preservative Free 2 mg/ 2ml Syringe X 2(+ 2 below) Filter Needle (18 G x 1 inch) – x 5 Sodium Chloride 0.9% Supplies Needle (18 G x 1 inch) – x 5 Magnesium Suifate 1 g/2 mL X 4 2 mg/ 2 mL or 0.4 mg/ mL 2 mg/ 2mL X 4 Natoxone 2 mg / 2mL Or 0.4 mg/ mL 4 x 2 mg / 2mL or 0.4 mg/ mL 4 x 2 mg / 2mL X 1 Needle (18 G x 1 inch) – x 5 Needle (18 G x 1 inch) – x 5 Amiodarone 150 mg/ 3 mL X 3 Adenosine 6 mg / 2 mL X 3 Epinephrine 1 mg / 1 mL X 3 Diphenhydramine 50 mg / 1 mL X 1 Agpirin 81 mg 2 mg / mL X 1 Chewable X 1 Ondansetron 2 mg / mL X 1 Middle Shelf Epinephrine 1 mL Vial X 4 Methylpredhisolon 8 mg / 1 mL X 1 Imt Vial X 1 Abuterol X 1 Mubulizer X 1 Middle Shelf Extropine X 1 X 1 Sodium Chorade 0.9% X 1 Sodium Chorade 0.9% X 1 Nebulizer X 1 Middle Shelf Extropine X 1 X 1 Sodium Chorade 0.9% X 1 Sodium Chorade 0.9% X 1 Muchar 1 1 mL Vial X 1 X 1 Sodium Chorade 0.9% X 1 Sodium Chorade 0.9% X 1 Muchar 1 Sordig min 5 m	Top Shelf			1		<u> </u>					
Unit dose cup X 1 Vial or (2) 10 mL prefiled syringe Blunt Cannula (B G x 1 inch) – x 5 Natoxone 2mg/2ml Syringe x 2(+ 2 below) Blunt Cannula (B G x 1 inch) – x 5 Magnesium Sulfate 1 g/2 mL Amp/Vial X 4 2 mg/2 mL co 0.4 mg/ mL 2 mg/2 mL or 0.4 mg/ mL 4 x 2 mL Syringe or 2 x 10 mL Vial Total = 8 mg Blunt Cannula (B G x 1 inch) – x 5 Amiodarone 1 50 mg/3 mL Amp/Vial X 3 Adenosine 6 mg/2 mL 2 mL X 3 Epinephrine 1 mg/1 mL Amp/Vial X 3 Diphonhydramine 5 mg/1 mL Amp/Vial X 3 Adenosine 6 mg/2 mL 2 mL Yall Syringe or 2 x 10 mL Vial X 4 Adenosine 1 mg/1 mL Amp/Vial X 3 Diphonhydramine 5 mg/1 mL Amp/Vial X 1 Adspirin 81 mg 2 mg/mL Amp/Vial X 1 Ondansetron 2 mg/mL X 2 Middle Sheff Methylpredmisolon 1 mL Vial X 4 Bottle String 3 mL X 1 Adspirin 81 mg 2 mg/mL X 2 Ondansetron 2 mg/mL X 2 Middle Sheff Methylpredmisolon 1 mL Vial X 4 Bottle X 1 Methylpredmisolon X 1 Bottle X 1 Middle Sheff Ceftriaxone Syringe 1 mL- 1 mL Vial X 4 Methylpredmisolon X 1 Bottle X 1 Albuterol X 1 Methylpredmisolon X 1 Bottle X 1 Y 1 Sodium Bicarbonate X 1 Soling 4 S 0 mL - 50 mL Syringe 2 C mL x 1 NL Vial X 1 NL Vial X 1 Middle Sheff Ceftriaxone X 1 Solium Bicarbonate X 1 Solium Bicarbonate S yringe 2 C mL x 1 Solium Bicarbonate X 1 Img/1 0 mL - 10 mL Syringe x 7 Syringe 2 C mL x 1 Solium Choide Soli				_							
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Version: 37 – November 2023 (Discard all previous versions) Needleless stock only!

SEM/EMS ACCESSORY PACK (A-PACK) CONTENTS Version: 37– November 2023 (Discard all previous versions) Needleless s

Needleless stock only!

DRUG/ITEM	CONCENTRATION	PACKAGING	QUANTITY
Albuterol	2.5 mg/ 3 mL	3 mL Vial – UD	6
Aspirin	81 mg/Chewable tablet	UD Tabs	4
Dextrose 50%	25 g/50 mL	50 mL Syringe	1
Intranasal Mucosal Atomization Device			1
Ipratropium Bromide (in baggie)	0.02%	2.5 mL Vial – UD	1
Naloxone	2 mg/2 mL or 0.4 mg/mL	2x2 mL Syringe or 1x10 mL Vial	Total = 4 mg
Nitroglycerin	0.4 mg/ Tab	Bottle	1
Nebulizer			1
Ondansetron	2 mg/ mL	2 mL Vial	2
Ondansetron ODT	4mg	Tablet	2
Prednisone	50 mg tab	50 mg Tab	1
Blunt Cannula	18 G – 1 inch		2
Syringe 3 mL with needle	21/22 G x 1.5 inch needle		2
Red Lock			1
Replacement Form			1
Incident Report Form			1
Three or Four-Way Stopcock			1

SEM/EMS ACCESSORY PACK (A-PACK) SCHEMATIC

Green Lock through zipper and eyelet	Green	Lock	through	zipper	and	evelet
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(Place behind Albuterol Dextrose 50% 50 mL Syringe 25 gm/ 50 mL (1)	l on this side)	Nebulizer ((Place on the		(Elastic Holder) Nitroglycerin 0.4 mg/ Tab
(Inside Front Pocket)		Incident Report	Form (1)	(1) bottle
Albuterol	Blunt Cannula	Replacement Fo	orm (1)	
2.5 mg/ 3 mL Vial UD (6)	18 G x 1 inch (2)	(Folded in half	and placed along inside bac	k of A-Pack)
		Ipratropium Bromid	le 0.02% Vial	
Prednisone (In baggie) (1)	Ν	aloxone 2 mg/ 2 mL or 0.4 mg 2 x 2 mL Syringe 1 x 10 mL V Total = 4 mg		50 mg Tab UD (1)
	[(Inside Front Pocket)		
Aspirin 81 mg Tab UD Chewable (4)		Yellow Pharmacy Label	Three or Four-Way Stope	cock (1)
	Syr	inge 3 mL with 21 G x 1.5 inch	n needle (2)	Red Lock (1)
Intranasal Mucosal	Atomization Device (1)	Ondansetron 2 mg/ mL	- 2 mL vial (2) Ondansett 2 Tablets	ron ODT 4mg

SEM/EMS MEDICATION BOX/PACK INCIDENT/DISCREPANCY FORM

If there is any discrepancy with the contents of this Medication Box or A-Pack, this form **MUST** be filled out by the person(s) who discover the discrepancy. <u>The participating hospital pharmacist is to be notified immediately if controlled</u> <u>substance(s) are involved in a discrepancy</u>. The pharmacy must send the form and any supporting documentation to **THE PARTICIPATING MEDICAL CONTROL AUTHORITY WHERE THE INCIDENT/DISCREPANCY OCCURRED**. <u>Version: 37-2023</u> (Discard all previous versions)

EMS Agency or Hospital Name: Date Discovered: Reporting Individual(s) Name(s): Vitness to Discrepancy: TYPE BOX OR PACK # RED SEAL # GREEN SEAL #							
	Reporting Individual(s) Name(s):						
TYPE BOX OR PACK # RED SEAL # GREEN SEAL #	itness to Discrepancy:						
TYPE BOX OR PACK # RED SEAL # GREEN SEAL #							
	TYPE						
EMS MEDICATION BOX	DEMS MEDICATION BOX						
	∃A-PACK						
	JOTHER						
RESTOCKING INFORMATION RECEIVING INFORMATION							
Date Last Restocked: Receiving Hospital:							
Restocking Hospital: Receiving Pharmacist:							
Phone # Phone # PLEASE INDICATE THE NATURE OF THE ISSUE	hone #						
CONTROLLED SUBSTANCE DISCREPANCY (MUST COMPLETED SECTION BELOW)							
DAMAGED MEDICATION CONTAINER							
	JOTHER						
DESCRIPTION							
MEDICATION STRENGTH/SIZE/VOLU # OF VIALS/AMPS MISSING/BROKEN	MEDICATION						
ME Designed and the second sec							
	-						
□Midazolam							
	Ketamine						
EMS RUN INFORMATION EMS AGENCY UNIT # RUN # MCA	EMS AGENCY						
	ENIO AGENOT						
ADDITIONAL INFORMATION REGARDING MEDICATION BOX/PACK INCIDENT/DISCREPANCY	ADDITIONAL INFO						

This document can be faxed/emailed to the appropriate MCA: **Detroit East** <u>info@demca.org</u>; **Genesee** 810-262-2556; HEMS <u>mail@hems.org</u> or 734-727-7281; Lapeer 810-664-0681; Macomb <u>ems@mcemsmca.org</u>; Monroe <u>Joella.Cousino@ProMedica.org</u>; Oakland <u>ems@ocmca.org</u>; St. Clair 810-985-3012; Washtenaw/Livingston WashtenawLivingstonMCA@washtenaw.org

SOUTHEAST MICHIGAN (SEM) REGIONAL

MEDICATION BOX/A-PACK AND IV EXCHANGE PROCEDURES

PLEASE POST IN ALL MEDICATION EXCHANGE AREAS

- **STEP 1:** EMS Personnel must complete a SEM Med Box/A-Pack/IV Supply Use/Replacement Form and/or the SEM IV Supply Use/Replacement Form (EMS Run Report – Genesee County MCA). All information must be complete. Used Medication Boxes/A-Packs must be cleared of contaminated items, cleaned, and sealed appropriately.
- **STEP 2:** Hospital staff reviews form for completeness and receiving prescriber signature (only required for cases in which controlled substances are used). Staff unlocks cabinet and allows removal of appropriate supplies. Both EMS personnel and hospital staff complete the Medication Box/A-Pack and IV Supply Exchange Log. Both EMS and hospital staff ensure that the correct Medication Box/A-Pack numbers are recorded.
- **STEP 3:** The original copy of the SEM Medication Box/A-Pack/IV Supply Use/Replacement Form shall be left in the MCA cabinet. Because the hospital staff person must review the documentation form, it may not be able to be placed in the Medication Box/A-Pack before it is sealed. It will be necessary for the pharmacist to collect all separated Documentation Logs that are stored in the cabinet, when restocking drug boxes.
- **STEP 4:** The MCA cabinet must be re-locked when the exchange is complete.

THESE PROCEDURES ALSO APPLY WHEN ONLY AN IV FLUID/SUPPLY EXCHANGE IS COMPLETED.

NOTE: Receiving Prescriber: Physician, P.A., N.P.

DATE	AGENCY NAME	EMS AGENCY RUN #	HOSPITAL RECEIVING STAFF	# OF BOX/A- Pack- IN	# OF BOX/ A- Pack- OUT	IV REPLACEMENT YES OR NO

SEM/EMS REGIONAL PHARMACY EXCHANGE LOG

SEM MED BOX/A-PACK SUPPLY USE/REPLACEMENT FORM Version

Witness:

CREW

NOTE

Medic:

37-November 2023				
AGENCY:	DATE:	но	SPITAL:	
UNIT #:INC (Names):			EMS	
Patient Name: Patient DOB:				
MEDICATION Acetaminophen 650 mg/20.3 mL 10 ml oral syringe in bag	UNIT/SIZE Unit dose cup	QNTY 1	USED	
Adenosine 6 mg/2 mL	Vial/Syringe 2 mL	3		
Albuterol 2.5 mg/3 mL*	Vial – UD 3 mL A-Pack	6 6		
Amiodarone	Amp/Vial	3		

X 1 Bottle or

Syringe 10 mL

Syringe 10 mL

Syringe 50 mL

Amp/Vial 1 mL

Syringe 10 mL

2.5 mL Vial – UD

4 x 2 mL Syringe

2 x 10 mL Vial

Total = 8 mg

4 UD Tabs

A-Pack

2 gm Vial

A-Pack

A-Pack

1ml Vial

Amp/Vial

Vial

or

2

Bottle

A-Pack

2 mL vial

4mg tab

A-Pack

3mL NS

50 mg. tab

0.5 mLVial &

Syringe 50 mL

Vial 20-30 mL or

10mL syringe

Bag 100 mL

10ml vial

UNIT/SIZE

Vial 1 mL

Vial/Amp 2 mL

Vial/Amp 1 mL

Syringe 5 mL

Vial 1 mL

1

4

3

2

1

1

1

2

2

7

2

1

1

3

4

1

4

2

1

1

2

2

1

1

1

2

1

2

1

QTY/

DOSE

3

4

2

1

DOSE

GIVEN

DOSE

WASTED

150 mg/3 mL

tablets*

1 g/10 mL Ceftriaxone 1gm

Dextrose 50%

Diphenhydramine

(Benadryl) 50 mg/1 mL

Ipratropium Bromide

0.02% (In Baggie)*

Magnesium Sulfate

Methylprednisolone

Ketorolac 15mg Lidocaine 100 mg/5 mL

25 g/50 mL*

Epinephrine 1 mg/1 mL Epinephrine

1 mg/10 mL

1 g/2 mL

125 mg

Naloxone* 2 mg/2 mL or

0.4 mg/mL

Drug Box

0.4 mg/tab

mg/mL*

ODT*

Nitroglycerin*

Ondansetron

Ondansetron 4mg

11.25 mg/0.5 mL

50 mEq/50 mL

100mg/ml CONTROLLED

SUBSTANCES

Fentanyl 50 mcg/ mL

Midazolam 5 mg/1 mL

Morphine 10 mg/1 mL

Ketamine 100mg/ml

Prednisone 50 mg tab*

Racepinephrine 2.25%

Sodium Bicarbonate

Sodium Chloride 0.9%

Sodium Chloride 0.9%

Tranexamic Acid (TXA)

(Preservative free)

Aspirin 81 mg chewable

Atropine 1mg/10 mL

Calcium Chloride

leedleless stock only!	* Items in both	Medicatio	n Box and	A-Pack
MISCELLANEOUS	UNIT/SIZE	QNTY	USED	NOTE
Alcohol Pads		12		
Incident Report Form*	A-Pack	1 Each		
IV Additive Labels		3		
IV Tubing 60 drops/mL (Minidrip) with Y Site Pre-Pierced Reseal		2		
Nebulizer*	A-Pack	1 Each		
Blunt Cannula 18 g – 1 inch *	18 G x 1 inch A-Pack	5 2		
Filter Needle	18-21 G	3		
Intranasal Mucosal Atomization Device*	A-Pack	1 Each		
Red Lock*	A-Pack	1 Each		
Replacement Form*	A-Pack	1		
Syringe 1mL (With needle/Luer Lock)	Syringe 1 mL	5		
Syringe 10 mL	Syringe 10 mL	5		
Syringe 20 mL	Syringe 20 mL	1		
Needle	18 G x 1.5 inch	3		
Pediatric Needle	25 G x 1 inch	2		
3 or 4-Way Stopcock*		1 Each		
Syringe w/ needle 3 mL– 21/22 G x 1.5 inch*	Syringe 3 mL A-Pack	5 2		

Replacing Hospital:

MCA Medical Director's Name or post radio ordering physician:

(Controlled Substance use only) PRINT NAME

Date: ___

PARAMEDIC'S STATEMENT

SEM EMS Medication Box number _____ has been opened and the above noted medication(s) used as prescribed. I accept pharmacy sealed SEM EMS Medication Box Number _____ sealed with breakaway tag number

RECEIVING PHARMACIST'S STATEMENT for RETURNED BOX

Date:

The controlled substance (C.S.) contents of the SEM EMS Medication Box has been reviewed. The Supply Use/Replacement form number reflects the C.S. contents missing have been documented as administered by the Paramedic returning the box, C.S. contents not documented as administered are in the box in the correct concentration, dosage form, volume, and quantity per Medical Control Authority policy.

Name of Pharmacist on the Seal:

Name (Print)/Sig. of Receiving Pharmacist: _____

Date: _____Hospital: _____

Vial 5ml **Documentation of Controlled Substance Waste (Please Print)**

SEM A-PACK SUPPLY USE/REPLACEMENT FORM

Date: Agency N	Name:			Unit #: Inc. #:
Crew Names:				
Replacing Hospital:				
MEDICATION	UNIT/SIZE	QNT Y	USE D	Paramedic's Statement
Albuterol 2.5 mg/ 3 mL	Vial – UD 3 mL	6		
Aspirin 81 mg tablets	Chewable UD Tablets	4		SEM EMS A-Pack # has been opened and the noted medication(s) used as prescribed. I accept pharmacy sealed
Dextrose 50% 25 g/50 mL	Syringe 50 mL	1		SEM EMS A-Pack # sealed with breakaway #
Ipratropium Bromide 0.02% (In Baggie)	2.5 mL Vial – UD	1		Patient Name:
Naloxone 2 mg/2 mL or 0.4 mg/mL	2 x 2 mL Syringe or 1 x 10 mL Vial	4 mg		Patient DOB: Paramedic Signature: Date:
Nitroglycerin 0.4 mg/tab	Bottle	1		
Ondansetron 2 mg/mL	2 mL Vial	2		
Ondansetron ODT	4mg Tablet	2		Replacing Pharmacist's Statement
Prednisone	50 mg Tablet	1		
Nebulizer		1		The medication(s) in the sealed SEM EMS A-Pack #has been
Blunt Cannula	18 G x1 inch	2		distributed according to the Medication/Use and Replacement Policy
Intranasal Mucosal Atomization Device		1		of the participating MCA. All Medications are in the correct concentration, dosage, form, volume, amount, and not expired.
Syringe w/needle 3 mL x 21/22 G x 1.5 inch	Syringe 3 mL	2		Signature of Replacing Pharmacist:
3 or 4-Way Stopcock		1		
Red Lock		1		Hospital: Date:
Replacement/Incident	Forms	1ea		

Needleless Stock Only! Version: 37-November 2023