

## Memorial EMS System (0327 and 0653) Medication Refill Request Form—EMT

Agency			Rig #		Date	
Contact Person				Contact Number		
Replacement Obtained By (Pharmacy Staff Member)				Date/Time		
Requested Picked Up By				Date/Time		
Level	Number Supplied	Medication	How Supplied	Quantity Needed	Date(s) Medications Expire (dd/yy)	Quantity Given by Pharmacy
EMT	3	albuterol-ipratropium (Duoneb)	2.5 mg–0.5 mg/3 mL nebulizer			
EMT	4	aspirin	81 mg			
EMT	2*	EPINEPHrine (Only if substituted for Epi pens)	1 mg/mL ampule/vial			
EMT	1	EPINEPHrine auto-injection Jr. (EpiPen Jr.)	0.15 mg			
EMT	1	EPINEPHrine auto-injection (EpiPen)	0.3 mg			
EMT	1	glucagon	1 mg + Diluent box			
EMT	2	naloxone (Narcan)	2 mg/2 mL emergency syringe			
EMT	1 bottle	nitroglycerin	0.4 mg bottle			
EMT	1	ondansetron (Zofran)	4mg ODT			
EMT	2	oral glucose (to be purchased by agency)	15 g tube	NA	1. 2.	NA

*This count is per protocol and does not reflect changes due to shortages. Always refer to active memos regarding shortages.*