

Please Fax to Winchester Medical Center Pharmacy **24 HOURS Prior** to pick up.

Pharmacy Fax Number: (540) 536-8948

Expiring Drug Exchange Form (Revised January 1, 2023)

_____ County/City

Monthly Inventory of Drugs

Date of Request: _____ ALS Provider: _____ Unit: _____ Company: _____

Drug Box #: _____ Drug Box Security Tag #: _____

Controlled Substance Pouch Security #: _____

| Item Description | # Need | Filled | Item Description | # Need | Filled |
|--|--------|--------|--|--------|--------|
| Acetaminophen 325 mg/10.15 mL Oral Solution (2) | | | Magnesium Sulfate 1 gm/2 mL - 2 mL Injection (4) | | |
| Adenosine 6 mg/2 mL - 2 mL Injection (3) | | | Methylprednisolone (Solu-Medrol) 125 mg Injection (2) | | |
| Albuterol Sulfate 2.5 mg/3 mL Nebulizer (5) | | | Metoprolol 5 mg/5 mL - 5 mL Injection (3) | | |
| Amiodarone 150 mg/3 mL - 3 mL Injection (3) | | | Naloxone 0.4 mg/mL - 10 mL Injection (3) | | |
| Aspirin 81 mg Chewable Tablets (4) | | | Naloxone 0.4 mg/mL - 1 mL Injection (5) | | |
| Atropine 1 mg/10 mL - 10 mL Luer Jet Syringe (3) | | | Nitroglycerin 0.4 mg (SL) Tablets 25 Count (1 Bottle) | | |
| Calcium Chloride 100 mg/mL - 10 mL Injection (1) | | | Nitroglycerin Ointment 2% With Paper (2) | | |
| Cefazolin 1 Gram Vial (2) | | | Norepinephrine 4 mg/4 mL - 4 mL Injection (1) | | |
| Dextrose 50% 50 mL Luer Jet Syringe (2) | | | Ondansteron (Zofran) 4 mg/2 mL - 2 mL Injection (2) | | |
| Diphenhydramine (Benadryl) 50 mg/mL - 1 mL Injection (1) | | | Ondansteron (Zofran) ODT 4 mg Tablets (2) | | |
| Epinephrine 1:1,000 1 mL Injection (2) | | | Rocuronium Bromide 50 mg/5 mL Injection (2) | | |
| Epinephrine 1:1,000 30 mL Injection (1) | | | Sodium Bicarbonate 50 meq/50 mL-50 mL Luer Jet Syringe (2) | | |
| Epinephrine 1:10,000 10 mL Luer Jet Syringe (4) | | | Tranexamic Acid (TXA) 100 mg/mL - 10 mL injection (2) | | |
| EpiPen 0.3 mg - 0.3 mL Syringe (1) | | | | | |
| EpiPen Jr. 0.15 mg- 0.3 mL Syringe (1) | | | Narcotics Kit - (Will Receive In A Kit) | | |
| Furosemide 40 mg/4 mL - 4 mL Injection (1) | | | Fentanyl 100 mcg/2 mL - 2 mL Injection (2) | | |
| Glucagon 1 mg/mL (Kit) For Injection (2) | | | Midazolam 5 mg/5 mL - 5 mL Injection (4) | | |
| Haloperidol 5 mg/mL - 1 mL Injection (2) | | | Ketamine 50 mg/mL - 10 mL Injection (1) | | |
| Ipratropium Bromide 0.02% 0.5 mg/2.5 mL Nebulizer (1) | | | | | |
| Ketorolac Tromethamine (Toradol) 30 mg/mL Injection (1) | | | IV Fluid | | |
| Lidocaine 2% 100 mg/5 mL - 5 mL Luer Jet Syringe (3) | | | Dextrose 5% 100 mL Braun Bag (1) | | |
| Lidocaine 1% or 2% 40 mg/2 mL - 10 mL Injection (2) | | | D5W 250 mL (1) | | |

Comments: _____

RPh Signature: _____

Pharmacy Technician Signature: _____

Note To Pharmacy: Please be sure to check identification of rescue squad personnel when dispensing medications.