



# McLean County Area EMS System

1609 Northbrook Ste 8  
Normal, IL 61761

Phone: (309) 827-4348  
Fax: (309) 808-4325

## ALS Medication Replacement Form

Date: \_\_\_\_\_

Approx. Time of Arrival: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

NOTE: This form has two pages. Both must be present to be considered valid.

Medication	Strength/Volume	Total Administered	Total/ Replaced	Notes
**Diazepam	10 mg/2 ml			
**Etomidate	40 mg/20 ml			
**Fentanyl	100 mcg/ 2 ml			
**Haloperidol	5 mg/1 ml			
**Lorazepam	2 mg/1 ml			
**Midazolam	5 mg/5 ml			
**Morphine Sulfate	10 mg/1 ml			
Adenosine	12 mg/4 ml			
Adenosine	6mg/2 ml			
Albuterol	2.5 mg/3 ml			
Amiodarone	150 mg/3 ml			
Aspirin	Chewable (81mg/tab)			
Atropine	1 mg/10 ml			
Benzocaine	56 g (bottle); "Cetacaine"			
Calcium Chloride	1 gm/10 ml			
Dextrose 50%	25 g/50 ml			
Dextrose 10%	250 ml (For Substitution if Dextrose 50% is not available)			
Dextrose, 5% (D <sub>5</sub> W)	100 ml			
Diphenhydramine	50 mg/1 ml			
Dopamine	400 mg/250 ml			
Epinephrine	1 mg/1 ml (1:1000)			
Epinephrine	1 mg/10 ml (1: 10,000)			
Epinephrine	30 mg/30 ml (1:1000)			
Furosemide	100 mg/ 10 ml			
Glucagon	1 mg/1 ml			
Ipratropium	0.5 mg/2.5 ml			
Lidocaine	100 mg/5 ml			
Magnesium Sulfate	5 g/10 ml			
Methylprednisolone	125 mg/2 ml			
Naloxone	2 mg/2 ml			
Nitroglycerin	SUBLINGUAL (tab or spray) 0.4mg/dose			
Nitroglycerin	TRANSDERMAL paste, with paper			
Nitroglycerin, Inj.	50 mg/250 ml bottle			
Ondansetron	2 mg/1 ml			



# McLean County Area EMS System

1609 Northbrook Ste 8  
Normal, IL 61761

Phone: (309) 827-4348  
Fax: (309) 808-4325

Medication	Strength/Volume	Total Administered	Total/ Replaced	Notes
Oral Glucose	Oral gel; at least 15g per package			
Phenylephrine, 1%	15 ml; nasal spray; "Neosynephrine"			
Racemic epinephrine	2.25% (0.5 ml)			
Saline, Hypertonic 3%	500 ml			
Saline, Normal 0.9%	1000 ml			
Saline, Normal 0.9%	250 ml			
Saline, Normal 0.9%	100 ml			
Sodium bicarbonate	50 mEq/50 ml			
Thiamine	100 mg/1 ml			
Tranexamic Acid (TXA)	1000 mg/10 ml			

\*\*Indicates scheduled/controlled medication by federal, state, and/or system standards. Follow all appropriate regulatory requirements. Ensure all paperwork completed in accordance with policy.

Comments/Notes: \_\_\_\_\_

Emergency Department RN/MD:	_____	_____
	Printed	Signature
Agency Representative:	_____	_____
	Printed	Signature
Pharmacy Representative:	_____	_____
	Printed	Signature