



McLean County Area EMS System

705 N. East Street
Bloomington, IL 61701

Phone: (309) 827-4348
Fax: (309) 827-2017

ALS Medication Replacement Form

Agency Name: _____

Date: _____ Unit#: _____

Patient Name: _____ Patient ID #: _____

EMT Name: _____ EMT ID #: _____

* Medications are approved for administration by EMT-Paramedic personnel

MEDICATION	STRENGTH/ VOLUME	CONTAINER	TOTAL ADMINISTERED	TOTAL REQUESTED
Adenosine (Adenocard)	6mg/2 ml	Vial/Prefilled Syringe		
Adenosine (Adenocard)	12mg/4ml	Vial/Prefilled Syringe		
Albuterol (Proventil)	2.5mg/3ml	Vial		
Aspirin, Chewable	81mg/tablet	36 tablets/bottle		
Atropine	1mg/10ml	Prefilled Syringe		
Calcium Chloride	1gm/10ml	Prefilled Syringe		
Cetacaine	56 grams	Spray Bottle		
Dextrose 50%	25gm/50ml	Prefilled Syringe		
Diazepam (Valium)	10mg/2ml	Vial/Prefilled Syringe		
Diphenhydramine(Benadryl)	50mg/1ml	Vial/Prefilled Syringe		
Dopamine (Intropin)	400mg/250ml	Premix Bag		
Epinephrine (1:10,000)	1mg/10ml	Prefilled Syringe		
Epinephrine (1:1000)	1mg/1ml	Ampule/Tubex		
Epinephrine (1:1000)	30mg/30ml	Vial		
Fentanyl	50mcg/ml	2ml amp or Syringe		
Furosemide (Lasix)	100mg/10ml	Prefilled Syringe		
Glucagon	1mg/1 unit	Vials for Dilution		
Glucose		Oral Gel		
Ipratropium (Atrovent)	0.5 mg (2.5ml)	Vial		
Ketorlac (Toradol)	30mg/ml	Vial		
Lidocaine (Xylocaine)	100mg/5 ml	Prefilled Syringe		
Lidocaine Infusion	1gm/250 ml	Premix Bag		
Lorazepam (Ativan)	2mg/ml	Vial		
Magnesium Sulfate	5gm/10ml	Vial/Prefilled Syringe		
Methylprednisolone (Solu-medrol)	125mg Act-O-Vial	Act-O-Vial		

Revised 05/2010



McLean County Area EMS System

705 N. East Street
Bloomington, IL 61701

Phone: (309) 827-4348
Fax: (309) 827-2017

Morphine Sulfate	10mg/1ml	Tubex		
Naloxone (Narcan)	2mg/2ml	Ampule		
Neosynphrine (ES)	1% (15ml)	Single use bottle		
Ondansetron (Zofran)	2mg/ml	Vial		
Nitroglycerin	0.4mg	Metered Spray or Tablet		
Nitroglycerin/paper		Paste		
Racemic Epinephrine	2.25% (0.5ml)	Vial		
Sodium Bicarbonate	50 mEq/50ml	Prefilled Syringe		
Thiamine	100 mg/1ml	Vial		
Midazolam HCL (Versed)	10mg/2ml	Vial/Prefilled Syringe		
Midazolam HCL (Versed)	5mg/5ml	Vial/Prefilled Syringe		
Vasopressin (Pitressin)	20 units/1ml	Vial		

IV SOLUTIONS

SOLUTION	VOLUME	TOTAL BAGS ADMINISTERED	TOTAL BAGS REQUESTED
Sodium Chloride 0.9%	1000 ml		
Sodium Chloride 0.9%	250 ml		

Comments:

Emergency Department RN/MD: _____
Signature

Agency Representative: _____
Signature

Pharmacy Representative: _____
Signature