



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

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

BLS Medication Replacement Form

Agency Name: _____

Date: _____ Unit #: _____

Patient Name: _____ Patient ID #: _____

* Medications are approved for administration by EMT-Basic level personnel

| MEDICATION | STRENGTH/ VOLUME | CONTAINER | TOTAL ADMINISTERED | TOTAL REQUESTED |
|-----------------------|---------------------|---------------|-----------------------|--------------------|
| Albuterol (Proventil) | 2.5 mg/3 ml | Vial | | |
| Aspirin, Chewable | 81 mg tablet | 36/Bottle | | |
| Glucose | | Oral Gel | | |
| Epinephrine (1:1000) | 0.3 mg/2 ml | Epi-Pen | | |
| Epinephrine (1:1000) | 0.15 mg/2 ml | Epi-Pen Jr. | | |
| Nitroglycerin | 0.4 mg/1 spray | Metered Spray | | |
| Glucagon | 1mg/1 unit | Vial | | |
| Naloxone (Narcan) | 2mg/2ml | Ampule | | |

Comments:

Emergency

Department RN/MD: _____

Signature

Agency Representative: _____

Signature

Pharmacy Representative: _____

Signature