



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

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

BLS Medication Replacement Form

Date: _____

Approx. Time of Arrival: _____

Agency Name: _____

Unit #: _____

Patient Name: _____

Patient ID: _____

Medication	Strength/Volume	Total Administered	Total Requested/Replaced
Albuterol	2.5 mg/3 ml		
Aspirin	Chewable (81mg/tab)		
Epinephrine	1:1000; 0.3 mg (auto-injector "adult")		
Epinephrine	1:1000; 0.15 mg (auto-injector "peds")		
Epinephrine	1:1000; 1 mg vial		
Glucagon	1 mg/1 ml		
Naloxone	2 mg/2 ml		
Nitroglycerin	SUBLINGUAL (tab or spray) 0.4mg/dose		
Nitroglycerin	TRANSDERMAL paste, with paper		
Oral Glucose	Oral gel; at least 15g per package		

Comments/Notes: _____

Emergency
Department
RN/MD:

Printed

Signature

Agency
Representative:

Printed

Signature

Pharmacy
Representative:

Printed

Signature