



McLean County Area EMS System

1609 Northbrook Ste 8
Normal, IL 61761

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

ILS Medication Replacement Form

Date: _____

Approx. Time of Arrival: _____

Agency Name: _____

Unit #: _____

Patient Name: _____

Patient ID: _____

Medication	Strength/Volume	Total Administered	Total/ Replaced	Notes
**Diazepam	10 mg/2 ml			
**Fentanyl	100 mcg/ 2 ml			
**Lorazepam	2 mg/1 ml			
**Midazolam	5 mg/5 ml			
**Morphine Sulfate	10 mg/1 ml			
Adenosine	6mg/2 ml			
Adenosine	12 mg/4 ml			
Albuterol	2.5 mg/3 ml			
Aspirin	Chewable (81mg/tab)			
Atropine	1 mg/10 ml			
Dextrose 50%	25 g/50 ml			
Dextrose 10%	250 ml (For Substitution if 50% Dextrose is unavailable)			
Diphenhydramine	50 mg/1 ml			
Epinephrine	1 mg/1 ml (1:1000)			
Epinephrine	1 mg/10 ml (1: 10,000)			
Furosemide	100 mg/ 10 ml			
Glucagon	1 mg/1 ml			
Ipratropium	0.5 mg/2.5 ml			
Lidocaine	100 mg/ 5 ml			
Lidocaine	INFUSION, 1 g/ 250 ml			
Naloxone	2 mg/2 ml			
Nitroglycerin	SUBLINGUAL (tab or spray) 0.4mg/dose			
Nitroglycerin	TRANSDERMAL paste, with paper			
Ondansetron	2 mg/1 ml			
Oral Glucose	Oral gel; at least 15g per package			
Saline, Normal, 0.9%	1000 ml			

**Indicates scheduled/controlled medication. 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