



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

Phone: (309) 827-4348
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ILS Medication Replacement Form

Agency Name: _____

Date: _____ Unit #: _____

Patient Name: _____ Patient ID #: _____

* Medications are approved for administration by EMT-Intermediate level

MEDICATION	STRENGTH/ VOLUME	CONTAINER	TOTAL ADMINISTERED	TOTAL REQUESTED
Adenosine (Adenocard)	6mg/2 ml	Vial/prefilled syringe		
Albuterol (Proventil)	2.5 mg/3 ml	Ampule		
Aspirin, Chewable	81 mg tablet	36/Bottle		
Atropine	1mg/10ml	Prefilled Syringe		
Dextrose 50%	25 gm/50 ml	Pre-fill Syringe		
Diazepam (Valium)	10mg/2ml	Vial/prefilled syringe		
Epinephrine (1:10,000)	1 mg/10 ml	Pre-fill Syringe		
Epinephrine (1:1000)	1 mg/1 ml	Ampule/Tubex		
Furosemide (Lasix)	100mg/10ml	Prefilled syringe		
Glucagon	1mg/1 unit	Vials for dilution		
Ketorolac (Toradol)	30mg/ml	Vial		
Lidocaine (Xylocaine)	100mg/5ml	Prefilled syringe		
Lidocaine Infusion	1 gm/250ml	Premix bag		
0.9% Normal Saline	1000 cc			
Morphine Sulfate	10mg/1ml	Tubex		
Naloxone (Narcan)	2 mg/2 ml	Amp		
Nitroglycerin	0.4 mg	Metered Spray or Tablet		
Nitroglycerin/paper		Paste		
Ondansetrol (Zofran)	2mg/ml	Vial		

Comments _____

Emergency Department RN/MD: _____
Signature

Agency Representative: _____
Signature

Pharmacy Representative: _____
Signature