



BLS Medication Replacement Form

Date: _____

Approx. Time of Arrival: _____

Agency Name: _____

Unit #: _____

Patient Name: _____

Version 1.1

Date 2/4/21

Medication	Strength/Volume	Total Given	Total Replaced	Replacement Lot # / Exp. Date
Albuterol	2.5mg/3mL			
Aspirin	Chewable (81mg/tab)			
Atrovent	0.5mg/3mL			
Diphenhydramine	25 mg tab			
Diphenhydramine	12.5mg Tab			
Epinephrine	1:1,000: 0.3mg (auto-injector "adult")			
Epinephrine	1:1,000: 0.15mg (auto-injector "peds")			
Epinephrine	1:1,000: 1 mg vial			
Glucagon	1mg/1mL			
Ibuprofen	200mg/tab			
Naloxone	2mg/2mL			
Nitroglycerin	SUBLINGUAL (tab or spray) 0.4mg/dose			
Nitroglycerin	TRANSDERMAL paste, with paper			
Oral Glucose	Oral gel, at least 15g per package			
Ondansetron	4mg ODT			

ED RN/MD

Printed

Signature

Agency Representative

Printed

Signature

Pharmacy Representative

Printed

Signature