



ALS Medication Replacement Form

Date: _____

Approx. Time of Arrival: _____

Agency Name: _____

Unit #: _____

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Patient Name: _____

Medication	Strength/Volume	Notes	Total Given	Total Replaced	Replacement Lot # / Exp. Date
**Fentanyl	100mcg/2mL				
**Lorazepam	2mg/1mL				
**Midazolam	5mg/5mL				
**Midazolam	2mg/2mL (only dispensed when 5/5 is unavailable). Pharmacist should dispense a quantity of 2 vials of 2mg/2mL for a total of 4mg (units will then be short 1mg from par level)				
**Ketamine	500mg/10mL				
**Rocuronium	50mg/5mL				
Adenosine	6mg/2mL				
Adenosine	12mg/4mL				
Albuterol	2.5mg/3mL				
Aspirin	Chewable (81mg/tab)				
Amiodarone	150mg/3mL				
Atropine	1mg/10mL				
Benzocaine	56g (bottle); "Cetacaine"				
Calcium Chloride	1gm/10mL				
Dextrose 10%	250ml bag				
Dextrose 50%	25g/50mL (D10W shortage)				
Diphenhydramine	50mg/1mL				
Epinephrine	1mg/ 1mL (1:1,000)				
Epinephrine	1mg/10 mL (1:10,000)				
Glucagon	1mg/1mL				
Ipratropium	0.5mg/2.5mL				
Ibuprofen	200mg/tab				
Levophed					
Lidocaine	100mg/5mL				
Magnesium Sulfate	5g/10mL				
Methylprednisolone	125mg/2mL				
Naloxone	2mg/2mL				
Nitroglycerin	Sublingual (tab or spray) 0.4mg				
Nitroglycerin	Transdermal paste				
Nitroglycerin	50mg/250mL Bottle				
Ondansetron	4mg ODT				
Ondansetron	4mg Vial				
Oral Glucose	Oral gel, at least 15g per package				



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Racemic epinephrine	2.25% (0.5 mL)				
Lactated Ringers	1000ml Bag				
Normal Saline 0.9%	250ml Bag				
Normal Saline 0.9%	1000ml Bag				
Normal Saline 0.9%	100 ml				
Sodium Bicarbonate	50 mEq/50mL				
Tranexamic Acid (TXA)	1000mg/10mL				

ED RN/MD

_____ Printed _____ Signature

Agency Representative

_____ Printed _____ Signature

Pharmacy Representative

_____ Printed _____ Signature