



ILS Medication Replacement Form

Date: _____

Approx. Time of Arrival: _____

Agency Name: _____

Unit #: _____

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)				
Adenosine	6mg/2mL				
Adenosine	12mg/4mL				
Albuterol	2.5mg/3mL				
Aspirin	Chewable (81mg/tab)				
Amiodarone	150mg/3mL				
Atropine	1mg/10 mL				
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				
Ibuprofen	200mg/tab				
Ipratropium	0.5mg/2.5mL				
Lidocaine	100mg/5mL				
Naloxone	2mg/2mL				
Nitroglycerin	Sublingual (tab or spray) 0.4mg				
Nitroglycerin	Transdermal paste				
Ondansetron	4mg ODT				
Ondansetron	4mg Vial				
Oral Glucose	Oral gel, at least 15g per package				
Lactated Ringers	1000ml Bag				
Normal Saline 0.9%	1000ml Bag				

ED RN/MD

Printed

Signature

Agency Representative

Printed

Signature

Pharmacy Representative

Printed

Signature