

**QUINCY AREA EMS SYSTEM**  
**QAEMS - ALS DRUG RESTOCK FORM / CHARGE SHEET**

Date: \_\_\_\_\_ Reference # \_\_\_\_\_ EMS Box # \_\_\_\_\_

Agency: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Paramedic Name (PRINT): \_\_\_\_\_ Paramedic Signature: \_\_\_\_\_

- ☐ Restock – medications used on patient  
☐ Restock – medications expired  
☐ Restock – medications damaged (**Event Report Required**) Comments: \_\_\_\_\_

☐ Restock – discrepancy in box (**Event Report Required**) Comments: \_\_\_\_\_

Quantity Needed	Required Number in Box	Medications BOX
_____	2	VERAPAMIL 5MG/2ML VIAL
_____	3	EPINEPHRINE 1:1000 AMP (1 mg/ml)
_____	2	NALOXONE 2mg/2mL
_____	1	NITROSTAT 0.4MG (1/150GR)
_____	2	OXYTOCIN 10USP UNITS/ML VIAL
_____	4	ALBUTEROL INHALATION SOLUTION 3ML U/D
_____	1	ALBUTEROL MDI 90 MCG/PUFF
_____	4	ASPIRIN BABY 81 MG
_____	5	ADENOCARD 6MG/2ML VIAL
_____	1	KETAMINE 500 MG/10ML
_____	1	DIPHENHYDRAMINE 50MG/ML INJ
_____	2	DIAZEPAM 10MG/2ML CARPUJECT
_____	5	MORPHINE SULFATE 2MG/ML CARPUJECT
_____	2	PROMETHAZINE (PHENERGAN) 25 MG/ML INJ
_____	3	FENTANYL 100mcg/2ml
_____	1	METHYLPREDNISOLONE 125MG VIAL
_____	2	MIDAZOLAM 10MG/2mL
_____		<b>BAG</b>
_____	1	GLUCAGON 1MG (1 UNIT)
_____	1	10% CALCIUM CHLORIDE ABBOJECT 10ML
_____	1	MAGNESIUM SULFATE 50% ABBOJECT 10ML
_____	1	PEDIATRIC SODIUM BICARB 4.2% ABBOJECT 10ML
_____	3	NITROGLYCERIN OINTMENT U/D W/PAPERS
_____	5	ATROPINE 1MG/10ML ABBOJECT
_____	6	EPINEPHRINE 1:10,000 ABBOJECT 10ML
_____	1	2GM LIDOCAINE PREMIX/ 500ML BAG
_____	1	DOPAMINE HCL 800MG/ 500ML BAG
_____	3	LIDOCAINE 2% ABBOJECT 5ML
_____	2	SODIUM CHLORIDE 30ML
_____	2	10% DEXTROSE PREMIX 250ML BAG
_____	1	8.4% SODIUM BICARB ABBOJECT 50ML
_____	1	ORAL GLUCOSE (30 GRAM TUBE)
_____	2	ONDANSETRON 2MG/ML INJ 2ml vials
_____	4	Amiodarone, 150mg vials
_____	2	Zofran ODT, 4mg
_____	2	TXA, 1 gram vial
_____	4	Acetaminophen Caplets/Tablets, 500mg
_____	2	Acetaminophen IV, 1000mg premix bag

Pharmacy Tech (Print): \_\_\_\_\_ Pharmacy Tech Signature: \_\_\_\_\_

Pharmacist Name (Print): \_\_\_\_\_ Pharmacist Signature: \_\_\_\_\_