

EMS TRANSPORT REQUISITION SHEET

EMS Agency: _____

Hospital Patient Identification Label
(If no label placed on form, please identify)

Patient Name: _____

Date of Birth: _____ MRN: _____

Date of Visit: _____ Case #: _____

- This form **MUST** be completed prior to replacement of medications for a squad / medic. This form **MUST** be placed in the EMS Run Report Box located in the EMS Room; if available at time of transport, staple to a copy of completed run sheet.
- Controlled substances exchanges **MUST** include a Controlled Substance Waste Sheet
- Outdated medications **MUST** be obtained from Inpatient Pharmacy
(see EMS OUTDATED MEDICATION RETURN FORM)

Qty	Drug	Qty	Drug
	Activated Charcoal Susp 25gm, 4oz		Lidocaine HCL 2% 20mL Multi Dose Vial
	Adenosine (Adenocard) 6mg/2mL Inj		Lidocaine 2%, 100mg/5mL syringe
	Amiodarone (Cordarone) 150mg/3mL Inj		Ketorolac 30mg/mL Inj
	Aspirin Low Dose 81mg chewable tablet		Lidocaine 0.4% in D5W 500mL (2gm/500mL)
	Atropine Sulfate 1mg/10mL syringe		Magnesium Sulfate 5gm/10mL syringe
	Bumetanide (Bumex) 1mg/4mL Inj		Methylprednisolone (Solu-Medrol) 125mg Inj
	Calcium Chloride 1gm/10mL syringe		Methylprednisolone (Solu-Medrol) 500mg Inj
	Benzocaine, Butam, and Tetra (Cetacaine) Spray 56gm		Methylprednisolone (Solu-Medrol) 1gm Inj
	Dextrose 25% (Infant) 2.5gm/10mL syringe		Metoprolol (Lopressor) 5mg/5mL Inj
	Dextrose 50% 25gm/50mL syringe		Nalbuphine (Nubain) 10mg/1mL Inj
	Diltiazem (Cardizem) 25mg/5mL Inj		Naloxone 0.4mg/1mL Inj
	Diltiazem (Cardizem) 30mg tablet		Naloxone (Narcan) 2mg/2mL syringe
	Diphenhydramine (Benadryl) 50mg/1mL Inj		Nitroglycerine (Nitrostat) 1/150GR (0.4mg) 25 tabs/bottle
	Dopamine (Intropin) 400mg/250mL Premix		Ondansetron (Zofran) 4mg/2mL Inj
	Epinephrine 1mg/1mL, 30mL Inj		Ondansetron ODT (Zofran ODT) 4mg tab
	Epinephrine 1mg/10mL syringe		Promethazine (Phenergan) 25mg/1mL Inj
	Epinephrine 1mg/1mL Inj		Sodium Bicarbonate 8.4% 50mEq/50mL syringe
	Epinephrine (EpiPen Jr) auto injector – CHARGED		Succinylcholine (Quelicin) 200mg/10mL Inj
	Epinephrine (EpiPen) auto injector - CHARGED		Tetracaine 0.5% Ophthalmic 2mL bottle
	Etomidate (Amidate) 2mg/mL, 10mL Inj		Thiamine (Vitamin B-1) 200mg/2mL Inj
	Flumazenil (Romazicon) 0.5mg/5mL Inj		Tranexamic acid 1000mg/10mL Inj
	Glucagon 1mg Inj		Verapamil 5mg/2mL Inj
	Glucose (Glucose) 15g tube		Water, Bacteriostatic for Inj 30mL Multi Dose Vial
	Controlled Substances (must include Waste Sheet)		Fluids
	Diazepam (Valium) 10mg/2mL Inj		Dextrose 5% 1000mL bag
	Fentanyl 100mcg/2mL Inj		Dextrose 10% 250mL bag
	Ketamine (Ketalar) 50mg/mL Inj		Sodium Chloride 0.9% 1000mL bag
	Lorazepam (Ativan) 2mg/mL Inj		Sodium Chloride 0.9% 1000mL irrigation bottle
	Midazolam (Versed) 10mg/2mL Inj		Sterile water 1000mL irrigation bottle
	Morphine Sulfate 10mg/mL Inj		
	Morphine Sulfate 2mg/mL Inj		Respiratory Medications
	Morphine Sulfate 4mg/mL Inj		Albuterol (Proventil) 0.083%/3mL (2.5mg/3mL) neb
			Albuterol / Ipratropium (Duoneb) 3-0.5mg/ 3mL neb
			Ipratropium bromide (Atrovent) 0.5mg/2.5mL neb
			Racinepinephrine (S2) 2.25% 0.5mL neb

Requesting EMT-A or P: Name (print): _____ Date: _____

Signature: _____

Issuing RN / RPh: Name (print): _____ Date: _____

Signature: _____