

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- Outdated medications **MUST** be obtained from Inpatient Pharmacy (see EMS OUTDATED MEDICATION RETURN FORM)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	RPh check	Drug	Qty	RPh check	Drug
		Activated Charcoal Susp 25gm, 4oz			Ketorolac 60 mg/mL inj
		Adenosine (Adenocard) 6mg/2mL Inj			Labetalol (Trandate) 20mg/4ml Inj
		Amiodarone (Cordarone) 150mg/3mL Inj			Lidocaine HCL 2% 20mL Multi Dose Vial
		Aspirin Low Dose 81mg chewable tablet			Lidocaine 2%, 100mg/5mL syringe
		Atropine Sulfate 1mg/10mL syringe			Lidocaine 0.4% in D5W 500mL (2gm/500mL)
		Bumetanide (Bumex) 1mg/4ml Inj			Magnesium Sulfate 5gm/10mL syringe
		Calcium Chloride 1gm/10mL syringe			Methylprednisolone (Solu-Medrol) 125mg Inj
		Cefazolin 1 gm vial			Metoprolol (Lopressor) 5mg/5ml Inj
		Ceftriaxone 2 gm vial			Nalbuphine (Nubain) 10mg/1mL Inj
		Dextrose 25% (Infant) 2.5gm/10mL syringe			Naloxone (Narcan) 2mg/2mL syringe
		Dextrose 50% 25gm/50mL syringe			Nitroglycerin (Nitrostat) 1/150GR (0.4mg) 25 tabs/btl
		Diltiazem (Cardizem) 25mg/5mL Inj			Norepinephrine (Levophed) 4mg amp
		Diltiazem (Cardizem) 30mg tablet			Ondansetron (Zofran) 4mg/2mL Inj
		Diphenhydramine (Benadryl) 50mg/1mL Inj			Ondansetron ODT(Zofran ODT) 4mg tab
		Dopamine (Intropin) 400mg/250mL Premix			Promethazine (Phenergan) 25mg/1mL Inj
		Droperidol 5 mg/2 mL inj			Rocuronium (Zemuron) 50mg/5ml Inj
		Epinephrine 1mg/10mL syringe			Sodium Bicarbonate 8.4% 50mEq/50mL syringe
		Epinephrine 1mg/1mL Inj			Succinylcholine(Quelicin) 200mg/10mL Inj
		Epinephrine (EpiPen Jr) auto injector – CHARGED			Tetracaine 0.5% Ophthalmic 2mL bottle
		Epinephrine (EpiPen) auto injector - CHARGED			Thiamine (Vitamin B-1) 200mg/2mL Inj
		Etomidate (Amidate) 2mg/mL, 10mL Inj			Tranexamic acid 1000mg/10mL Inj
		Flumazenil (Romazicon) 0.5mg/5ml Inj			Water, Bacteriostatic for Inj 30mL Multi Dose Vial
		Glucagon 1mg Inj			Fluids
		Glucose (Glutose) 15g tube			D5W 100 mL
		Haloperidol 5mg/ml			D5W 500 mL
		Ketorolac 30mg/mL Inj			Dextrose 5% 1000mL bag
		Controlled Substances (must include Waste Sheet)			Dextrose 10% 250ml bag
		Diazepam (Valium) 10mg/2mL Inj			Sodium Chloride 0.9% 1000mL bag
		Fentanyl 100mcg/2mL Inj			Sodium Chloride 0.9% 1000mL irrigation bottle
		Ketamine (Ketalar) 50mg/mL Inj			Sterile water 1000mL irrigation bottle
		Lorazepam (Ativan) 2mg/mL Inj			Respiratory Medications
		Midazolam (Versed) 10mg/2mL Inj			Albuterol (Proventil) 0.083%/3mL (2.5mg/3mL) neb
		Morphine Sulfate 10mg/mL Inj			Albuterol / Ipratropium (Duoneb) 3-0.5mg/ 3mL neb
		Morphine Sulfate 2mg/mL Inj			Ipratropium bromide (Atrovent) 0.5mg/2.5mL neb
		Morphine Sulfate 4mg/mL Inj			Racpinephrine (S2) 2.25% 0.5mL neb

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

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