

GMVEMSC Controlled Drug Usage Sheet

This form must be completed and turned in with the drug bag anytime a Controlled Drug (Valium, Morphine, Versed) out of a GMVEMSC Drug Bag is administered!

Date _____ Time _____ EMS Department _____ Unit _____

Patient Name _____

Name of Drug Administered: _____ Drug Bag # _____

Ordered by: Protocol Physician If physician, list name: _____

Quantity Administered _____ Quantity Wasted _____

Paramedic/Intermediate Administering the Drug (please print) _____

Paramedic/Intermediate Administering the Drug (signature) _____

Title

Witness of Drug Disposal (please print) _____

Witness of Drug Disposal (signature) _____

Title (RN/MD/DO)

Please place this sheet in the Drug Bag!

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