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 Nar	me		
Name of D	rug Administere	d:	Drug Bag #
Ordered by	/: Protocol □	Physician If physician, list r	name:
Quantity Ad	dministered	Quantity	y Wasted
Paramedic	/Intermediate Ad	dministering the Drug (please prin	t)
Paramedic	/Intermediate Ad	dministering the Drug (signature)_	Title
Witness of	Drug Disposal (please print)	
Witness of	Drug Disposal (signature)	T':/ /DN/MD/DO
			Title (RN/MD/DO
		Please place this sheet in the	ne Drug Bag!
This fo	orm must be co	MSC Controlled Drumpleted and turned in with the hine, Versed) out of a GMVEMS	drug bag anytime a Controlled Drug
Date	Time	EMS Department	Unit
Patient Nar	me		
Name of Drug Administered: Drug Bag #			Drug Bag #
Ordered by	/: Protocol □	Physician If physician, list r	name:
Quantity Administered Quantity Wasted			
Paramedic	/Intermediate Ad	dministering the Drug (please prin	t)
Paramedic	/Intermediate Ad	dministering the Drug (signature)_	Title
Witness of	Drug Disposal (please print)	l itle
Witness of	Drug Disposal (signature)	Title (RN/MD/DO

Please place this sheet in the Drug Bag!