

**West Michigan Regional Medical Control Consortium
Drug Bag Contents List**

| DEEP MIDDLE COMPARTMENT* | | | |
|---|---|------------------------|------------------------------------|
| Item *all preloads must be safety devices | | Acceptable Alternative | |
| PAR | Item | PAR | Item |
| 4 | Atropine 1mg/10ml Syringe (preload) | | Atropine 1mg/ml VIAL + NS 10ml PFS |
| 2 | Calcium Chloride 10% 10ml Syringe (preload) | | |
| 2 | Dextrose 50% 50ml Syringe (preload) | 2 | Dextrose 10% 250ml BAG with tubing |
| 2 | Diphenhydramine 50mg/mL (preload) or Simplist™ NDC - 76045-102-10 | | |
| 8 | Epinephrine 1mg/10ml Syringe (preload) | 8 | (1) Epi 1mg/ml vial + NS 10ml PFS |
| 1 | Glucagon 1mg w/dilutant (GlucaGen - Bedford) | | |
| 3 | Lidocaine 2% 100mg/5ml Syringe (preload) | | |
| 1 | Naloxone 1mg/1mL, 2mL Syringe (preload - leur) | | |
| 2 | Ondansetron 2mg/ml 2ml Syringe (preload) or SIMPLIST™ NDC 76045-103-10 | | |
| 2 | Sodium Bicarb 50mEq/50ml Syringe (preload) | 2 | 50mL vial - 8.4% + 60mL syringe |
| 1 | PEDS FEVER KIT (to include) | | |
| 1 | Acetaminophen 160mg/5mL (20mL of 160mg/5mL concentration must be available; may be in multiple UD containers) | | |
| 1 | Oral Syringe | | |

| FOAM COMPARTMENT | | | |
|------------------|--|------------------------|--|
| Item | | Acceptable Alternative | |
| PAR | Item | PAR | Item |
| 1 | Adenosine 6mg/2mL vial | | |
| 1 | Adenosine 12mg/4mL vial | | |
| 3 | Amiodarone 150mg/3ml vial | | |
| 4 | Amyl Nitrite Vaporoles (if available) | | If unavailable, leave empty |
| 1 | Dopamine 400mg/5mL vial | 1 | 400mg/250mL premix bag |
| 2 | Epinephrine 1mg/mL, 1mL vial | | |
| 4 | Magnesium Sulfate 1gm/2mL vial | | (2) Mag 2gm/50ml bag OR (1) Mag 4gm/100ml bag |
| 1 | Tetracaine 0.5% ophth. sol. 2mL | 1 | Tetracaine 0.5% - multi-dose 15mL |

| OUTSIDE SIDE COMPARTMENT (1) | | | |
|------------------------------|------------------------------------|--|--|
| 1 | 1.4 Qt Needle Container (BD 1.4qt) | | |

| OUTSIDE SIDE COMPARTMENT (2) OTHER END | | | |
|--|--|------------------------|------|
| Item | | Acceptable Alternative | |
| PAR | Item | PAR | Item |
| 2 | ALS RESPIRATORY KIT (to include) | | |
| 1 | DuoNeb (3mg Albuterol/0.5mg Atrovent) U.D. | | |
| 2 | Albuterol 2.5mg/3mL U.D. | | |
| 1 | SoluMedrol 125mg kit | | |
| 1 | BLS RESPIRATORY KIT (to include) | | |
| 2 | Albuterol 2.5mg/3mL U.D. | | |
| 2 | CHEST PAIN KIT (to include) | | |
| 4 | Aspirin (81mg UD chewable - blister) | | |
| 1 | Nitroglycerin 0.4mg (1/150) 25ct. | | |
| 1 | OPIOID OVERDOSE KIT (to Include) | | |
| 1 | Naloxone Hcl - 1mg/mL, 2mL syringe (preload) | | |
| 1 | LMA® MAD300 Nasal™ Intranasal Mucosal Atomization Device without Syringe | | |
| 1 | Nasal Administration Instructions | | |
| 1 | NAUSEA KIT (to Include) | | |
| 2 | Ondansetron 4mg ODT | | |

| FRONT IV COMPARTMENT | | |
|----------------------|--------|---|
| 2 | | Dextrose 5% Water 100ml bag |
| 2 | | Dextrose 5% Water 250ml bag |
| 2 | | IV Labels |
| 2 | choose | Primary IV Set 60gtt/ml - Baxter (2c8402s or 2c8548s) preferred - Bbraun (NF1290) |

| IV ADMINISTRATION KIT | | |
|-----------------------|----------|---|
| 6 | | Alcohol Pads |
| 1 | 381467 | Insyte AutoGuard IV Cath 14 ga - 1 3/4" (or less) |
| 1 | 381454 | Insyte AutoGuard IV Cath 16 ga - 1 1/2" (or less) |
| 1 | 381444 | Insyte AutoGuard IV Cath 18 ga - 1 1/2" (or less) |
| 1 | 381434 | Insyte AutoGuard IV Cath 20 ga - 1 1/2" (or less) |
| 1 | 381423 | Insyte AutoGuard IV Cath 22 ga - 1 1/2" (or less) |
| 1 | 381412 | Insyte AutoGuard IV Cath 24 ga - 1 1/2" (or less) |
| 1 | | Tape 1" Durapore or Transpore (smallest roll) |
| 4 | | Band-aids |
| 2 | | Dressing (Transparent) |
| 2 | | Tourniquet (latex free) |
| 2 | | Chlorhexidine 2% Prep (ChloraPrep Sepp) |
| 2 | | Sodium Cl. 0.9% 10mL Pres. Free (SD Vial) |
| 2 | | Syringe 1cc safety w/ 25ga 5/8" needle attached |
| 1 | | Syringe 3cc safety w/ 22ga needle attached |
| 2 | | Syringe 10 or 12cc (no needle) |
| 2 | choose | Smart-Site Needle Free Valve Hep-Loc (20039e) OR SafeSite Reflux Saline Lock (11521-01) |
| 1 | | 7" extension: latex free, macro, patient end - screw tight luer fitting, medication end - one way valve (Clave type) <i>Baxter (2n8378 or 7N8378)</i> <i>Hospira (42551-01)</i> |
| 1 | DIN1515x | 15ga Jamshidi 3/8 - 1 7/8" IO (or similar Illinois) |
| 2 | 11391 | Lifeshield Leur-Lock Long Adapters (or comparable) |
| 2 | | Needle 19ga 1 1/2" - safety |

| OUTSIDE OF IV KIT IN POUCH | | |
|----------------------------|--------|---|
| 2 | choose | Macro Drip Set 10 or 15gtts/mL - Baxter (2c8451s) preferred - Bbraun (352604) |
| 1 | | 500mL Normal Saline 0.9% |

Remember to place an "Alternate Medication" or "Missing Medication" label on the outside of the bag when applicable

**All needles must be safety needles
Ampoules are no longer an option without prior approval.**

WMRMCC Narcotics Box Contents List

| <i>Item</i> | <i>Size</i> | <i>Quantity</i> | <i>Product number</i> | <i>Manufacturer/Distributor</i> |
|--|-------------|-----------------|-----------------------|---------------------------------|
| Alcohol Wipes | standard | 6 | | |
| Carpject Holder | standard | 1 | | |
| Proof of use/Exchange Form* | standard | 1 | | |
| Needleless Adaptors | | 2 | 11391 or 11301-01 | Lifeshield Leur Long Adaptors |
| Sterile Needles - safety | 19ga | 2 | | |
| Numbered Red Seals | | 2 | | Healthcare Logistics |
| Numbered Green Seals | | 2 | | Healthcare Logistics |
| 1 mL syringe - removable safety needle | | 1 | | |
| 5-6 mL syringe - removable safety needles | | 2 | | |
| DuoDotes | | 3 | | Meridian Medical Tech. |
| Midazolam 5mg/mL (carpuject or Simplist™) | 1mL | 2 | | |
| Fentanyl 100mcg/2mL (carpuject) | 2mL | 2 | | |
| Morphine 10mg/mL (carpuject or Simplist™) | 1mL | 2 | | |
| Ketamine 100mg/mL (vial) | 5mL | 2 | | |

12/27/2016: Changes to this list from prior versions.

-Ativan is no longer included as a shortage replacement for midazolam.

-Diazepam has been removed from the list.

-Ketamine has been added.

-Simplist™ medications are approved (not required) options

-DuoDote quantity was reduced from 6 to 3. DuoDotes are extended per the FDA despite the expiration date printed on the device.

-NDC numbers removed

* Narcotics Box - Proof of Use Exchange forms

Forms will be dropped shipped to your pharmacy from the printer. Please contact them at:

ADVANCED PRINTING & GRAPHICS
1437 HOLTON ROAD
MUSKEGON MI 49445

By Phone (231) 744-4100

By Fax (231) 744-0024

By Email yourprintsource@comcast.net

Reference WEST MICHIGAN REGIONAL MEDICAL CONTROL CONSORTIUM - NARCOTICS BOX USE FORM

Provide the quantity needed and the complete ship-to address.

12/27/2016

Please replace previous versions