West Michigan Regional Medical Control Consortium Narcotics Box Use Form

Filling Information: **(To be completed by Pharmacist when restocking box)**

Medication:	Quantity:	Volume	Number of Vials	Expiration Dates	Pharmacist Signature
Ketamine (100mg/mL)	2 – (1000mg Total)	5mL			
Midazolam (5mg/mL)	2 – (10mg Total)	1mL			
Fentanyl (100mcg/2mL)	2 – (200mcg Total)	2mL			

Red Seals in Box: (1)_____ (2)_____

Use Information:

(To be completed by EMS provider turning in the box – boxes must be sealed with red seals)

Date: ____/____/_____ Time: _____ Box No: _____

Agency Name: _____

Provider Name: _____ Provider No: _____

Patient Name: _____ Call No: _____

Patient Address: _____

Medication:	Quantity:	Volume	Amt Used:	Amount Wasted:
Ketamine (100mg/mL)	2 – (1000mg Total)	5mL	_____mg	_____mg
Midazolam (5mg/mL)	2 – (10mg Total)	1mL	_____mg	_____mg
Fentanyl (100mcg/2mL)	2 – (200mcg Total)	2mL	_____mcg	_____mcg

Substitution in volume or concentration are only permitted per Medication Substitution Protocol (9.2). Alternative medication label must be attached to the outside of the box when alternative dosing is used.

Stickers: *Green or green and white = Alternate Medication; Yellow or yellow and white = Missing Medication*

If an entire quantity of any med is wasted, describe in detail:

_____

_____

X _____ **X** _____

(Physician signature) *(Printed name)*

X _____ **X** _____

(Paramedic signature) *(Printed name)*

X _____ **X** _____

(Witness for narcotics waste) *(Printed name)*

Please report all evidence of tampering, medication diversion, damage to boxes or medications, or any other problems immediately to the receiving pharmacy and by completing an online report at https://www.wmrmcc.org/Contact-Us and select "Drug Bag Problem Report".