

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: DRUG REPLACEMENT-INDIVIDUAL MEDICATIONS - DRUG BOX OPERATIONS****POLICY:**

This policy addresses the System drug/medication replacement process between BLS, ILS and ALS provider agencies and the receiving hospital facility. Drugs will be replaced on an item-for-item basis.

**I. Medication Exchange**

- A. The Resource and each Associate Hospital of the System, will replace all medications used by a provider agency during the course of a BLS, ILS or ALS ambulance run. The exchange will take place in the Emergency Department, or designated area of the receiving hospital after the termination of the run. All medications will be exchanged on a one-for-one basis. Costs for additional supplies dispensed at this time will be deferred to the provider agency.
- B. When a provider agency transports to an out of system hospital, it is the agency's responsibility to obtain a one-for-one medication supply exchange. If the medication supply exchange cannot be completed at the receiving hospital, the provider agency must obtain the proper supplies as soon as possible, either through an Associate or the Resource Hospital, or through alternate arrangements made with Silver Cross EMS and the Pharmacy Department.
- C. To replace drugs, print the most current Pharmacy Order Form directly from [www.silvercrossems.com](http://www.silvercrossems.com) then fax it to the Silver Cross Hospital Pharmacy. Wait 24 hours then bring the form to pharmacy for pick-up of medications. Expired narcotics **must be exchanged** at Silver Cross Hospital's pharmacy by bringing the expired vials on a one-for-one basis. Expired medications and IV solutions may be brought to the System Office for use in the paramedic program practical skills sessions or appropriately discarded. New vehicle narcotics are to be obtained through Silver Cross Hospital's pharmacy and must have a script from EMSMD.
- D. Provider agency inventory/inspections of drug box contents and **non**-scheduled medications are to be completed at a minimum of once per month by a system licensed prehospital provider that is licensed at the level of the ambulance that the drug box is stored in. Provider agencies are responsible to save and make available the drug box inventory/inspection forms to the system, federal and state inspectors upon request of such records.
- E. Scheduled medications (i.e. Versed, Morphine, Fentanyl, and Ketamine) will be accounted for on a daily basis. The scheduled medications must be locked AND must have a break away tag to allow for a tamper-proof system of accountability. At the start of every shift/daily this tag may be broken to check the medications or may be inventoried as intact and recorded on the Monthly CS Inventory Log. **ANY DISCREPANCY OR EVIDENCE OF TAMPERING SHALL BE REPORTED IMMEDIATELY TO THE SYSTEM** using the Out-Of-Balance Report form. All provider agencies are responsible for the security and operational status of their drug boxes and their contents at all times.

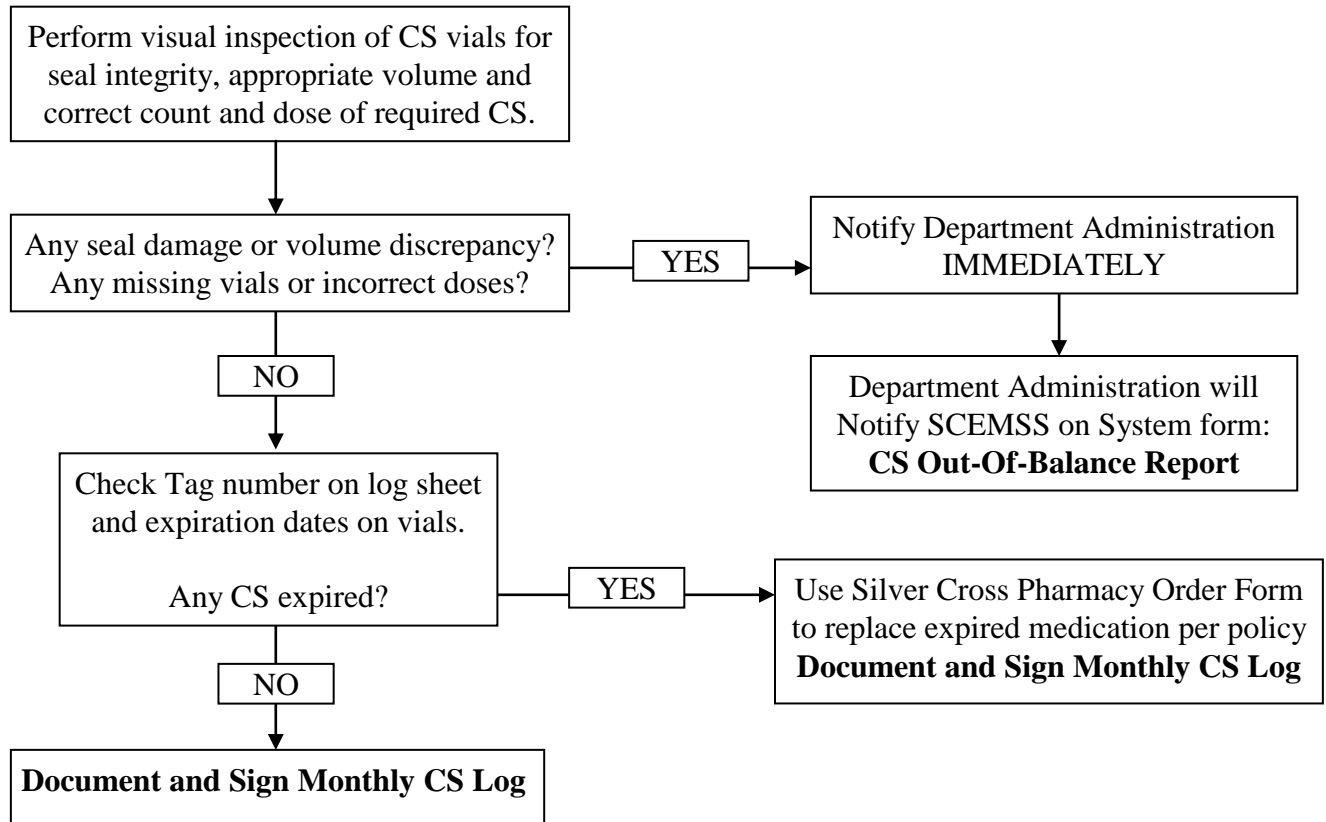
**II. MONTHLY CONTROLLED SUBSTANCE INVENTORY LOG**

Agencies must use the attached Monthly CS Inventory Log only. **EVERY TIME** a CS is used it must be documented on the Log and on the PCR with the amount used and amount wasted. Wasted medication must be witnessed by at least 2 people and documented on the PCR. One Log form per ALS licensed unit is required. The original sheets will be maintained by the agency. The agency will send an electronic copy of the Log form and each PCR to the system on a monthly basis by the 25<sup>th</sup> of the following month.

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

### DOCUMENTATION AND INSPECTION

Administration of Controlled Substances (CS) will be uniformly documented to accurately reflect usage and waste. CS will be visually inspected for seal damage and volume discrepancies.



SCEMSS will audit each unit to assure proper procedure and documentation of CS administration. Audits may be random and/or at time of annual IDPH inspection.

EMS Provider Departments will forward complete Monthly CS Inventory Logs to SCEMSS on a monthly basis by the 25<sup>th</sup> day of the following month with a copy of the PCR showing CS use/waste.

Vehicles that are out-of-service (OOS) should have their controlled substances secured and shall document as such on the Monthly CS Inventory Log.

Investigations that lead to the theft or diversion of Controlled Substances will have a report filed with Police and as deemed necessary.

**ATTACHMENTS: 300-3d PHARMACY ORDER FORM  
300-37e MONTHLY CONTROLLED SUBSTANCE INVENTORY LOG**

**EFFECTIVE DATE:** 08-15-89

**REVISED DATE:** 07-13-17

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM  
REQUIRED PHARMACOLOGY SUPPLIES**

(Medications below are for ALS units only unless otherwise indicated)

5 3	Adenosine/Adenocard 6mg/2ml <b>ALS NT: Only 3 6mg/2ml</b>	5 2	Narcan/Naloxone 2mg vials <b>(BLS also)</b> <b>ALS NT: Only 2-2mg vials</b>
2	Albuterol/Proventil with Nebulizer kit <b>(BLS also)</b>	3 each 2 each	Nitroglycerin/Nitrostat 0.4mg <b>ALS NT: Only 2 ea (or 1 bottle)</b>
2	Atrovent/Ipratropium 0.5mg <b>(BLS also)</b>	2	Sodium Bicarb 10meq <b>ALS NT: 0</b>
3	Atropine 1mg/10ml	2	Sodium Bicarb 50meq <b>ALS NT: 0</b>
4 each OR 1 bottle	Baby Aspirin 81mg tablet (single dose blister pack) or 1 bottle <b>(BLS also)</b>	3	Sodium Chloride 0.9% 10ml vial (can be 10ml prefilled syringe)
1	10% Calcium Gluconate (100mg/ml) 1 Gram/10ml	1 vial	Solu-Medrol/Methylprednisolone 125mg/2ml vial <b>ALS NT: 0</b>
2 1	Dextrose 50% - 50ml <b>ALS NT: Only 1</b>	1 Bottle	Tetracaine HCL 0.5% Eye Drops
2 1	Diphenhydramine/Benadryl 50mg/ml <b>ALS NT: Only 1</b>	2 OR 4 1	Versed/Midazolam 10mg/2ml vials Versed/Midazolam 5mg/ml vials <b>ALS NT: Only 1-10mg vial (or 2-5mg)</b>
1	Dopamine 400mg/250ml <b>ALS NT: 0</b>	2 tabs 1 tab	Zofran/Ondansetron ODT 4mg tab <b>NT vehicles: Only 1-4mg tab (BLS also)</b>
2	Epinephrine 1mg/ml 1:1000	2 1	Zofran/Ondansetron IV 4mg/2ml vial <b>ALS NT: Only 1-4mg/2ml vial</b>
6 3	Epinephrine 0.1mg/ml 1:10000 10ml <b>ALS NT: Only 3</b>	4	10gtts IV tubing
1 each BLS	EpiPen Adult and EpiPen Junior <b>(BLS ambulances only)</b>	1	60gtts IV tubing
2 1	Fentanyl 100mcg/2ml vial <b>ALS NT: Only 1-100mcg/2ml vial</b>	4	1000ml 0.9% Normal Saline
1	Furosemide/Lasix 40mg/4ml <b>ALS NT: 0</b>	2 each	Syringes – 1ml, 3ml, 5ml, 10ml
1	Glucagon 1mg/ml inj <b>(BLS also)</b>	5 each	21g & 22g needles
1	Glucose Oral Gel 25gm <b>(BLS also)</b>	1	10 gauge Angiocath or Quicktrach
1 0	Ketamine 500mg/10ml vial <b>ALS NT: 0 vials</b>	3 each	14, 16, 18, 20, 22 gauge Angiocaths
3	Lidocaine 100mg/5ml	1	Carpject Holder (only if needed for meds you currently carry)
2 1	Morphine 10mg/ml vials <b>ALS NT: Only 1-10mg/ml vial</b>	2 each	Mucosal Atomization Device <b>(BLS also: IN Glucagon and Narcan)</b>

Revised 09-26-16 LDP

# Silver Cross EMS System

## CONTROLLED SUBSTANCE OUT-OF-BALANCE REPORT

This form is to be used for any instance of broken, missing, lost, or stolen controlled substance.

**Out-of-Balance controlled substance (check one)**

- Morphine 10mg/ml      Versed 10mg/2ml      Versed 5mg/ml
- Fentanyl 100mcg/2ml      Ketamine 500mg/10ml

**Out-of-Balance discovered** Date \_\_\_\_\_ Time \_\_\_\_\_

Department \_\_\_\_\_ Vehicle Identifier \_\_\_\_\_

Paramedic Name \_\_\_\_\_ System# \_\_\_\_\_ Signature \_\_\_\_\_

Name of Department Administrator Notified \_\_\_\_\_

**Investigation**

- Confirm accuracy of the Monthly Controlled Substance Inventory Log signatures and tag numbers
- Attach a copy of the Monthly Controlled Substance Inventory Log
- Attach PCRs for every patient that received Controlled Substances and compare date, dose and waste accuracy to Log
- If Out-Of-Balance still not corrected, attach a separate list of all Paramedics working on this unit since the last correct drug count
- Attach a narrative with an explanation from the previous documented paramedic and the current documented paramedic citing what occurred to cause the out-of-balance between when they signed the form and now.
- Submit this form to the SCEMSS office System Manager

**Follow-Up/Comments (by Provider Administration)** \_\_\_\_\_

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**System resolution** \_\_\_\_\_

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