



EMS Expired or Damaged Drug Replacement Form

To be completed by EMS personnel at time of request:

Hospital:
EMS Personnel Print:
Date/Time of Request:

EMS Squad:
EMS Personnel Signature:
Phone Number:

***** PLEASE ALLOW 24 HOURS FOR MEDICATION EXCHANGE ORDERS TO BE READY *****

- NOTE: Changes from previous edition are highlighted in yellow -

Minimum Qty	Generic Name	Strength	Item #	Qty requested by EMS	Qty received by pharmacy
3	Adenosine	6 mg / 2 mL	42660V2		
4	Albuterol	(0.083%) 2.5 mg / 3 mL	6031		
3	Amiodarone	150 mg / 3 mL	38735V3		
4	Aspirin	81 mg chewable tablet	31359		
3	Atropine	1 mg / 10 mL	31590V10		
3	Calcium Gluconate	1 g / 10 mL	9081V10		
2	Cefazolin	1 g	1470		
3	Dextrose	10% (25 g / 250 mL)	3922V250		
2	Dextrose (oral)	40% gel, 37.5 g tube	45232V37		
1	DiphenhydrAMINE	50 mg / mL	7394V1		
1	DroPERidol	5 mg / 2 mL	32202V2V		
6	EPINEPHrine	1 mg / 10 mL	610874V10		
2	EPINEPHrine	1 mg / mL vial	90153		
2	EPINEPHrine*	0.3 mg / 0.3 mL	48675		
2	EPINEPHrine*	0.15 mg / 0.3 mL	44977		
1	EPINEPHrine, Racemic	2.25% (0.5 mL)	56042		
2	Glucagon	1 mg/mL	147058		
1	Heparin	1,000 units/mL	44427V10		
4	Ipratropium/Albuterol	0.5 mg - 2.5 mg / 3 mL	44387		
1	Ketorolac	30 mg/mL	3728		
3	Labetalol	20 mg / 4mL	3556 or 3551V4		
3	Lidocaine	2% (100 mg / 5 mL)	87068V5		
3	Magnesium Sulfate	4% (2 g / 50 mL)	610404V50		
6	Magnesium Sulfate	50% (1 g / 2 mL)	3546V2B		
1	MethylPREDNISolone	125 mg / 2 mL	114779		
3	Metoprolol Tartrate	5 mg / 5 mL	3554		
6	Naloxone	2 mg / 2 mL	9885		
1	Nitroglycerin	0.4 mg SL tablet	24864V25		
1	OLANZapine	10 mg ODT	47780		
2	Ondansetron	4 mg / 2 mL	89684		
2	Ondansetron	4 mg ODT	49063		
1	Oxytocin	10 units / mL	24027V1		
4	Sodium Bicarbonate	8.4% (50 mEq / 50 mL)	3897V50		
1	Tetracaine	0.5% (4 mL bottle)	2913V4		
2	Ticagrelor	90 mg tablet	123157		
2	Tranexamic Acid	1,000 mg / 10 mL	125523		
2	Tranexamic Acid (optional)	1,000 mg / 100 mL	166955V100		

*Epinephrine: Paramedics are to reserve the use of EpiPens to critical time sensitive situations where a delay in utilizing the epinephrine vial would result in patient harm.

Controlled Substances

Minimum Qty	Generic Name	Strength	Item #	Qty requested by EMS	Qty received by pharmacy
2	FentaNYL	100 mcg / 2 mL	4270V2V		
2	HYDROmorphone	1 mg / mL	99078		
1	Ketamine	200 mg / 20 mL	610873V20		
1	Ketamine	500 mg / 5 mL	3541V5A		
2	Midazolam	5 mg / mL	28027V1		

Send completed requests to the respective hospital:

Akron: email CCAGEMSParmacy@ccf.org
Avon: email AvonRXEMS@ccf.org
Euclid: email ehpharmacy@ccf.org & givanovi@ccf.org
Fairview: email dadaro@ccf.org & strmack@ccf.org
Hillcrest: email hillcrestpharmivent@ccf.org
Lodi: deliver hard copy to central medication storage area

Marymount: email onyxa2@ccf.org
Medina: fax (330) 721-4916
Mercy: fax (330) 489-1267
Mentor: email MentorRXEMS@ccf.org & fax (440) 578-3021
South Pointe: email mjennin2@ccf.org & fax (216) 491-7167
Union: email growh@ccf.org & fax (330) 364-0822

To be completed by EMS and pharmacy personnel at time of pick-up:

EMS Personnel Print:
Date/Time of Pick-Up:

EMSPersonnelSignature:
Pharmacy Personnel Signature: