

# Medication Restock Form



**UnityPoint Health**  
EMS System

Agency:

Date:

Name of Person Requesting:

ITEM DESCRIPTION	DOSAGE	QTY	Filled	ITEM DESCRIPTION	DOSAGE	QTY	Filled
Adenocard (Adenosine)	6mg/2mL vial			Fentanyl**	100mcg/2 mL vial 1mg & diluent unit dose		
Albuterol (Proventil)	2.5mg/3mL unit dose			Glucagon			
Aspirin (ASA)	1 bottle (#36) – 81mg chew			Ketamine	500mg/5mL vial		
Atropine Atrovent	1mg/10mL pre-filled syringe			Lidocaine	100mg/5mL pre-filled syringe		
(Ipratropium)	0.5mg/2.5mL unit dose			Magnesium Sulfate	4g in 100ml		
Benadryl (Diphenhydramine)	50mg/1mL pre-filled syringe			Narcan (Naloxone)	2mg/2mL pre- filled syringe		
Calcium Gluconate	1000mg/10ml			Nitroglycerin (NTG) tabs	1 bottle(#25) – 0.4mg tablets		
D 10%	250ml Pre-mixed			Nitropaste (Nitro- Bid)	1 inch pre-measured foil packet		
Dextrose 50% (D50)	25g/50mL pre-filled syringe			Ondansetron (Zofran)	4mg/2mL vial		
Dextrose 25%	2.5 gm/10mL Pre-filled syringe			Ondansetron (Zofran)	4mg ODT		
Dopamine	400mg/250mL in D5W			Rocuronium	50 mg/5ml		
Dilaudid **	2mg/1ml			Sodium Bicarbonate	50 mEq/50mL pre-filled syringe		
Diltiazem	25mg/5ml			Solu-Medrol	125 mg/ 2 mL vial		
Duoneb	2.5mg/0.5 mg unit dose			Tranexamic Acid (TXA)	1g 100mg/mL vial		
Epinephrine 1:10,000	1mg/10mL pre-filled syringe			Versed	5mg/5 mL vial		
Epinephrine 1:1000	1mg/1mL ampule			Versed	10 mg/2mL vial		
<b>**Requires DEA Form 222</b>				<b>Total:</b>			
Date Received in EMS Office	Signature			Date Received in Pharmacy	Signature		
Date Received From Pharmacy	Signature			Date Received by Agency	Signature		