

PEMS RSI Medication Box Inventory

Box # _____

Write Expiration Dates in Column with Pen - Pharmacist Checking Box See Bottom Page 1

		1	2	3	4	5	6	7	8	9	10	11	12	Date
	Facility													Facility
														SEAL #
Etomidate 40mg/20ml	1													Etomidate
Ketamine 10mg/1mL 20mL	1													Ketamine
Succinylcholine 100mg/5ml	1													Succinylcholine
Vecuronium 10mg/10ml	2													Vecuronium
	1													
Rocuronium 50mg/5ml	1													Rocuronium
	2													
	3													
Sterile water 10ml	1													Sterile water
Medication labels	1													Med. labels
	2													
	3													
	4													
10ml sringe	1													10ml syringe
	2													
	3													
20ml sringe	1												20ml syringe	
Blunt needles	1													Blunt needles
	2													
	3													
	4													

Signature and Printed Name of Pharmacist:

1) _____
 2) _____
 3) _____
 4) _____

5) _____
 6) _____
 7) _____
 8) _____

9) _____
 10) _____
 11) _____
 12) _____