

**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													Date Facility SEAL #
<b>EXTERIOR SEAL</b>														
Etomidate 40mg/20ml	1													Etomidate
Succinylcholine 100mg/5ml	1													Succinylcholine
	2													
Vecuronium 10mg/10ml	1													Vecuronium
Rocuronium 50mg/5ml	1													Rocuronium
	2													
	3													
Sterile water 10ml	1													Sterile water
Medication labels	1													Med. labels
	2													
	3													
	4													
10ml syringe	1													10ml syringe
	2													
	3													
20ml syringe	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) \_\_\_\_\_