

PEMS Medication Box Inventory

Box # _____

Write Expiration Dates in Column with Pen - Pharmacist Checking Box See Page 2

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Date Facility |
|--|-----------------|---|---|---|---|---|---|---|---|---|----|----|----|--------------------|
| EXTERIOR SEAL | Date | | | | | | | | | | | | | Date |
| TOP THOMAS PACK (RED) | Facility | | | | | | | | | | | | | Facility |
| SEAL # | SEAL # | | | | | | | | | | | | | SEAL # |
| Albuterol (Proventil) 0.083% 3mL | 1 | | | | | | | | | | | | | Albuterol |
| | 2 | | | | | | | | | | | | | |
| Aspirin unit dose package chewable 81 mg tablets | 1 | | | | | | | | | | | | | Aspirin |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | | |
| Atrovent (Ipratropium) 0.02% 3 mL | 1 | | | | | | | | | | | | | Atrovent |
| Diphenhydramine (Benadryl) 50 mg/1 mL vial/syringe | 1 | | | | | | | | | | | | | Benadryl |
| | 2 | | | | | | | | | | | | | |
| Epinephrine 1:1,000 1 mg/ 1 mL syringe | 1 | | | | | | | | | | | | | Epinephrine |
| | 2 | | | | | | | | | | | | | |
| Nitrostat 0.4mg 25 Tabs (replace if opened) | 1 | | | | | | | | | | | | | Nitrostat |
| Methylprednisolone (Solu-Medrol) 125 mg/2 mL act-o-vial | 1 | | | | | | | | | | | | | Solu-Medrol |
| Ondansetron (Zofran) 4 mg/2 mL | 1 | | | | | | | | | | | | | Zofran |
| | 2 | | | | | | | | | | | | | |
| Haloperidol (Haldol) 5 mg/1 mL vial | 1 | | | | | | | | | | | | | Haloperidol |
| | 2 | | | | | | | | | | | | | |
| Tubex syringe holder | 1 | | | | | | | | | | | | | Tubex Holder |
| Saline Bullets for inhalation (0.9%) | 1 | | | | | | | | | | | | | Saline Bullets INH |
| | 2 | | | | | | | | | | | | | |
| TOP THOMAS PACK POUCHES (RED) | SEAL # | | | | | | | | | | | | | SEAL # |
| Fentanyl 100 mcg/2ml vial | 1 | | | | | | | | | | | | | Fentanyl |
| | 2 | | | | | | | | | | | | | |
| Lorazepam (Ativan) 2 mg/1 mL | 1 | | | | | | | | | | | | | Ativan |
| | 2 | | | | | | | | | | | | | |
| Midazolam (Versed) 5 mg/1 mL vial | 1 | | | | | | | | | | | | | Midazolam |
| | 2 | | | | | | | | | | | | | |
| Morphine Sulfate 10 mg/1 mL syringe | 1 | | | | | | | | | | | | | Morphine |
| | 2 | | | | | | | | | | | | | |
| BOTTOM THOMAS PACK (RED) | SEAL # | | | | | | | | | | | | | SEAL # |
| 100 mL 0.9% Saline IV bag | 1 | | | | | | | | | | | | | 100 mL Saline |
| Glucagon 1 mg/ 1 mL emergency kit | 1 | | | | | | | | | | | | | Glucagon |
| INT adapters (rubber cap, for needed med filter and fill needles) | 1 | | | | | | | | | | | | | INT adapters |
| | 2 | | | | | | | | | | | | | |
| Naloxone (Narcan) 2mg/2mL preload | 1 | | | | | | | | | | | | | Naloxone |
| | 2 | | | | | | | | | | | | | |
| Intranasal (IN) device | 1 | | | | | | | | | | | | | IN Device |

PEMS Medication Box Inventory

Box # _____

Write Expiration Dates in Column with Pen - Pharmacist Checking Box Write Name Below Beside Corresponding Box Number

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
|---|-----------------|---|---|---|---|---|---|---|---|---|----|----|----|-----------------|
| Bottom Section (UNDER CLEAR PLASTIC) | Date | | | | | | | | | | | | | Date |
| | Facility | | | | | | | | | | | | | Facility |
| | SEAL # | | | | | | | | | | | | | SEAL # |
| Adenosine (Adenocard) 6 mg/2 mL | 1 | | | | | | | | | | | | | Adenosine |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| Amiodarone (Cordarone) 150 mg/3 mL vial | 1 | | | | | | | | | | | | | Amiodarone |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | |
| Atropine Sulfate 1 mg/10 mL preload | 1 | | | | | | | | | | | | | Atropine |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| Calcium Chloride 1gm / 10mL preload | 1 | | | | | | | | | | | | | Calcium |
| Dopamine 400 mg/10 mL | 1 | | | | | | | | | | | | | Dopamine |
| Epinephrine 1:1,000 Vial 30 mg/30 mL | 1 | | | | | | | | | | | | | Epinephrine |
| Epinephrine 1:10,000 1 mg/10 mL preload | 1 | | | | | | | | | | | | | Epinephrine |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | | |
| Furosemide (Lasix) 100mg / 10mL preload | 1 | | | | | | | | | | | | | Furosemide |
| Lidocaine 2% (Xylocaine) 100 mg/5 mL preload | 1 | | | | | | | | | | | | | Lidocaine |
| | 2 | | | | | | | | | | | | | |
| Magnesium Sulfate 5 gm/10 mL | 1 | | | | | | | | | | | | | Magnesium |
| Sodium Bicarbonate 8.4% 50 mEq/50 mL preload | 1 | | | | | | | | | | | | | Bicarb |
| | 2 | | | | | | | | | | | | | |
| Dextrose 50% 25 gm/50 mL preload | 1 | | | | | | | | | | | | | Dextrose |
| | 2 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Signature and Printed Name of Pharmacist:

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

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

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