UPH PREHOSPITAL SERVICES DRUG REPLACEMENT/EXCHANGE

AGENCY:_____ **UPH Pharmacy Fax #: 874-2609**

Unit: **Date:** **Initials:** **Phone:**

Drug Preparation	Dose Amount	Min Level	Qty. to Replace	Reason PU/O*
Adenosine	6mg / 2ml Vial	5		
Albuterol Sulfate	2.5mg / 3ml NS Inh	4		
Aspirin Chewable	81mg Tablet	30/1BT		
Atropine	1mg / 10ml Syringe	4		
Atropine	8mg/20ml vial	1		
Bacteriostatic Saline	0.9% 30ml Vial	1		
Calcium Chloride	1gm / 10ml Syringe	1		
Charcoal, Activated (without Sorbitol)	25gm Bottle	2		
Dextrose 50%	25gm / 50ml Syringe	2		
Diazepam (Valium)	10mg / 2ml Syringe	2		
Midazolam/Versed (when valium unavailable)	5mg / 5ml Vial	4		
Diphenhydramine Hcl	50mg / 1ml IV	1		
Dopamine Hcl/D5W	400mg / 250ml Premix Bag	1		
Epinephrine (1:1000)	1mg / 1ml 30ml Vial	1		
Epinephrine (1:1000)	1mg / 1ml Ampule	2		
Epinephrine (1:10,000)	1mg / 10ml Syringe	6		
Furosemide (Lasix)	40mg / 4ml Vial	4		
Glucagon/Sterile Water	10ml SDV 1mg / 1ml IV	2		
Ipratropium Bromide (Atrovent)	0.02%/ 2.5 ml unit dose	2		
Lidocaine	100mg / 5ml Syringe	3		
Lidocaine/D5W	2gm / 500ml Premix Bag	2		
Magnesium Sulfate	1g / 2ml Vial	5		
Methylprednisolone (Solumedrol)	125mg Vial	2		
Morphine Sulfate	10mg / 1ml Ampule	2		
Naloxone (Narcan)	2mg / 2ml IV	5		
Nitrostat	0.4mg x 25 Tabs Bottle	1		
Oxytocin (optional)	10 Units / 1ml IV	1		
Phenylephrine Hcl (Neo-Synephrine)	0.5% / 15ml	1		
Sodium Bicarbonate	50meq / 50ml Syringe	2		
Thiamine	100mg / 2ml IV	1		
Verapamil	5mg / 2ml IV	2		

NO EXCHANGE WITHOUT PRESENTING EXPIRED MEDICATIONS ***Patient Used / Outdated**

Provider Name: _____

Certification #: _____ Revised 8/29/2007