Drug Exchange/Replace and Waste Record
Attachment E

____/_____/_____ _____ _____
MM/DD/YYYY Print ALS Provider Name Signed ALS Provider Name

Medication	Expiration Date	Quantity Exchanged	Quantity Wasted	Witness Name Print	Witness Signature
Adenosine (Adenocard)					
Albuterol Sulfate (Proventil)					
Amiodarone (Cordarone)					
Aspirin (Salicyclic Acid)					
Atropine					
Dextrose 50% - 50ml					
Diphenhydramine(Benadryl)					
Epinephrine 1:1000 ampule(s)					
Epinephrine 1:1000 multi-dose vial					
EpiPen Adult					
EpiPen Jr.					
Furosemide (Lasix)					
Glucagon (Glucagen)					
Ipratropium (Atrovent)					
Magnesium Sulfate					
Methylprednisolone (Solu-Medrol)					
Metoprolol (Lopressor)					
Midazolam (Versed)					
Morphine Sulfate					
Naloxone (Narcan)					
Nitroglycerin tablets					
Nitroglycerin Paste					
Ondansteron (Zofran)					
Sodium Bicarbonate					
Vasopressin (Pitressin)					
0.9% sodium chloride					
5% dextrose IV fluid					

Record should be submitted to fire and rescue administration office