Central DuPage Hospital
Emergency Medical Services System

Agency / Unit:	Month: 20_____

MEDICATION TOTALS		EXPIRATION DATES				
1	Fentanyl 400mcg	____/ 20___	____/ 20___	____/ 20___	____/ 20___	
2	Versed 30mg	____/ 20___	____/ 20___	____/ 20___	____/ 20___	
3	Ketamine 1000 mg	____/ 20___		____/ 20___		
4	Morphine 20mg	____/ 20___		____/ 20___		
5	Valium 20 mg	____/ 20___		____/ 20___		
6	Ativan 10mg	____/ 20___	____/ 20___	____/ 20___	____/ 20___	____/ 20___

Date	Time	Fentanyl	Versed	Ketamine	Morphine	Ativan	Valium	Checked By:	
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Administration Record

DATE	MEDICATION GIVEN	RUN NUMBER	MG/ML REPLACED	CREW	CREW	NEW EXP. DATE	NEW TAG
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