

**Central DuPage Hospital
Emergency Medical Services System**

Agency / Unit:	Month: 20____
----------------	---------------

MEDICATION TOTALS		EXPIRATION DATES	
1	Fentanyl 200mcg	____/ 20__	____/ 20__
2	Versed 15mg	____/ 20__	____/ 20__
3	Ketamine 1000 mg	____/ 20__	____/ 20__

Non-Transport - ALS Inventory Record

Date	Time	Fentanyl 200 mcg	Versed 15 mg	Ketamine 1000mg	Checked By:	Checked By:	Tag
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

