

WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: DRUG REPLACEMENT-INDIVIDUAL MEDICATIONS - DRUG BOX OPERATIONS

POLICY:

This policy addresses the System drug/medication replacement process between ILS and ALS provider agencies and the receiving hospital facility. Drugs will be replaced on an item-for-item basis.

I. Medication Exchange

- A. The Resource and each Associate Hospital of the System, will replace all medications used by a provider agency during the course of a BLS, ILS or ALS ambulance run. The exchange will take place in the Emergency Department of the receiving hospital after the termination of the run. All medications will be exchanged on a one-for-one basis. Costs for additional supplies dispensed at this time will be deferred to the provider agency.
- B. When a provider agency transports to an out of system hospital, it is the agency's responsibility to obtain a one-for-one medication supply exchange. If the medication supply exchange cannot be completed at the receiving hospital, the provider agency must obtain the proper supplies as soon as possible, either through an Associate or the Resource Hospital, or through alternate arrangements made with Will/Grundy EMS and the Pharmacy Department.
- C. All expired medications and IV solutions may be brought in to the System office to be utilized in the paramedic program practical skills sessions. To replace a small amount of expired drugs you may enter your agency name into the pyxis at any of the System Hospitals and take the drugs that you need. **Please do not place expired drugs in the pyxis machine.** To replace drugs, please fax the attached form to the Silver Cross Hospital Pharmacy, who will notify you once the order is ready. Expired narcotics must be **exchanged** at Silver Cross Hospital's pharmacy.
- D. Provider agency inventory/inspections of drug box contents and medications are to be completed at a minimum of twice per month by a system licensed prehospital provider that is licensed at the level of the ambulance that the drug box is stored in.. The appropriate inspection/inventory sheet must be dated, signed, and completed (Attachment 1). Provider agencies are responsible to file and make available the drug box inventory/inspection forms to the system and state.
- E. Provider agencies must inspect and record the status of controlled substances in an individually agency designed log-book on a daily or pre-arranged basis and made available for inspection by the system and state.
- F. All provider agencies are responsible for the security and operational status of their drug boxes and their contents at all times.

B. PYXIS Medication Supply Exchange Systems

1. Silver Cross and Provena St. Joseph utilize PYXIS Medication Supply Stations.
2. It is the provider's responsibility in conjunction with the system to supply the necessary information to be programmed for PYXIS machine access.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 08-06-98, 07-05-04, 09-20-06, 11-6-06

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REQUIRED PHARMACOLOGY SUPPLIES

3 (5)	Adenosine 6mg/2ml (Adenocard)	2	Morphine 10mg/ml
12	Amyl Nitrate Vaporole (If Agency approved)	1	Narcan 10ml vial or 10-1ml vials (Naloxone)
4 (12)	Atropine 1mg/10ml	1 Bottle	Nitroglycerin 0.4mg (Nitrostat)
1 Bottle	Baby Aspirin 81mg tablets	1 Tube	2% Nitroglycerin paste (single use with paper applicator)
1	10% Calcium Chloride 1gm (100mg/ml)	2	Proventil Nebulizer with tubing (Albuterol)
1 Bottle	Cetacaine Topical Anesthetic Spray	2	Sodium Bicarb 10meq
3	Dextrose 50% - 50ml	2	Sodium Bicarb 50meq
2	Diazepam 10mg/2ml (Valium)	3 Vials	Sodium Chloride 0.9% 10ml
2	Diphenhydramine 50mg/ml (Benadryl)	1 Bottle	Tetracaine HCL 0.5% Eye Drops
1	Dopamine 400mg/250ml	10 Vials 4 Vials	Versed 2mg Inj (Midazolam) or Versed 5mg Inj (Midazolam)
2	Epinephrine 1:1000 1ml	1	D5W 250ml IV Bag
6 (12)	Epinephrine 1:10000 10ml	2	60gtt IV tubing (minidrip)
3	Furosemide 40mg/ml (Lasix)	1	Tubex Holder
1	Glucagon 1mg/ml inj	1	Carpject Holder
1	Glucose Paste 25gm	2 Each	Syringes – 1ml, 3ml, 5ml,
6 (15)	Lidocaine 100mg/5ml	3	Syringes 10ml
1	Lidocaine 2gm/500ml IV Drip	5 Each	21g & 22g needles

Note: Quantity of Meds in () indicates amount needed for transports exceeding 30 minutes.
The other amounts indicate minimum standard requirements

Silver Cross Pharmacy Will/Grundy EMS Order Sheet

The Silver Cross Hospital Pharmacy is committed to helping you fill your medication needs for EMS vehicles. Pharmacy's phone number 815-740-7082. Complete information below:

MEDICATION NAME/DOSAGE	ITEM NUMBER	QUANTITY
ADENOSINE 6MG/2ML VIAL	3586815	
ALBUTEROL SQUIRTS 3ML	3273430	
AMYL NITRATE (1-EACH)	1379494	
ASPIRIN 81MG CHEW TABS	2535250	
ATROPINE 1MG/10ML SYR	2381325	
CALCIUM CHLOR 1GM/10ML SYR	2398246	
CETACAINE SPRAY	1284363	
DEXTROSE 50# 50ML SYR	2381317	
DIAZEPAM 10MG/2MLCARPUJECT	2728012	
DIPHENHYDRAMINE 50MG/ML VIAL	3386067	
DOPAMINE 800MG/500ML BAG	C980314	
EPINEPHRINE 1:10,000 SYR	2381176	
EPINEPHRINE 1:1000 AMP	1457738	
FUROSEMIDE 40MG/4ML VIAL	1454891	
GLUCAGON 1 MG/ML VIAL	2908796	
GLUTOSE 15 GEL	2200830	
LIDOCAINE 100MG/5ML SYR	2892586	
LIDOCAINE 2GM/500ML BAG	C980315	
MIDAZOLAM 2MG/2ML VIAL	3484474	
MIDAZOLAM 5MD/5ML VIAL	3536166	
MORPHINE 10MG/ML VIAL	2771293	
NALOXONE 2MG/2ML SYR	2359918	
NITROGLYCERIN 2% OINT PKTS	2942290	
NITROGLYCERIN 0.4 MG SL TAB	2921690	
SODIUM BICARB 10MEQ/10ML SYR	2400455	
SODIUM BICARB 50MEQ/50ML SYR	2381341	
SODIUM CHLOR 0.9% 10ML VIAL	1986298	
TETRACAINE OPHTH DROPS	1074939	

Name of Person Placing Order-PRINT: _____

Signature of Person Placing Order: _____

Agency Name: _____ Phone Number: _____

Date: _____ Time: _____

Fax this form to the Silver Cross Pharmacy at 815-740-7916
Silver Cross Pharmacy will contact you and let you know when to pick up your order.