

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: DRUG REQUIREMENTS AND REPLACEMENT

POLICY:

This policy addresses the System's drug requirements and drug replacement process between the System's Vehicle Service Provider agencies and the receiving hospital facilities. Drugs will be replaced on an item-for-item basis.

I. Drug Exchange

- A. Each System Resource, Associate and Participating Hospital will replace all drugs used by a System authorized Vehicle Service Provider agency during the course of an ambulance run that terminates at the receiving hospital. The exchange will take place in the Emergency Department, or designated area of the receiving hospital after the termination of the run. All Region/System drugs (per the SMOs) will be exchanged on a one-for-one basis. Costs for additional supplies dispensed at the time of the run will be deferred to the Vehicle Service Provider agency.
- B. When an agency transports to an out of system hospital, it is the agency's responsibility to obtain a one-for-one drug supply exchange. If the drug 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 Resource Hospital.
- C. To replace drugs, print the most current Pharmacy Order Form directly from www.silvercrossems.com (NEVER USE OLD COPIES) then fax it to the Silver Cross Pharmacy. Wait 24 hours then bring the form to pick-up pre-ordered drugs. Expired narcotics **must be exchanged** at Silver Cross Hospital's pharmacy by bringing the expired vials on a one-for-one basis. The System Education Coordinator may take expired non-scheduled drugs for training but must be asked first. If not, then discard drugs appropriately. New vehicle narcotics must be obtained through Silver Cross Pharmacy with a script from the EMSMD.
- D. System Agency inventory/inspections of drug box contents and **non**-scheduled drugs must be completed at a minimum of once per month by System authorized EMS Personnel.
- E. Scheduled drugs (i.e. Versed, Morphine, Fentanyl, and Ketamine) must be accounted for on a daily basis, at the start of every shift by the EMS personnel assigned. EMS personnel may be suspended/removed from the System for non-compliance. The scheduled drugs must be locked under 2 key/code locks AND must have a tightened break away tag to allow for a tamper-proof system of accountability. **ANY DISCREPANCY INCLUDING ANY SHORTAGE OR EVIDENCE OF TAMPERING SHALL BE REPORTED IMMEDIATELY TO THE SYSTEM USING THE OUT-OF-BALANCE REPORT FORM.** System Agencies are responsible for the security of their drug boxes and their contents at all times.
- F. Agencies must retain drug box inventory forms and Controlled Substance Inventory Logs for not less than 2 years, and shall make them available to the System and IDPH upon request.

II. MONTHLY CONTROLLED SUBSTANCE (CS) INVENTORY LOG

Agencies must use the attached Monthly CS Inventory Log only. EVERY TIME a CS is used it must be documented on the Log and on the PCR with the amount used and amount wasted. Wasted drugs must be witnessed by at least 2 people and documented on the PCR. One Log form per licensed ALS and CCT vehicle is required. The original sheets will be maintained by the agency. The agency will send an electronic copy of the Log form and each PCR to the system on a monthly basis by the 25th of the following month.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM
REQUIRED PHARMACOLOGY SUPPLIES**

(Drugs below are for ALS units only unless otherwise indicated)

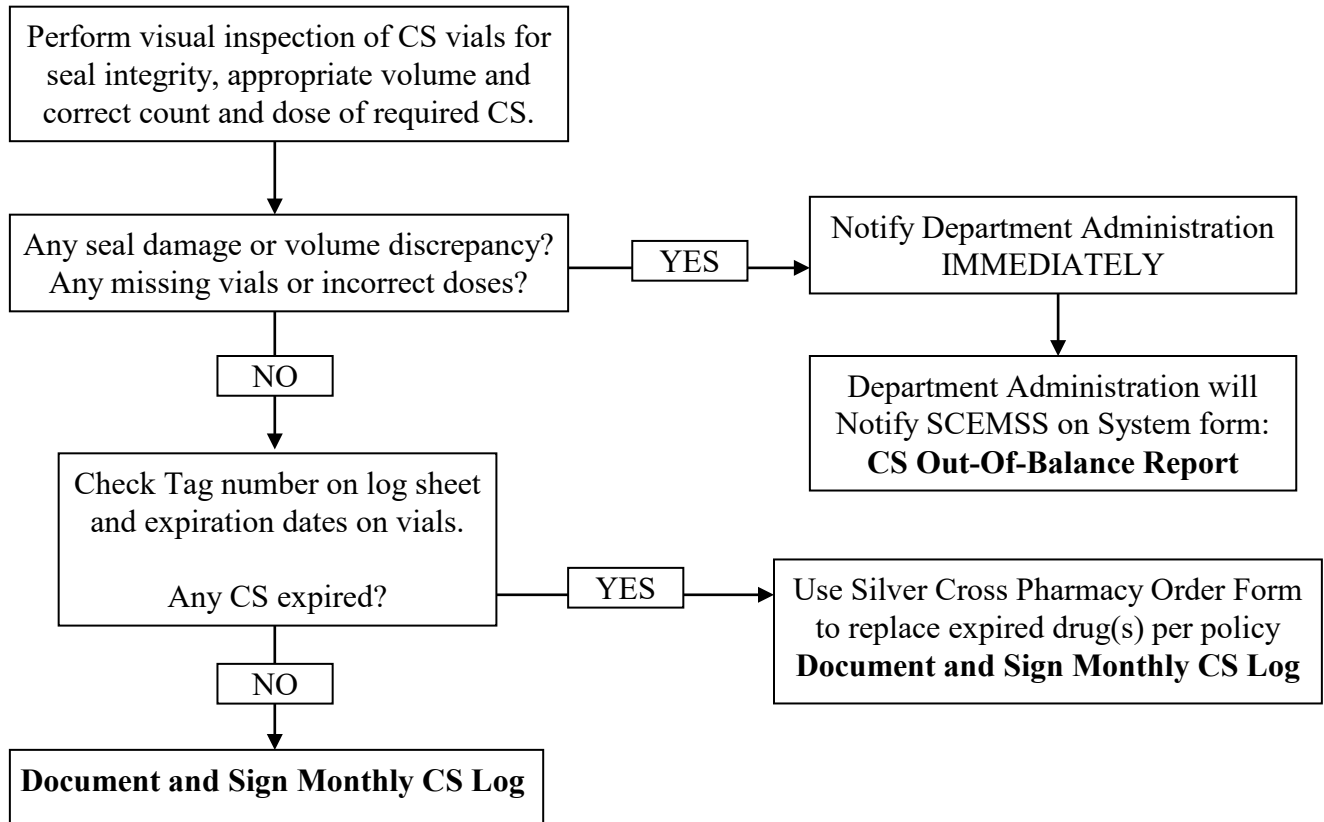
5 3	Adenosine/Adenocard 6mg/2ml ALS NT: Only 3 6mg/2ml	5 2	Narcan/Naloxone 2mg vials (BLS also) ALS NT: Only 2-2mg vials
2	Albuterol/Proventil with Nebulizer kit (BLS also)	3 each 2 each	Nitroglycerin/Nitrostat 0.4mg ALS NT: Only 2 ea (or 1 bottle)
2	Atrovent/Ipratropium 0.5mg (BLS also)	2	Sodium Bicarb 10meq ALS NT: 0
3	Atropine 1mg/10ml	2	Sodium Bicarb 50meq ALS NT: 0
4 each OR 1 bottle	Baby Aspirin 81mg tablet (single dose blister pack) or 1 bottle (BLS also)	3	Sodium Chloride 0.9% 10ml vial (can be 10ml prefilled syringe)
1	10% Calcium Gluconate (100mg/ml) 1 Gram/10ml	1 vial	Solu-Medrol/Methylprednisolone 125mg/2ml vial ALS NT: 0
2 1	Dextrose 50% - 50ml ALS NT: Only 1	1 Bottle	Tetracaine HCL 0.5% Eye Drops
2 1	Diphenhydramine/Benadryl 50mg/ml ALS NT: Only 1	2 OR 4 1	Versed/Midazolam 10mg/2ml vials Versed/Midazolam 5mg/ml vials ALS NT: Only 1-10mg vial (or 2-5mg)
1	Dopamine 400mg/250ml ALS NT: 0	2 tabs 1 tab	Zofran/Ondansetron ODT 4mg tab NT vehicles: Only 1-4mg tab (BLS also)
2	Epinephrine 1mg/ml 1:1000	2 1	Zofran/Ondansetron IV 4mg/2ml vial ALS NT: Only 1-4mg/2ml vial
6 3	Epinephrine 0.1mg/ml 1:10000 10ml ALS NT: Only 3	1	Mag Sulfate 2gm/50ml IVPB (OPTIONAL)
1 each BLS	EpiPen Adult and EpiPen Junior (BLS ambulances only)	4 1	10 gtts IV tubing 60gtts IV tubing
2 1	Fentanyl 100mcg/2ml vial ALS NT: Only 1-100mcg/2ml vial	4	1000ml 0.9% Normal Saline
1	Furosemide/Lasix 40mg/4ml ALS NT: 0	2 each	Syringes – 1ml, 3ml, 5ml, 10ml
1	Glucagon 1mg/ml inj (BLS also)	5 each	21g & 22g needles
1	Glucose Oral Gel 25gm (BLS also)	1	10 gauge Angiocath or Quicktrach
1 0	Ketamine 500mg/10ml vial ALS NT: 0 vials	3 each	14, 16, 18, 20, 22 gauge Angiocaths
3	Lidocaine 100mg/5ml	1	Carpject Holder (only if needed for meds you currently carry)
2 1	Morphine 10mg/ml vials ALS NT: Only 1-10mg/ml vial	2 each	Mucosal Atomization Device (BLS also: IN Glucagon and Narcan)

Revised 07-16-19 LDP

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DOCUMENTATION AND INSPECTION

Administration of Controlled Substances (CS) will be uniformly documented to accurately reflect usage and waste. CS will be visually inspected for seal damage and volume discrepancies.



SCEMSS will audit each unit to assure proper procedure and documentation of CS administration. Audits may be random and/or at time of annual IDPH inspection.

EMS Agencies shall forward complete Monthly CS Inventory Logs to SCEMSS on a monthly basis by the 25th day of the following month with a copy of the PCR showing CS use/waste.

Vehicles that are out-of-service (OOS) should have their controlled substances secured and shall document as such on the Monthly CS Inventory Log.

Investigations that lead to the theft or diversion of Controlled Substances will have a report filed with Police and as deemed necessary.

**ATTACHMENTS: 300-3d PHARMACY ORDER FORM
300-37e MONTHLY CONTROLLED SUBSTANCE INVENTORY LOG**

EFFECTIVE DATE: 08-15-89

REVISED DATE: 03-04-21

Silver Cross EMS System

CONTROLLED SUBSTANCE OUT-OF-BALANCE REPORT

This form is to be used for any instance of shortage, broken, missing, lost, or stolen CS drugs. This includes replacement narcs for patient's not transported to a hospital (deceased/Air).

Out-of-Balance controlled substance (check one)

- Morphine 10mg/ml Versed 10mg/2ml Versed 5mg/ml
 Fentanyl 100mcg/2ml Ketamine 500mg/10ml

Out-of-Balance discovered Date _____ Time _____

Department _____ Vehicle Plate# _____

Paramedic Name _____ System# _____ Signature _____

Name of Department Administrator Notified _____

Out of Balance occurred due to Out-of-State hospital not replacing **OR** used on a patient that agency did NOT transport (patient deceased/helicopter transported). Skip Investigation section and email this form and PCR, to the System Manager and Operations Coordinator.

Investigation required for all other shortages or possible tampering.

- Confirm accuracy of the Monthly Controlled Substance Inventory Log signatures and tag numbers. Review PCRs for every patient that received Controlled Substances and compare date, dose and waste accuracy to Log. Attach relevant PCRs and Monthly Controlled Substance Inventory Logs to this submission.
- If Out-Of-Balance still not corrected, attach a separate list of all Paramedics working on this unit since the last accurate drug count.
- Attach a narrative with an explanation from the previous documented paramedic and the current documented paramedic citing what occurred to cause the out-of-balance between when they signed the form and now.
- If possibility of tampering or stolen vials, attach copy of police report.
- Submit this form and required attachments to the Operations Coordinator within 24 hours.

Comments from Agency _____

System resolution _____

Replacement CS Meds will only be issued once this form and required documents are received.