**NCH Paramedic Program DRUG CARD TEMPLATE**

Faculty

Approved

Date &

Initials

* **Type in shaded area to fill in form**.
* One drug per page/sheet of paper (after review, keep alpha file of card/sheets in binder).
* Drug cards may be used for multiple pts if information submitted is complete & accurate.
* May complete one (1) card for drug classes (e.g., ACEI, beta blockers, SSRI) if drug names (generic & Brand) are included.

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| --- | --- |
| **Name: generic** |  |
| **Name: Brand** |  |
| **Class** |  |
| **Actions** |  |
| **Indications/Uses** |  |
| **Contraindications** |  |
| **Precautions** |  |
| **Dose & Route** |  |
| **Known incompatibilities** |  |
| **Adverse Effects**  (frequent/serious) |  |