

Northwest Community EMS System
CONTROLLED SUBSTANCE LOG Alternate Response Vehicles - 12/1/16

EMS Provider: _____ Vehicle _____ Month/Year: _____

Instructions: This log must be signed daily AND initialed by two different paramedics (one off-going and one on-coming for daily counts) after visually inspecting the drugs to confirm that they are present, intact, and in the quantities specified by the System. **When an alternate drug is put into service per SOP**, all remaining inventory of the standard drug for that class must be removed (count should be changed to 0), and only the alternate drug stocked. If any drug is not present, put a 0 in that column. See example, below.

Begin a new sheet on the first day of each month. Turn page over to complete the month.

Date	Signatures	Fentanyl 100 mcg (1)	Morphine 10 mg (1)	Midazolam 10 mg (1)	Diazepam 10 mg (1)	Ketamine 500 mg	Change Initials
Ex	Offgoing <i>John Doe, EMT-P</i>	1	0	1	0	1	JD
	Oncoming <i>Jane Smith, EMT-P</i>	0	1				JS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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Date	Signatures	Fentanyl 100 mcg (1)	Morphine 10 mg (1)	Midazolam 10 mg (1)	Diazepam 10 mg (1)	Ketamine 500 mg	Change Initials
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

See System policy C6 Controlled Substances for details. All discrepancies in counts must be resolved within 24 hours.

Instructions: Return the completed Log to your designated System hospital EMS Coordinator/educator by the 15th day of the following month for record storage. These forms must be stored for two years.

I affirm that I have reviewed this Log for CQI purposes. If any signatures or counts were omitted, I have addressed the omissions with the involved personnel and have appended their explanations to this form.

Signature: Provider EMS Coordinator

Date forwarded to hospital EMSC/educator