



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

EMS PEER to PEER Mutual Aid Controlled Substance (CS) Restock and Exchange Form

THIS FORM is CONFIDENTIAL | electronically attach to patient's EMS Patient Care Report (PCR) to ensure chain of custody & DEA compliance

INTRA-AGENCY Exchange: This form is not needed if CS are opened and restocked on scene between two responding vehicles from the same agency. Document incident and all patient care on one ePCR. The transporting ALS clinician shall exchange opened CS at the receiving hospital per usual and customary practices.

AGENCY to AGENCY Exchange (mutual aid response): Complete this form if Agency A ALS clinician opens, prepares, and/or gives a CS from their inventory but does not transport and are restocked from Agency B that transports the patient.

Form documentation, imaging, processing of drug exchange: ALS clinicians from Agency A and Agency B shall jointly complete and image this form. The transporting agency shall **bring this form to the hospital along with the labeled syringe(s) and opened original drug package(s) for wasting and exchange per System policy.**

PCR documentation:

NON-TRANSPORTING AGENCY (that opened, prepared, and/or gave the CS from their inventory) shall complete and post an ePCR attesting to their care within two hours of patient contact. Attach the imaged Peer to Peer Restock form to the ePCR.

TRANSPORTING AGENCY: Document on their ePCR that a CS was opened, prepared, and/or given prior to arrival by another EMS agency ALS clinician. Attach the imaged Peer to Peer Restock form to the ePCR.

In all cases: Update inventory tags per policy and Controlled Substance Supplemental Logs

Agency A (Origin of opened CS):	Vehicle #
Agency Incident #:	Date
Patient name (PRINT):	Pt. DOB:
Controlled Substance exchanged by Peer to Peer process (Fill out one form per CS drug exchanged): <input type="checkbox"/> Fentanyl <input type="checkbox"/> Midazolam <input type="checkbox"/> Ketamine <input type="checkbox"/> Diazepam <input type="checkbox"/> Morphine	
Amount (mg or mcg/mL) + # vials/ amps opened/ from vehicle stock:	Vial #s:
Amount given to pt (mg or mcg):	Amount to be wasted (mL):
# labeled syringes relinquished:	# vials/amps relinquished:
Amount (mg or mcg/mL) + # vials/amps restock received from Agency B:	Vial #s:
PRINT Name of ALS clinician who relinquished open CS for waste and accepted CS restock from Agency B:	
Signature of above clinician::	
Agency B (Providing CS restock):	Vehicle #:
# labeled syringes received from Agency A:	Amount to be wasted (mL):
Concentration (mg or mcg/mL) + # opened vials/amps rec'd from Agency A:	Amount (mg or mcg/mL) provided to restock Agency A:
PRINT Name of ALS clinician who brought opened CS to hospital for exchange and provided Peer restock medication:	
Signature of above clinician::	
Receiving hospital to provide drug exchange:	