Northwest Community EMS System

CONTROLLED SUBSTANCE (CS) LOG AMBULANCE - Rev. 10/1/20

EMS Agency:_____ Vehicle ID#_____Month/Year:_____

Instructions: This log must be signed daily by two different PMs (one off-going and one on-coming) AND initialed whenever the CS inventory is changed after visually inspecting drugs to confirm that they are present, intact, within exp. dates, and in required quantities. If any alternate drug is added due a shortage, note on the log. If any drug is not present, the discrepancy must be reconciled immediately per System policy C6 Controlled Substances. Note the number present in that column. Begin a new Log on the first day of each month.

Date	Offgoing Paramedic		Oncoming paramedic		Fentanyl 100 mcg (3)	Ketamine 500 mg (1)	Midazolam 10mg (2)	Morphine 10mg (0)	Diazepam 10 mg (0)	Last 4 of tag	Changes logged (X)
Ex	*Signature*	PM license #	*Signature*	PM License #	3	1	2	0	0	1234	
Ex	*R. Manthy*	060112032	*T. Hayes*	123456789	3	1	2	0	0	6789	X
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EMS Agency:_____ Vehicle ID#_____Month/Year:_____

Date	Offgoing Paramedic		Oncoming paramedic		Fentanyl 100 mcg (3)	Ketamine 500 mg (1)	Midazolam 10mg (2)	Morphine 10mg (0)	Diazepam 10 mg (0)	Last 4 of tag	Changes logged (X)
Ex	*Signature*	PM license #	*Signature*	PM License #	3	1	2	0	0	1234	
30											
31											

SUPPLEMENTAL LOG

Instructions: Entries are required when CS are given, exchanged, or other notable events occur. Two PMs must sign after visually inspecting drugs to confirm they are present, intact, within expiration dates, and in the required quantities.

Date	Paramedic #1		Paramedic #2		Medication	Reason for exchange	New Tag #: Last 4	PCR #
	Signature	PM license #	*Signature*	PM License #			1234	
Ex	*R. Manthy*	060112032	*T. Hayes*	123456789	Ketamine	Given	5678	

Instructions: Return completed Daily and Supplemental logs to your PEMSC who will review, sign, and forward to the assigned HEMSC/ educator by the 4th week of the following month to review, sign, and archive for at least 5 years. The signers affirm they have reviewed this Log for CQI purposes. If any signatures or counts were omitted, they attest to addressing the omissions with the involved personnel and have appended their explanations to this form.

_____ _____

Signature: Provider EMS Coordinator Date Signature Hospital EMSC/educator Date

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EMS Agency:_____ Vehicle ID#_____Month/Year:_____

SUPPLEMENTAL LOG CONTINUED

Instructions: Entries are required when CS are given, exchanged, or other notable events occur. Two PMs must sign after visually inspecting drugs to confirm they are present, intact, within expiration dates, and in the required quantities.

Date	Paramedic #1		Paramedic #2		Medication	Reason for exchange	New Tag #: Last 4	PCR #
	Signature	PM license #	Signature	PM License #			1234	
Ex	R. Manthy	060112032	T. Hayes	123456789	Ketamine	Given	5678	

The signers affirm they have reviewed this Log for CQI purposes. If any signatures or counts were omitted, they attest to addressing the omissions with the involved personnel and have appended their explanations to this form.

_____ _____

Signature: Provider EMS Coordinator Date Signature Hospital EMSC/educator Date