

Santa Cruz EMS Integration Authority

Controlled Substance Card

Unit/Engine # _____ Date ____/____/____

Controlled Substance Administration

Patient Name _____ Event/PCR # _____

Base Order Yes No Base Hospital Dominican WCH

Physician/MICN Name _____

Amount Ordered ____mg. Medication Midazolam M.S.

Amount Admin. ____mg. Amount Wasted ____mg.

Paramedic Administering Controlled Substance

Name _____ Signature _____ Badge # _____

Paramedic/Officer Witnessing Wasting of Controlled Substance

Name _____ Signature _____ Badge # _____

Controlled Substance Replacement/Restock

Restock/Replacement Intra-Department Date ____/____/____ By: _____
EMSIA Safe Date ____/____/____ By: _____

Reason for Replacement:

- Restock/Administered to patient (see above)
- Replacement/ Expiration Date
- Replacement /Broken Container Explain _____

Attachments/Routing

Patient Administration:

- Attach copy of PCR
- Route to EMSIA QA Coordinator

Replacement:

- Attach empty container/tubex (only if damaged)
- Attach explanation memo (if necessary)
- Route to EMSIA QA Coordinator