

Silver Cross EMS System Monthly Controlled Substance Inventory Log

CS REQUIRED on ALS Ambulances: Morphine 20mg, Versed 20mg, Fentanyl 200mcg, Ketamine 500mg

CS REQUIRED on ALS Non-Transports: Morphine 10mg, Versed 10mg, Fentanyl 100mcg, Ketamine 0

Agency:
Unit:
Month/Year:

Day	Tag #	MORPHINE			VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Month/Year: _____ Unit: _____

Day	Tag #	MORPHINE			VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															

Month/Year: _____ Unit: _____

Day	Tag #	MORPHINE			VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															

Your signature above confirms that you've verified total CS drug amounts are present and accounted for per SCEMSS policy 300-37. If the tag # hasn't changed and you are unable to see through the lock box, reprint the tag number and write "no tag change" through the boxes where you would normally inventory the medications.

Unit:
Month/Year:

If a tag is broken for any reason, an entry must be made below with the reason.

If a tag is changed without an entry below and/or the CS drugs are out-of-balance per policy 300-37, notify your EMS Coordinator immediately.

If the tag is broken daily for morning CS inventory then state that on the first line below to take care of daily inventory reporting for the month.

Date tag Broken	Reason tag broken: Med Name (Exchanged/Used on run/etc)	Amount Used	Amount Wasted	New Tag Number	Signature(s)	System #	Agency Run #
Daily	Morning Inventory Check	N/A	N/A	Changed Daily	See Daily Log	See Daily Log	N/A

A COPY OF THE PCR SHALL ACCOMPANY THIS FORM TO THE SYSTEM BY THE 25TH OF THE FOLLOWING MONTH FOR EVERY CONTROLLED SUBSTANCE ADMINISTERED. PCR MUST SHOW USE/WASTE/WITNESS.