



SAN MATEO COUNTY EMS CONTROLLED SUBSTANCE ADMINISTRATION & RE-SUPPLY FORM

MEDICATION: Fentanyl Administered
 Midazolam Expired Date Expired: _____
 NOT Intact/Broken

ADMINISTRATION OF CONTROLLED SUBSTANCE

UNIT #: _____ DATE: _____ INCIDENT #: _____
PATIENT NAME: _____ CHIEF COMPLAINT: _____
AMOUNT ADMINISTERED: _____ mcg/mg AMOUNT WASTED: _____ mcg/mg

PARAMEDIC ADMINISTERING CONTROLLED SUBSTANCE

NAME: _____ SIGNATURE: _____ ID#: _____

PARAMEDIC OR NURSE WINESS TO REPORTED CONTROLLED SUBSTANCE DISPOSAL

NAME: _____ SIGNATURE: _____ ID#: _____

COMMENTS: _____

RESUPPLY OF CONTROLLED SUBSTANCE

PERSON RECEIVING CONTROLLED SUBSTANCE

NAME: _____ SIGNATURE: _____ ID#: _____

MANAGER RESTOCKING CONTROLLED SUBSTANCE

NAME: _____ SIGNATURE: _____ ID#: _____

RESTOCK DATE: _____ RESTOCK SITE: _____ RESTOCK TIME: _____

COMMENTS: _____

EMS AGENCY/SUPERVISORS COMMENTS: _____

SAN MATEO COUNTY EMS CONTROLLED SUBSTANCE ADMINISTRATION & RE-SUPPLY FORM – CONT.

Controlled Substance Administration Review Checklist

Please check each and sign:

- Administration Sheet attached
- Paramedic name is same on administration sheet
- Administration is consistent with SMCO protocol
- Amount administered is same on the ePCR and admin sheet
- Vitals and pain scale are documented after each administration
- Age and weight of patient are documented on the ePCR

Signature of Paramedic completing checklist:
