



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 WITNESS 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: _____

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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:
