



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

MEDICATION: \_\_\_ Morphine \_\_\_ Versed

\_\_\_ Administered \_\_\_ Expired (Date) \_\_\_ NOT Intact/Broken

**ADMINISTRATION OF CONTROLLED SUBSTANCE**

UNIT #: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INCIDENT #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ CHIEF COMPLAINT: \_\_\_\_\_

AMOUNT ADMINISTERED: \_\_\_\_\_mg AMOUNT WASTED: \_\_\_\_\_mg

**PARAMEDIC ADMINISTERING CONTROLLED SUBSTANCE**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID#: \_\_\_\_\_

**PARAMEDIC OR NURSE WITNESS CONTROLLED SUBSTANCE DISPOSAL**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**RE-SUPPLY OF CONTROLLED SUBSTANCES**

**PERSON RECEIVING CONTROLLED SUBSTANCE**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

**MANAGER RESTOCKING CONTROLLED SUBSTANCES**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

RESTOCK DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESTOCK SITE: \_\_\_\_\_

RESTOCK TIME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**EMS Agency/Supervisor  
Comments**

\_\_\_\_\_  
\_\_\_\_\_

Narcotic Administration Review Checklist:

Please check each box and sign:

- Administration Sheet and PCR are attached.
- Paramedic name is same on admin sheet and PCR
- Administration of narcotic is consistent with SMCO protocol
- Amount is same on PCR and admin sheet
- Follow vitals and pain scale documented after each administration of narcotic
- Age and weight of patient is documented on PCR

Signature of Paramedic completing checklist:

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