



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

MEDICATION: ___ Fentanyl ___ 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:
