



**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: _____mcg/mg AMOUNT WASTED: _____mcg/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 narcotics is consistent with SMCO protocol

Amount is same on PCR and admin sheet

Follow vitals and pain scale documented after each administration

Age and weight of patient is documented on PCR

Signature of Paramedic completing checklist:
