



**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 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:

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