



Loyola EMS System

Controlled Substance Inventory



FULL TIME DEPARTMENT

RECORD DRUG ADMINISTRATION ON LAST PAGE- ATTACH A COPY OF THE RUN REPORT

Month:		Year:		Department:		Vehicle#:	
DATE	SIGNATURE	FENTANYL <i>50mcg/mL for total of 200 mcg (Ampule or Vial)</i>		VERSED <i>10mg/2mL for a total of 20 mg</i>		ETOMIDATE <i>2mg/mL for a total 40 mg</i>	
1	AM OFF GOING SHIFT	Ampule 1- LOT #	Exp Date:	Vial 1 - LOT #	Exp Date:	Vial 1 - LOT #	Exp Date:
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