

Department

Ambulance #

Month

Year

Controlled Substance Inventory ♦ Nitrous

Record drug administration at bottom of this page. Attach a copy of the run report.



| DATE | SIGNATURE | N20:O2 Pressure Reading | DATE | SIGNATURE | N20:O2 Pressure Reading |
|------|-----------|----------------------------|------|-----------|----------------------------|
| 1 | | | 17 | | |
| 2 | | | 18 | | |
| 3 | | | 19 | | |
| 4 | | | 20 | | |
| 5 | | | 21 | | |
| 6 | | | 22 | | |
| 7 | | | 23 | | |
| 8 | | | 24 | | |
| 9 | | | 25 | | |
| 10 | | | 26 | | |
| 11 | | | 27 | | |
| 12 | | | 28 | | |
| 13 | | | 29 | | |
| 14 | | | 30 | | |
| 15 | | | 31 | | |
| 16 | | | | | |
| | | | | | |

| Date | Time | Patient Name | Ordered By | Given By | Ending Pressure | Run Report # |
|------|------|--------------|------------|----------|-----------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |