

REGIONS HOSPITAL EMS

POLICY/PROCEDURE: Controlled Substance Policy	Page 1 of 1
ISSUED BY: Medical Director	No. 05-105
DATE: January 1, 2005	Supersedes: No.

Policy:

Each service is responsible for developing a policy addressing controlled substances relating to the following issues:

1. Storage
 - A. Up to three unit doses (12 mg) of morphine sulfate, two vials of Fentanyl, 2 unit doses (4mg) of midazolam (Versed) may be kept in the paramedic “drug box.”
 - B. For services performing RSI, enough medication to administer two doses of each RSI medication should be available in the drug box and one reserve dose should be kept in the ambulance reserve.
 - C. Additional doses of morphine sulfate, etomidate (Amidate), midazolam (Versed), and fentanyl (Sublimaze) must be kept in a built-in locked area in the ambulance.
 - D. A mechanism for key security should be documented.
2. Documentation of use/restock
 - A. Medications dispensed to patients must be signed out by indicating the date, time, patient name or incident number, and dose administered. The remaining dose of medication should be indicated.
 - B. If a full syringe of medication is not used, the remainder must be wasted, and entry cosigned by another medic.
 - C. Nitrous oxide use should be indicated by approximate minutes of use; and if available, psi remaining in container should be noted.
 - D. A paramedic will document medication count once per shift.
 - E. If a discrepancy exists on the medication count, the paramedic should investigate in an attempt to correct the error. If missing doses cannot be identified, an EMS Quality Improvement Form and Regions Hospital Medication Variance Report form is to be completed and submitted to the service’s chief EMS officer immediately upon discovery of the incident. A copy of the EMS Inquiry should be forwarded to Regions Hospital EMS.
Any possibility of tampered medications will be reported to the service director/manager and Medical Director upon discovery of tampered medications.