

Delnor Pharmacy Paramedic Drug Exchange Form

For even exchanges all drugs must be exchanged 90 days before expiration date.

Drugs must be in original packaging with no writing on packages.

Drug	Requested Quantity	Exp Date	Quantity FILLED from pharmacy	Quantity not FILLED due to shortage or B/O
Acetaminophen 325mg tab				
Adenosine 6mg/2ml vial				
Albuterol 0.083% 3ml neb				
Amiodarone 150mg/3ml vial				
Aspirin 81mg chewable tab				
Atropine 1mg/10ml syringe				
Diphenhydramine 25mg tab				
Diphenhydramine 50mg/1ml vial				
Dopamine 400mg/5ml vial				
Epinephrine 1mg/10ml syringe				
Epinephrine 1:1000 1ml amp				
Etomidate 20mg/10ml vial				
Etomidate 40mg/20ml vial				
Fentanyl 100mcg/2ml vial				
Glucose (Oral) gel				
Glucagen 1mg/1ml vial				
Duo-Neb (ipratropium/albuterol 0.5-3)				
Ipratropium 0.02% neb				
Ketamine 500mg vial				
Ketorolac 30mg/1ml vial				
Lidocaine 100mg/5ml syringe				
Mag Sulfate 1gm/2ml vial				
Mag Sulfate 2gm/50 ml premixed bag				
Midazolam 5mg/5ml vial				
Midazolam 10mg/2ml vial				
Naloxone 1mg/1ml 2 ml syringe				
Nitrostat 0.4mg SUBL tab(bottle of 25)				
Norepinephrine 4mg/4ml				
Ondansetron ODT 4mg tab				
Ondansetron 4mg/2ml vial				
Sodium Bicarb 50ml syringe				
Tetracaine 0.5% 2ml opth soln				
TXA 1Gm/10ml				
Verapamil 5mg/2ml vial				

Department Name: _____

Fax Number: _____

Date/Time Faxed to Pharmacy: _____

Contact: _____

- Please fax to Delnor Pharmacy 630-208-3465. Allow up to 48 hours (2 days) for orders to be filled. Pharmacy will fax back when drugs are ready for pick up.
- Orders must be picked up between the hours of 7am to 5pm
- After notification that your meds are ready you will have seven (7) days to pick up meds from Pharmacy or they will be returned to Pharmacy stock and will not be available to your department/station. This entire process will need to be repeated.

Filled by _____ **Checked by** _____ **Received by** _____