

New Non-Transport Stock Request

DEPARTMENT NAME _____ UNIT I.D. # _____ DATE SENT to PHARMACY _____

MEDICATIONS			
[] 3	ACETAMINOPHEN 325mg TAB	[] 1	NOREPINEPHRINE 4mg/4ml
[] 4	ASPIRIN 80-81 mg (BABY)	[] 1	TUBE ORAL GLUCOSE
[] 3	ADENOSINE Total 30 mg	[] 1	TXA 1000mg/10ml
[] 2	DUO-NEBS	[] 1	GLUCAGON 1mg vial
[] 3	Amiodarone 150 mg	[] 1	LIDOCAINE 100mg / 5cc
[] 1	ATROPINE 1 mg 10ml preload	[] 2	MIDAZOLAM (versed) 5mg/5ml
[] 1	DEXTROSE 10% (25G/250ml)	[] 1	MIDAZOLAM (versed) 10 mg/2ml
[] 2	MAG SULFATE 1Gm/ 2cc vials or 1 Mag Sulfate Pre-Mix	[] 1	Verapamil 5 mg/2 ml
[] 2	ETOMIDATE 40 mg/ 20cc	[] 1	NALOXONE 4mg
[] 1	DIPHENHYDRAMINE 50mg	[] 1	NITROGLYCERINE 0.4mg (tablets)
[] 2	DIPHENHYDRAMINE 25mg PO	[] 1	TETRACAINE HCl 0.5% ml drops
[] 2	EPINEPHRINE 1:1,000 1ml (amp)	[] 1	Toradol 30 mg
[] 4	EPINEPHRINE 1:10,000 1mg	[] 2	ODT Zofran
[] 2	Fentanyl 100 mcg/2 ml	[] 1	Zofran 4 mg/2 ml
[] 1	KETAMINE 500 MG		

- Please fax to Delnor Pharmacy 630-208-3465 or email to ems.exchange@nmhealth.onmicrosoft.com
- Allow up to 72 hours (3 days) for orders to be filled
- Orders must be picked up between hours of Monday thru Friday 8 am to 5 pm. (One person)
- Orders that are not picked up within 10 days of sending order to Pharmacy will be returned to Pharmacy stock. This entire process will need to be repeated.

Filled by: _____ Checked by: _____ Received by: _____