## **Northwest Community EMS System** CONTROLLED SUBSTANCE (CS) LOG AMBULANCE - Rev. 10/29/24

EMS Agenc	;y:	Vehicle ID#	_Month/Year:	
nstructions:	This log must be signed daily by two differen	nt PMs (one off-going and one on-coming) AND	initialed whenever the CS inventory is changed after	visually inspecting drugs to confirm that they ar

present, intact, within exp. dates, and in required quantities. If any alternate drug is added due a shortage, note on the log. If any drug is not present, the discrepancy must be reconciled immediately per System policy C6 Controlled Substances. Note the number present in that column. Begin a new Log on the first day of each month.

Date	Off-going Par	amedic	Oncoming		Fentanyl 100 mcg (3)	Lot #	Exp. Date	Ketamine 500 mg (1)	Lot#	Exp. Date	Midazolam 10mg (2)	Lot#	Exp. Date	Name of Approved Substitute Drug	Fot#	Exp. Date	Last 4 of tag	Changes logged (X)
Ex	Sígnature	PM license #	Sígnature	PM License #	3	LT1234	1/1/24	1			2			Morphine			1234	Χ
1																		
2																		
3																		
4																		
5																		
6																		
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## **Northwest Community EMS System**

## CONTROLLED SUBSTANCE (CS) LOG AMBULANCE - Rev. 10/29/24 Page 2

EMS	Agency:		Vehicle	ID#			Mor	nth/Ye	ear:			_						
Date	Off-going Para	ımedic	Oncoming p	aramedic	Fentanyl 100 mcg (3)	Lot#	Exp. Date	Ketamine 500 mg (1)	Lot #	Exp. Date	Midazolam 10mg (2)	Lot #	Exp. Date	Name of Approved Substitute Drug	Lot #	Exp. Date	Last 4 of tag	Changes logged (X)
Ex	Signature	PM license #	Sígnature	PM License #	3	LT1234	1/1/24	1			2			Morphine			1234	
22																		
23																		
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25																		
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27																		
28																		
29																		
30																		
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**SUPPLEMENTAL LOG:** Entries are required when CS are given, exchanged, or other notable events occur. Two PMs must sign after visually inspecting drugs to confirm they are present, intact, within expiration dates, and in the required quantities. **If additional supplemental entries needed, utilize page 3.** 

Date	Paramedic #1		Paramedic #2		Medication	Reason for exchange	Lot#	Exp. Date	New Tag #: Last 4	PCR#
Ex	Sígnature	PM license #	Signature	PM License #	Ketamine	Given	LT1234	1/1/24	1234	

Instructions: Return completed Daily and Supplemental logs to your PEMSC who will review, sign, and forward to the assigned HEMSC/educator by the 4th week of the following month to review, sign, and arch
for at least 5 years. The signers affirm they have reviewed this Log for CQI purposes. If any signatures or counts were omitted, they attest to addressing the omissions with the involved personnel and have appear
their explanations to this form.

Signature: Provider EMS Coordinator Date Signature Hospital EMSC/educator Date
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## **Northwest Community EMS System** CONTROLLED SUBSTANCE (CS) LOG AMBULANCE - Rev. 10/29/24 Page 3

MS Agency:	Vehicle ID#	Month/Year:
ino Agency.		Month, rear.

Date	Paramed	dic #1	Paramed	ic #2	Medication	Reason for exchange	Lot#	Exp. Date	New Tag #: Last 4	PCR#
Ex	Signature	PM license #	Signature	PM License #	Ketamine	Given	LT1234	1/1/24	1234	

The signers affirm they have reviewed this Log for CQI purposes. If any signatures or counts were omitted, they attest to addressing the omissions with the involved personnel and have appended their explanations to this form. Signature: Provider EMS Coordinator Date

Signature Hospital EMSC/educator

Date