

Drug Drawer Tuesday

Updated 2/1/2013

	Available	Need	Replaced
Sodium Bicarb 8.4% 50mEq (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dextrose 50% (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine 1:10,000 1mg/10ml (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine 1mg/10ml (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine 2% 100mg/5ml (6) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcan 2mg/ml (4) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon 1mg/ml (1) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine 400mg/250ml (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitro Spray/Tabs (1) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphenhydramine 50mg/1ml (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenosine 6mg/2ml (5) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine 1:1,000 1mg/ml (4) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zofran 4mg (4) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albuterol 2.5mg/3ml (4) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xopenex 1.25mg/3ml (4) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Aspirin (1 Bottle) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetracaine 0.5% Solution (1) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzocaine Spray (1) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiodarone 150mg/3ml (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5% Dextrose 100ml (1) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro Drip Set (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amyl Nitrate (Box 12) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midazolam 10mg/2ml (1) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl 100mcg/2ml (1) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Preload (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20cc Sterile Water (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunt Plastic Cannula (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter Straw (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpject (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAD Device (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1cc Syringe (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3cc Syringe (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Syringe (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20cc Syringe (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date:

Signature:

Unit#: