Central DuPage Emergency Medical Services System

Controlled Substance Usage

INTRODUCTION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: _____	EMSS COORDINATOR: _____
REVISION & APPROVAL: 1/98, 6/05 , 8/08	

SUBJECT:

Controlled Substance/Inventory Procedure

The following procedure for accurate accounting of controlled substances is to be followed by the Resource Hospital. These procedures are the requirements set forth by the U.S. Department of Justice Drug Enforcement Administration for accountability for all controlled substances used in the Mobile Intensive Care Ambulances. This policy was approved by Vernon D. Meyer, Chicago Regional Director, DEA on February 11, 1977.

RESPONSIBILITIES OF THE RESOURCE HOSPITAL:

1. The Resource Hospital will initially stock the assigned ambulances with two (2) 10mg/10cc prefilled syringes of morphine sulfate, two (2) 10mg/2cc Versed prefilled syringes, two (2) 20mg Etomidate prefilled syringes, and twelve (12) Amyl Nitrate capsules.
2. The individual paramedic units will be responsible for conducting a daily check of all narcotics. The narcotics should be assessed for proper dosage, quantity and intact packaging.
3. The Controlled Substance Inventory and Administration Form should be completed on a daily basis and mailed into the Resource Hospital on a quarterly basis as part of their audit for later DEA accountability purposes (see attachment - 1).
4. The Resource Hospital will accept any excess controlled substances from the ambulance personnel and dispose of such substances according to appropriate hospital and DEA policy. The Resource Hospital, upon proof of use, will then replace the controlled substance carried by the ambulance.

5. A controlled substance replacement notice form needs to be used every time a controlled substance is replaced for any reason other than patient administration (i.e., cracked containers, broken seals, active loss). The form must be sent to the Central DuPage EMSS Office. Replacements for cracked vials etc. must be obtained from the CDH ED with the controlled substance replacement form.

6. Any time an ambulance cannot account for missing narcotics, the EMS System Coordinator must be paged immediately. (Call 630-933-6805 for pager number). The supervisor of the EMT-Ps should be notified as well. The drug box missing the narcotics must be brought to the EMS Office for replacement drugs. An investigation will be initiated and at the discretion of the EMSS Coordinator, the ambulance may be taken out of service. Unaccounted loss of narcotics is extremely serious and if deemed necessary, the appropriate law enforcement agency will be notified.

Central DuPage Emergency Medical Services System

Controlled Substance Inventory and Administration Record

Provider:_____UNIT #:

Month/Year:_____(Page _____of_____)

1. Controlled Substance Issued + Dosage:MS 10mg_____Quantity: 2 Date:___/___/___
2. Controlled Substance Issued + Dosage:Versed 10mg_____Quantity: 2 Date:___/___/___
3. Controlled Substance Issued + Dosage:Amyl Nitrate_____Quantity:12 Date:___/___/___
4. Controlled Substance Issued + Dosage:Etomidate_20 mg_____Quantity_2_Date:___/___/___

Inventory record: To be accounted for Daily.

DATE	TIME	#1	#2	#3	#4	Inventoried By		DATE	TIME	#1	#2	#3	#4	Inventoried By
1								16						
2								17						
3								18						
4								19						
5								20						
6								21						
7								22						
8								23						
9								24						
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