



HORRY COUNTY FIRE/RESCUE

2560 North Main Street, Suite 1
Conway, SC 29526
843-915-5190 / Fax 843-248-1695



CONTROLLED SUBSTANCE ADMINISTRATION FORM

DATE _____ - _____ - _____

MEDIC UNIT _____

CAD # _____

RECEIVING HOSPITAL _____

PATIENT NAME : _____

PATIENT ADDRESS : _____

CONTROLLED SUBSTANCE ADMINISTERED: _____

CONCENTRATION OF DRUG: _____ mg / _____ ml

AMOUNT ADMINISTERED: _____ mg / _____ ml

AMOUNT WASTED: _____ mg / _____ ml

WASTE WITNESSED BY (PRINT): _____ (Nurse or Doctor Only)

WITNESS SIGNATURE: _____

CONTROLLED SUBSTANCE ADMINISTERED BY: _____ (PRINT)

ADMINISTERING PARAMEDIC SIGNATURE : _____

NAME OF ORDERING/ACCEPTING PHYSICIAN : _____ (PRINT)

ORDERING/ACCEPTING PHYSICIAN SIGNATURE: _____

* Other than signatures, all information must be printed *

See reverse side for detailed instructions on procedure following use of controlled substance.

CONTROLLED SUBSTANCE ADMINISTRATION CHECK SHEET

When a controlled substance is administered, the Division Chief of Materials Management (Division 1) **must be notified IMMEDIATELY upon arrival at the ER** (regardless of day or time of day) that the usage has occurred.

Contact Number: 843-455-1683- (Leaving a voicemail at this number is acceptable.)

- Contacted Division 1 of usage.
- Wasted any unused drug in front of nurse or physician and obtained their full name and signature.
- Complete the Controlled Substance Administration Form with all required signatures attached.
- Complete the patient care report (PCR)
- obtained the ordering/accepting physicians signature on the Controlled Substance Administration Form and have printed the physicians' full name. Signature and name are required regardless if the drug was given by Protocol or by on-line medical control.
- Administering Paramedic enter printed name and signature.
- FAX the Controlled Substance Administration Form to 843-248-1695 *prior* to leaving the ER.
- Place the completed Controlled Substance Administration Form in the drug lock box.
- Notify EMS-1 @ 843-915-7283 (Optional, but requested)
- Ensure that the CAD number for this call is noted on the right column of the daily Valium/Morphine log on the day used.