



SAINT FRANCIS EMS SYSTEM

NON-ROUTINE REPLACEMENT OF CONTROLLED SUBSTANCES

NON-ROUTINE REPLACEMENT OF CONTROLLED SUBSTANCES MUST BE DONE AT SAINT FRANCIS HOSPITAL

A copy of this form must be left in the EMS Office at the time of replacement or place a copy in the black box outside the EMS Office after hours.

PARAMEDIC'S NAME _____

DEPARTMENT _____ DATE OF OCCURRENCE _____

ALS INCIDENT NUMBER (if applicable) _____

PLEASE WRITE A DETAILED DESCRIPTION OF CIRCUMSTANCES REQUIRING REPLACEMENT OF CONTROLLED SUBSTANCE.

SENT FOR ASSAY YES NO

Date Of Replacement

Signature of EMS System Coordinator

Signature Of Paramedic Accepting Replacement

CC: EMS Office
Medical Officer