

Controlled Substance Administration & Waste Record

AEMT TO COMPLETE:

Name of ALS agency	NYS EMS Agency Code	Unit Number	Controlled Substance (Circle One) Diazepam (Valium) Morphine
Substock Location (VIN & Vehicle ID)			CDAR Tracking Number or Lot Number

Date	Run Number	PCR Number	Patient's Name
AEMT Name (print)		AEMT Signature	AEMT's Certification #
Receiving Facility	Receiving Facility's Patient ID #	Patient's Chief Complaint & Presenting Problem	
<input type="checkbox"/> Controlled Substance Administered via Standing Orders (WREMAC Protocols)			
<input type="checkbox"/> Controlled Substance Administered via On-Line / On-Scene Medical Direction (Complete next line):			
Ordering Physician (print)	Medical Command Facility	Medical Command Record Number	

Time of Administration	Dose/Quantity Administered _____ mg _____ ml	Balance of C.S. after administration _____ mg _____ ml	Route of administration
------------------------	---	---	-------------------------

Time of Administration	Dose/Quantity Administered _____ mg _____ ml	Balance of C.S. after administration _____ mg _____ ml	Route of administration
------------------------	---	---	-------------------------

Time of Administration	Dose/Quantity Administered _____ mg _____ ml	Balance of C.S. after administration _____ mg _____ ml	Route of administration
------------------------	---	---	-------------------------

Time of Administration	Dose/Quantity Administered _____ mg _____ ml	Balance of C.S. after administration _____ mg _____ ml	Route of administration
------------------------	---	---	-------------------------

Time of Administration	Dose/Quantity Administered _____ mg _____ ml	Balance of C.S. after administration _____ mg _____ ml	Route of administration
------------------------	---	---	-------------------------

CONTROLLED SUBSTANCE WASTE VERIFICATION

Date	Time	Quantity Destroyed _____ mg _____ ml	Administering AEMT (signature)	Witness (signature)
Reason for Waste: <input type="checkbox"/> Balance Wasted <input type="checkbox"/> Vial broken <input type="checkbox"/> Controlled Substance expired <input type="checkbox"/> Other (Explain): _____				Witness (print)

MEDICAL CONTROL PHYSICIAN TO COMPLETE:

Ordering physician's signature (or ALS agency medical director's signature for standing orders)

NOTE:

One *Controlled Substance Administration & Waste Record* must be completed for each patient to whom a controlled substance has been administered. This *Controlled Substance Administration & Waste Record* must be faxed or hand delivered to the medical control location/medical control physician immediately after completion of the run in accordance with N.Y. Pub. Health Law Sec. 80.136 (h)(2) (Consol. 1997). The ALS agency and the medical control location/medical control physician shall maintain this *Controlled Substance Administration & Waste Record* on file in accordance with N.Y. Pub. Health Law Sec. 80.136(i)(6)(j) (Consol. 1997).