



**Instructions:** Please complete request digitally and email to [sarah.bond@nm.org](mailto:sarah.bond@nm.org)

|                  |                 |       |
|------------------|-----------------|-------|
| Department Name: | Paramedic Name: | Date: |
|------------------|-----------------|-------|

|   |                                       |
|---|---------------------------------------|
| 0.9% Sodium Chloride (NS) 20mL                    | Glucagon 1mg/1mL HypoKit              |
| Adenosine 6mg/2mL EMS syringe                     | Glucose Oral Gel - 15g                |
| Adenosine 12mg/4mL EMS syringe/Vial               | Hydralazine 20mg/1mL Vial             |
| Albuterol 0.083% 2.5mg/3mL                        | Lidocaine 100mg/5mL (2% 5mL Syringe)  |
| DuoNeb- Albuterol 3.0mg/Ipratropium Bromide 0.5mg | Magnesium Sulfate 50% 1g/2mL Vial     |
| Amiodarone 150mg/3mL vial                         | Naloxone 2mg/2mL Syringe              |
| Aspirin 81mg tablet chewable                      | Nitroglycerin Bottle of 0.4mg tabs    |
| Atropine 1mg/10mL Syringe                         | Ondansetron 4mg/2mL Vial              |
| Ipratropium Bromide 0.5mg/2.5mL                   | Ondansetron 4mg ODT                   |
| Diphenhydramine 50mg/1mL Vial                     | Sodium Bicarbonate 8.4% 50mEq Syringe |
| Epinephrine 1mg/10mL EMS KIT or Syringe           | Tranexamic Acid 1g/10mL Vial          |
| Epinephrine 1mg/1mL ampule                        | Verapamil 10mg/4mL Vial               |
| Etomidate 40mg/20mL Vial                          | Dextrose 50% 50mL syringe             |

**PHARMACY (Non-Controlled)**

FILLED BY (TECH) \_\_\_\_\_ CHECKED BY (PHARMACIST) \_\_\_\_\_

DATE/TIME FOR PICK UP: \_\_\_\_\_ EMS CONTACTED:  YES  NO

**Controlled Substances**

|                                       |                          |
|---------------------------------------|--------------------------|
| Midazolam (Versed) 5mg/1mL – 2mL Vial | Fentanyl 100mcg/2mL Vial |
| Ketamine 500mg/10mL                   |                          |

**PHARMACY (CONTROLLED SUBSTANCES)**

FILLED BY (TECH) \_\_\_\_\_ CHECKED BY (PHARMACIST) \_\_\_\_\_