

AHN Facility

- _____ ALLEGHENY GENERAL
 _____ ALLEGHENY VALLEY
 _____ CANONSBURG
 _____ FORBES
 _____ JEFFERSON
 _____ ST. VINCENT
 _____ WEST PENN



Must be filled out by ALS Provider

ALS Service: _____

Completed By: _____

Certification #: _____

Cost Center #: _____

Date: ____ / ____ / ____

Person receiving medications: _____

Medication Order Form

Medication		Unit of Measure	Dosage	Amount Needed (count)
Adenosine	<i>Adenocard</i>	Vial	6 mg	
Albuterol	<i>Proventil</i>	Neb	3 ml (0.083%)	
Amiodarone	<i>Cordarone</i>	Vial	150 mg	
Aspirin (Chewable Baby)		Bottle	81 mg (tablet)	(Special Order)
Atropine		Pre-filled syringe	1 mg	
Calcium Chloride		Vial	1 gm	
Dextrose 10%		Bag	25 gm / 250 ml	
Dextrose 50%		Pre-filled syringe	25 gm	
Diltiazem	<i>Cardizem</i>	Add-Vantage Vial	100mg	(Special Order)
0.9% Sodium Chloride		Add-Vantage Bag	50 ml	(Special Order)
Diphenhydramine	<i>Benadryl</i>	Vial	50 mg	
Dopamine		Pre-mixed bag	400 mg / 250 ml	
Duo Neb	<i>Ipratropium & Albuterol</i>	Bottle	3 ml Bottle	
Epinephrine 1:1,000	<i>Adrenalin</i>	Ampule	1 mg	
Epinephrine 1:10,000	<i>Adrenalin</i>	Pre-filled syringe	1 mg	
Furosemide	<i>Lasix</i>	Vial	40 mg	
Glucagon		Vial	1 mg	
Keterolac	<i>Toradol</i>	Vial	30 mg	
Lidocaine	<i>Xylocaine</i>	Pre-filled syringe	100 mg	
Magnesium Sulfate		Vial	1 gm	
Naloxone	<i>Narcan</i>	Pre-filled syringe	2 mg	
Nitroglycerin Spray	<i>Nitrospray</i>	Bottle	0.4 mg	
Nitroglycerin Tablets	<i>Nitro-stat</i>	Bottle	0.4 mg	(Special Order)
Procainamide	<i>Pronestyl</i>	Vial	1 gm	
Sodium Chloride Flush		Syringe	10 ml	
0.9% Sodium Chloride		Bag	100 ml	
0.9% Sodium Chloride		Bag	250 ml	
0.9% Sodium Chloride		Bag	1000 ml	
Sodium Bicarbonate		Pre-filled syringe	50 Meq	
Solu-Medrol	<i>A-Methapred</i>	Vial	125 mg	
Tetracaine 0.5%		2 ml Droptainer	Ophthalmic	
Ondansetron	<i>Zofran</i>	Vial	4mg	