

**Pharmacy Department** 

## Critical Care Transport Narcotic Kit

Kit #:	
Pt Name: Pt MR#:	

The user of this kit is accountable for all kit contents and is responsible for accurate and complete recording of all transactions.

## **Inventory List and Controlled Substance Waste Log**

Kit Medications	Qty	Date Used	Dose / Vol Given	Dose / Vol Wasted	Wasted By (Signature)	Witnessed By (Signature)
FentaNYL 250mcg (50mcg/ml), 5ml vial	2					
Lorazepam 2mg/1ml vial	4					
Meperidine 50mg/1ml ampule	4					
Midazolam 10mg (5mg/ml), 2 ml vial	2					
Morphine 10mg/1ml vial	3					
Phenobarbital 65mg/1ml ini.	20					

Returned to Pharmacy by:	(Registered Nurse Signature)	Date:	/20
Received in Pharmacy by:	(Negletored Naree Signature)	Date:	/20_
	(Pharmacist Signature)	_	