

**Children's of Alabama
CVICU Transport Bag**

Pt Name: _____

Pt MR#: _____

Physician or RN signature: _____

Bag #: _____ Bag Expiration Date: _____ Lock #: _____

Checked by: _____ Date: _____
(Pharmacist Signature)

IN BOX 1

ITEM	QTY	USED	EXPIRATION DATE
Adenosine 6mg/2mL, 2mL vial	1		
Amiodarone 150mg/3mL, 3mL vial	1		
Calcium Chloride 10%, 10mL vial	2		
Dextrose 50% (25gm), 50mL syringe	1		
Lidocaine 1% 100 mg/10 mL, 10mL vial	1		
Naloxone 2 mg/2 mL, 2mL Luer-jet	1		
NS 10mL vials	3		
Vecuronium 10 mg/10 mL, 10ml vial	1		
FentaNYL 100 mcg/2 ml, 2 ml vial	1	See below	
Lorazepam 2 mg/ml, 1 ml vial	1	See below	

RECORD OF CONTROLLED SUBSTANCE WASTE

Medication	Qty	Date Wasted	Dose / Vol Given	Dose / Vol Wasted	Wasted By (Signature)	Witnessed By (Signature)
FentaNYL* 100 mcg/2mL vial	1					
Lorazepam* 2 mg/mL, 1mL vial	1					

IN BOX 2

ITEM	QTY	USED	EXPIRATION DATE
Atropine 0.4 mg/mL, 20 ml vial	1		
EPINEPHrine 1:10,000 (1mg/10mL) Abboject	2		
Sodium Bicarbonate 8.4% (10mEq/10mL) Abboject	2		

IN BAG

ITEM	QTY	USED	EXPIRATION DATE
DOPamine 400mg/250mL in D5W pre-made bag	1		
Heparin TEN units per mL (10units/mL), 10mL flush	3		
Magnesium sulfate 4gm/50mL in water pre-made bag	1		
NS 250mL bag	1		
Blue breakaway security seal: Lock #: _____	1		n/a