

Sedation Kit	This form must be completed when an Emergency Kit has been opened for any reason
Children's of Alabama Pharmacy Department	

After use, secure kit with the enclosed BLUE lock. Exchange kit with Main Pharmacy.

Physician: _____ CRNA/RN: _____ Date: ____/____/____

Patient Sticker:

Item (Right Tray)	Qty	Used	Expiration Date
Adenosine Injection 6mg/2ml	5		
Atropine 0.4 mg/ml, 1 ml	3		
Calcium Chloride 10%, 10 ml vial	1		
Diphenhydramine 50 mg/ml, 1 ml	1		
EPINEPHrine Injection 1:10,000, 10ml	1		
EPINEPHrine 0.15 mg auto-injector (EPI-PEN Jr.)	1		
EPINEPHrine 0.3 mg auto-injector (EPI-PEN)	1		
Hydrocortisone Sod Succ 250mg	1		
Naloxone 2mg (1mg/ml), 2 ml syringe	2		
Sodium Bicarbonate 8.4% - 50ml	1		
Sterile Water for injection, 10 ml	1		
Succinylcholine 100mg (20mg/ml), 5 ml syringe	1		
Vecuronium 10 mg vial	1		

Lock Number# _____

Expiration date: _____

Pharmacist: _____

Sedation Kit Pictorial

