

### Children's of Alabama

Birmingham, Alabama 35233

# *Pharmacy Service* Transport Kit - Narcotic Proof of Use Sheet

The signing of this record of controlled substance administration form indicates that responsibility is being assumed by the unit to whom issued for proper security, control, accountability and the accurate and complete recording of all transactions.

Kit Number:	Date Opened:	20	Time Opened:	am/pm
Patient Name:			Patient No.:	
Returned to Pharmacy By:			Date:	20
	Registered Nurse			
Received by Pharmacy:				

Pharmacist

### **Record of Drugs Used**

Medication	Dose	Ordered By	Administered By	Balance Remaining
1.				
2.				
3.				
4.				
5.				
6.				

## Record of Drug Waste

Medication	Wasted Volume / mg	Wasted By	Witnessed By
1.			
2.			
3.			
4.			

#### ALL OPENED CONTAINERS MUST REMAIN IN KIT AND BE RETURNED TO THE PHARMACY WITH THIS FORM.

Clock in Here Upon Return		
Beginning Inventory of Narcotic Kit		Expiration Date
Meperdine (Demerol) 50mg/1ml Vials	4	//
Phenobarbital 65mg/1ml Vials	20	//
Fentanyl Vials 250mcg/5ml	2	//
Morphine 10mg/1ml Vials	3	//
Midazolam 10mg/2ml Vials	2	//
Lorazepam 2mg/1ml Vials	4	//
Kit Expiration Date		//
Date Checked and Sealed//	By:	RPh
Charged: Yes No		