



**EMS CONTROLLED DRUG USAGE SHEET**

**(MUST be filled out for ALL controlled substance usage)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ EMS Agency/Unit: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Name of Drug Administered: \_\_\_\_\_  
Ordered by:  Protocol  Physician (if physician, list name: \_\_\_\_\_)  
Quantity Administered: \_\_\_\_\_ Quantity Wasted: \_\_\_\_\_  
Paramedic / Intermediate Administering Drug (please print): \_\_\_\_\_  
Paramedic / Intermediate Administering Drug (signature): \_\_\_\_\_  
Witness of Drug Disposal (please print): \_\_\_\_\_  
Witness of Drug Disposal (signature): \_\_\_\_\_  
(EMT / A-EMT / RN / MD / DO / RPh)

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