



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS FORM

904

Effective:

April 2024

Approval: EMS Director
Travis Kusman, MPH

Signed: *[Signature]*

Approval: EMS Medical Director
Greg Gilbert, MD

Signed: *[Signature]*

CONTROLLED SUBSTANCE ADMINISTRATION AND RESTOCK FORM

Medication:	Fentanyl	Midazolam	Suboxone	Administered	Expired	Damaged
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ADMINISTRATION OF CONTROLLED SUBSTANCE (complete in entirety)

ALS Unit #: _____ Date: _____ Incident #: _____
 Patient Name: _____ Chief Complaint: _____
 Amt. Admin: _____ mg/mcg Amt. Wasted: _____ mg/mcg Serial #: _____

PARAMEDIC ADMINISTERING CONTROLLED SUBSTANCE

Name: _____ ID #: _____ Signature: _____

MEDICAL PERSONNEL WITNESSING WASTE OF CONTROLLED SUBSTANCE

Name: _____ ID #: _____ Signature: _____

Comments: _____

PARAMEDIC RECEIVING CONTROLLED SUBSTANCES

Name: _____ ID #: _____ Signature: _____

EMS SUPERVISOR OR DESIGNEE RESTOCKING CONTROLLED SUBSTANCE

Name: _____ ID #: _____ Signature: _____

Restock Date: _____ Restock Site: _____ Restock Time: _____

Medication Restocked: Fentanyl Quantity: _____ mg/mcg
 Midazolam Quantity: _____ mg/mcg

Comments: _____