

WPAHS Facility

- _____ AGH
- _____ AGH-Suburban Campus
- _____ AKMC
- _____ CGH
- _____ WPH
- _____ WPH-Forbes Campus



Must be filled out by Service Medic.

Patient Name: _____

ALS Service: _____

Completed By: _____

Certification #: _____

Date: ____ / ____ / ____

CC# and Name: _____

Person receiving medications:

Medication Order Form

Medication		Unit of Measure	Dosage	Form Number (AGH)	Amount-Needed (count)
Activated Charcoal (with Sorbitol)	<i>Actidose</i>	Tube	25 gm	8	
Activated Charcoal	<i>Actidose Aqua</i>	Tube	25 gm	9	
Adenosine	<i>Adenocard</i>	Syringe	6 mg	13	
Albuterol	<i>Proventil</i>	Bottle	3 ml (0.083%)	14	
Amiodarone	<i>Cordarone</i>	Vial	150 mg	2932	
Aspirin (Chewable Baby)		Bottle	81 mg (tablet)	(Special Order)	
Atropine		Pre-filled syringe	1 mg	105	
Benzocaine 20% Spray	<i>Hurricane 20% Spray</i>	Bottle	2 oz.	(Special Order)	
Calcium Chloride		Vial	1 gm	179	
Cardizem (Mix Syringe)	<i>Diltiazem</i>	Syringe	25 mg	(Special Order)	
Dextrose 50%		Pre-filled syringe	25 gm	373	
Diphenhydramine	<i>Benadryl</i>	Vial	50 mg	433	
Dopamine		Pre-mixed bag	400 mg/250 ml	746	
Epinephrine 1:1,000	<i>Adrenalin</i>	Ampule	1 mg	473	
Epinephrine 1:10,000	<i>Adrenalin</i>	Pre-filled syringe	1 mg	472	
Furosemide	<i>Lasix</i>	Vial	40 mg	565	
Glucagon		Vial	1 mg	579	
Lidocaine	<i>Xylocaine</i>	Pre-filled	100 mg	748	
Magnesium Sulfate		Vial	1 gm	830	
Naloxone	<i>Narcan</i>	Pre-filled syringe	2 mg	1006	
Nitroglycerin Tablets	<i>Nitro-stat</i>	Bottle	0.4 mg	1039	
Nitroglycerin Spray	<i>Nitrospray</i>	Bottle	0.4 mg	(Special Order)	
Procainamide	<i>Pronestyl</i>	Vial	1 gm	1210	
Sodium Chloride Interlink		Carpject	5 ml	(Special Order)	
0.9% Sodium Chloride		Bag	100 ml	1600	
0.9% Sodium Chloride		Bag	1000 ml	1593	
Sodium Bicarbonate		Pre-filled	50 Meq	1315	
Solu-Medrol		Vial	125 mg	916	
Verapamil		Vial	5mg	1504	
Zofran	<i>Ondansteron</i>	Vial	4mg	3185	