

**NorthStar
Franklin Memorial Hospital
Out of Drug Box Medication Charge Slip**

Patient Name: _____

Date Used: _____

Patient Destination: _____

Run #: _____

<u>Amt Used</u>	<u>Item</u>
_____	Aspirin 81 mg
_____	Albuterol Neb
_____	DuoNeb Neb
_____	Levalbuterol Neb
_____	Glucose (tube)
_____	Nitro Tabs 0.4 mg
_____	D50% Amp
_____	EPI Pen (Adult)
_____	EPI Pen (Jr)
_____	EPI 1:1,000

EMT Signature: _____

EMT Name (print): _____

(Submit to Pharmacy)