

**NORTHSTAR Ambulance Accountability Log  
Franklin Memorial Hospital  
Farmington, Maine**

Date: \_\_\_\_\_ MEMS Run Number \_\_\_\_\_

Patient: \_\_\_\_\_

<i>Controlled Substance</i>	<i>QTY</i>	<i>Amt. Used</i>	<i>Amt Disposed</i>	<i>Witnesseed By</i>
FENTANYL 100mcg/2ml	6			
MIDAZOLAM 5mg/1ml	2			
Carpject holder	1			

<i>Medication</i>	<i>QTY</i>	<i>Used</i>	<i>Medication</i>	<i>QTY</i>	<i>Used</i>
Adenosine 6mg/2ml vial	5		Magnesium Sulfate 5gm/10ml vial	1	
Albuterol MDI	1		Metoprolol 5mg/5ml vial	2	
Amiodarone 150mg/3ml vial	4		Naloxone 0.4mg/ml amp	2	
Amiodarone 150mg & D5W 50ml	2		Naloxone 0.4mg/ml 10ml vial	1	
Atropine 1mg/10ml PFS	4		Nitroglycerin ointment 1" packet	3	
Dextrose 10% 250ml bag	1		Nitroglycerin Nasal Spray	1	
Diphenhydramine 50mg/ml vial	2		Ondansetron 4mg/2ml vial	4	
Dopamine 400mg/250ml bag	1		Sod. Bicarionate 50mEq PFS	2	
Epinephrine 1mg/10ml PFS	10		Tetracaine 0.5% Ophc. Drops	1	
Furosemide 100mg/10ml vial	2		Thiamine 100mg/1ml 2ml vial	1	
Glucagon 1mg w/ Diluent kit	1				

<i>Supply</i>	<i>QTY</i>	<i>Used</i>	<i>Supply</i>	<i>QTY</i>	<i>Used</i>
Needles filter straws	4		Syring 1ml eclipse/25g needle	3	
Needles 18g blunt fill	4		Syringe 3ml	2	
Needles 21g	4		Syringe 10ml	2	
			Syringe 20ml	2	

Discrepancies/Comments \_\_\_\_\_

ALS Provider \_\_\_\_\_ License# \_\_\_\_\_  
Signature Print (Legibly)

<b>Pharmacy</b>	
Technician: _____	Date: _____
Box#: _____	Exp: _____ Controlled Substance Seal #: _____