



Huber Heights Fire Division

Positive Identification for Drug Administration Form

Date of Call: _____	EMS Incident Number: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Year Incident Pt# </div>
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Check all of the drugs administered

Check	Drug	Check	Drug
	Oxygen		Lidocaine 2%
	.9% Normal Saline		Lidocaine 2% Gel
	Albuterol		Magnesium-Containing Antacid
	Aspirin (ASA)		Midazolam (Versed)
	Atropine		Morphine (JITSO)
	Calcium Chloride 10%		Naloxone (Narcan)
	Calcium Gluconate - JITSO		Nitroglycerine (NitroStat)
	Ciprofloxacin (Cipro)		Norepinepherine (Levophed)
	Dextrose 10% (D10)		Ondansetron (Zofran)
	Diazepam (Valium) - JITSO		Ondansetron Tablet (Zofran)
	Diphenhydramine (Benadryl)		Oral Glucose
	Dopamine - JITSO		Pralidoxime (2-PAM)
	Doxycycline		Sodium Bicarbonate
	DuoDote		Sodium Chloride
	Epinepherine (EpiPen)		Sodium Nitrite
	Etomidate		Sodium Thiosulfate
	Fentanyl (Sublimaze)		Solu-Medrol
	Glucagon		Tetracaine
	Hydroxocobalamin (CyanoKit)		Vasopressin (JITSO)
	Ipratropium (Atrovent)		
	Ketamine (Ketalar)		

Signature of all HHFD Paramedics listed on report

Drug Box # Used	New Drug Box #