

AGENCY: _____

UNIT ID: _____

MONTH / YEAR: _____

Date	Time	8	6	6	8	1	4	1	2	2	2	2	8	2	8	2	1	0	1	4	1	4	4	4	1	1	4	4	4	4	4	4	4			
		Acetaminophen	Adenosine	Amiodarone	Aspirin	Atropine 0.4 mg	Atropine 1 mg	Cetacaine	Dextrose 10% Drip	Dextrose 25%	Dextrose 50%	Diphenhydramine	Duo Neb	Epi 1:1000	Epi 1:10,000	Glucagon	Glucose Gel	Ketorolac	Lidocaine Drip	Lidocaine 100 mg	Lidocaine Drip	Lidocaine Viscous	Narcan 0.4mg	Narcan 2mg/ 2mL	NTG Paste	NTG Spray	NTG Tablet	Solumedrol	Zofran 4mg/ 2 mL	Zofran ODT	Signature					
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
11																																				
12																																				
13																																				
14																																				
15																																				
16																																				
17																																				
18																																				
19																																				
20																																				
21																																				
22																																				
23																																				
24																																				
25																																				
26																																				
27																																				
28																																				
29																																				
30																																				
31																																				



AEMT / ILS DAILY CHECK

Signature