



<b>VERMONT EMS DISTRICT 12</b>  <b>MEDICATION ACQUISITION &amp; ACCOUNTABILITY</b>	<b>PATIENT INFORMATION (or sticker)</b>	
	<b>Patient Name</b>	
	<b>Birthdate</b>	

**CALL INFORMATION**

Date	Agency Name	Call Number
Patient Location	EMS Provider Name	EMS Provider #
Patient Destination	Ordering Physician	

**SECTION 1: ACQUISITION**

Quantity	Medication Name	Concentration/Amount	Hosp. RN Name	Hosp. RN Signature	EMS Signature

**SECTION 2: ADMINISTRATION RECORD / WASTE**

Medication Name	Amt. Given	Amt. Wasted	EMS Provider Signature	Witness Name	Witness Signature

**SECTION 3: MEDICATION RETURN**

Quantity	Medication Name	Concentration/Amount	Hosp. RN Name	Hosp. RN Signature	EMS Signature

Procedure:

1. Obtain Orders from Sending Physician.
2. Review Patient Record for Allergies.
3. Obtain Medications from Facility RN. Complete Section 1. The EMS Provider and the RN must sign Section 1.
4. Administer Medications as per Orders. Document in Section 2. Document any waste. Administration and Waste must be signed by provider and witness.
5. If unopened medication is able to be returned to sending facility, complete Section 3. EMS Provider and RN must sign document acknowledging return. If not returning, mark N/A in Section 3.
6. Ensure amount(s) obtained in Section 1 equals the total amounts in Section 2 and Section 3.
7. Submit completed form (Scanned) with SIREN report as an attachment.