**Central Vermont Medical Center Pharmacy Medication Ordering Form – FAX 371-4408**

**SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Order**

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| --- | --- | --- | --- |
| ACETAMINOPHEN 325 MG TABLET | 9173816 | each tablet |   |
| ACETAMINOPHEN IV 1000 MG/100 ML VIAL | 9281197 | each vial |  |
| ACETAMINOPHEN 160 MG/5ML UDC | ACET168446ML5 | pack/10 |  |
| ACTIVATED CHARCOAL 50 GM TUBE | ACCH119402G50 | each tube |  |
| ADENOSINE 12 MG/4 ML PREFILLED SYRINGE | 9263096 | box/10 |  |
| ADENOSINE 12 MG/4 ML VIAL | 9280199 | each vial |  |
| ALBUTEROL 0.083% 3 ML NEBULE BOX/30 | 9223264 | box/30 |  |
| ALBUTEROL/IPRATROPIUM 3 ML NEBULE 30/BOX (Duo neb)  | 9260555 | box/30 |  |
| AMIODARONE 150 MG/3 ML VIAL | 9253378 | each vial |  |
| AMIODARONE 360 MG / 200 ML PREMIX BAG | 9280785 | each bag |  |
| ASPIRIN 81 MG CHEW UNIT DOSE TABLET | 0874206 | each tablet |  |
| ATROPINE 1 MG/10 ML ABBOJECT | 9166950 | each |  |
| calcium CHLORide 1 GM/10 ML SYRINGE | 9106154 | each |  |
| Calcium GLUconate 2 GM/100ML PREMIX | CAGL208442G2 | each bag |  |
| DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML | 0855254 | each vial |  |
| DEXTROSE 50% 50 ML ABBOJECT | 0855304 | each |  |
| diazEPam 10 MG / 2ML PREFILLED SYRINGE | 0855296 | box/10 |   |
| dilTIAZem 100 MG ADD-VANTAGE VIAL | 9268954 | each |  |
| diphenhydrAMINE 50 MG/ML VIAL | 9102559 | each vial |  |
| diphenhydrAMINE 25 MG CAPSULE U/D | 9121930 | each |  |
| DROPERIDOL 5 MG / 2 ML VIAL | 9095936 | each vial |   |
| EPINEPHrine 1 MG/10 ML ABBOJECT | 9279332 | each |  |
| EPINEPHrine 1 MG/ML VIAL (1:1000) | 9279472 | each |  |
| EPINEPHrine 30 MG/30 ML VIAL (1:1000) | 9279217 | each |  |
| EPINEPHrine 0.3 MG DISP.SYRINGE DUOPAK | 9279415B | pack/2 |  |
| EPINEPHrine 0.15 MG (Jr) DISP.SYRINGE DUOPAK | 9279357B | pack/2 |  |
| GLUCAGON KIT 1 MG VIAL | GLUC987147MG1 | each |  |
| GLUCOSE (DEXTROSE 40%) 37.5 GM TUBE  | 9261280 | each tube |  |
| HALOPERIDOL LACTATE 5 MG/ML VIAL | 9121286 | each vial |  |
| HYDROCORTISONE SODIUM SUCCINATE 100 MG/2 ML VIAL | 9278979 | each vial |  |
| IPRATROPIUM 0.5 MG/2.5 ML NEBULES BOX/30 | 9251489 | box/30 |  |
| KETAMINE 10MG/ML 20 ML VIAL | KETA4236ML20 | each vial |  |
| KETOROLAC 30 MG/ML VIAL | 9246224 | each vial |   |
| LIDOCAINE 100 MG/5 ML ABBOJECT | 9102948 | each |  |
|  |  |  |  |
| LIDOCAINE/D5W 2 GM/500 ML PREMIX BAG | 9219312 | each bag |   |
| LIDOCAINE 2% JELLY 10 ML PREFILLED SYRINGE | LIDO161729ML10 | each |   |
| LORazepam 2 MG/ML VIAL | 9249756 | each vial |   |
| MAGNESIUM SUL (1GM) 8.12 MEQ/2 ML VIAL | 9249129 | each vial |   |
| MAGNESIUM SULFATE 2 GM/50 ML PREMIX | MAG127863G2 | each bag |   |
| methylPREDNISolone NA SUCC 125 MG/2 ML VIAL | 408092439 | each vial |   |
| METOCLOPRAMIDE 10 MG/2 ML VIAL | 9281486 | each vial |   |
| metoprolol TARtrate 5 MG/5 ML VIAL | 9217829 | each vial |   |
| MIDAZOLAM 5MG/5ML VIAL | 9223751 | Pack/10 vials |  |
| NALOXONE 2 MG/2 ML PREFILLED SYRINGE | 9224155 | each |   |
| NALOXONE 4 MG/0.1 ML INTRANASAL SPRAY | NALO196351MG4 | each |   |
| NEO-SYNEPHRINE 0.5% NASAL SPRAY 15 ML bottle | 9172214 | each |   |
| NITROGLYCERIN 1 GM PACKET | 9283359 | box/48 |   |
| NITROGLYCERIN 4.9 GM SPRAY.PUMP | NITRO27096G4 | each |   |
| NITROGLYCERIN SL 0.4 MG BOTTLE (25 Tabs) | 9339912 | each bottle |   |
| NITROGLYCERIN 100 MG/250 ML PREMIXED BOTTLE | 9265331 | each bottle |   |
| NOREPINEPHRINE 4 MG/4 ML VIAL | 9264250 | each vial |   |
| NOREPINEPHRINE 4MG/250ML PREMIX BAG | NORE166025ML250 | Each bag |  |
| ONDANSETRON 4 MG/2 ML VIAL | 9251182 | each vial |   |
| ONDANSETRON4 MG ORALLY DISINTEGRATING TAB | 9260019 | box/30 tabs |   |
| OXYTOCIN 10 UNITS/ML VIAL | 0871202 | each vial |   |
| PROCAINAMIDE 1,000 MG/2ML VIAL | 0873455 | each vial |  |
| SODIUM BICARBONATE (8.4%) 1 MEQ/ML 50 ML SYRINGE | 9160367 | each |   |
| TETRACAINE 0.5% OPHTHALMIC DROPS 4 ML BOTTLE | TETR173955ML4 | each |   |
| TRANEXAMIC ACID 1,000 MG/10 ML VIAL | 9281031 | each vial |   |
| \*\* KETAMINE HCL 100MG/ML 5ML VIAL (High Concentration)  | KETA4237ML5 | Each vial |  |
| \*\* MIDAZOLAM 5 MG/ ML VIAL (High Concentration) \*\* | 408000018 | Pack/10 |  |
| **The Below CII medications must be pre-arranged with both pharmacy and CVMC EMS Medical Advisor (Dr. Ellen Stein) at least 72 hours in advance of pickup and both agency rep and EMS Medical Advisor must be present** |
| fentaNYL 100mcg/2ml Vial (NEED 72 HOUR NOTICE, PLEASE CALL AHEAD) |  | Each vial (CII) |   |
| MORPHINE 10mg/ml Vial (NEED 72 HOUR NOTICE, PLEASE CALL AHEAD) |  | Each vial (CII) |   |
|  |  |  |  |

**Signature Name**

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