Davidson County EMS
Controlled Substance (CS) Usage Form

Date: _____/______/_______ **PCR Number** |___|___|___|___|___|___|___|___| **Medic Unit** [ ]

Patient Information

Patient's full name: ___________________________ ______________________________ ________________
(Last) (First) (Middle)

Age:________ Date of birth: _____/_____/_____ Patient's weight: ______kgs. (Estimated)

Chief complaint requiring CS administration:____

Patient transported to: ____

CS Medication Information

Controlled Substance given: __________________ [ ] Check if per Protocol

Time: ______: ______ Dose given: __________ Route: _______
Time: ______: ______ Dose given: __________ Route: _______
Time: ______: ______ Dose given: __________ Route: _______
Time: ______: ______ Dose given: __________ Route: _______
Time: ______: ______ Dose given: __________ Route: _______
Time: ______: ______ Dose given: __________ Route: _______

Total Given: [ ]

Administered by: ____________________________________ ___________________________________
(Printed) (Signature)

Administered by: ____________________________________ ___________________________________
(2nd Paramedic) (Printed) (Signature)

CS Medication Authorization (other than Protocol)

Medical Control Physician: ______________________________ ________________________________
(Printed) (Signature)

Explanation of Waste

Amount Wasted [ ]

Waste location (specific): ____

Paramedic's name and signature: ___________________________ _______________________________
(Printed) (Signature)

Witness name, signature, credential: ___________________________ _______________________________
(Must be MD, NP, PA-C, RN, MEDIC) (Printed) (Signature)
CIRCLE ONE

Rev July2021

Controlled Substance
Contamination or Breakage Report

Date: _____/______/______

Name of controlled substance: _____________________ **Package Quantity:** _________________

____ Contaminated/Damaged Vial/Seal Broken (Notify supervisor; DO NOT dispose of medication)
____ Broken vial (Notify supervisor; complete Explanation of Waste section)

Description of contamination or breakage ____

____

____

Paramedic attending: ________________________________ _____________________________________
(Printed) (Signature)

Witness: ____ _____________________________________
(Printed) (Signature)

Witness: ____ _____________________________________
(Printed) (Signature)

Witness: ____ _____________________________________
(Printed) (Signature)

Explanation of Waste (Breakage Only)

____

____

☐ On–duty Supervisor notified/ Name ____

☐ Controlled Substance Officer notified

CSO's Use Only

Follow up ____
____
____

Actions taken ____
____
____

____ _____/________/_______
(CS Officer Signature)