MFR/BLS-MEDICATION KITS CONTENTS AND EXCHANGE PROCEDURE

The cooperating hospital pharmacy will stock the MFR/BLS medication kits in accordance with the MFR/BLS Medication Kit contents list.

MFR/BLS Medication Kit Contents List

Naloxone Kit

Medication / Item	Concentration	Packaging	Quantity
Naloxone	2mg/2mL	prefilled syringe	1
Atomizer			1

EPI Injection Kit

Medication / Item	Concentration	Packaging	Quantity
Epinephrine/Vial	1mg/1mL	1mg/1mL Vial **(vial only)**	1
1 mL Syringe		1 mL Syringe	2
Intramuscular Needle		1” 25 Gauge	2
Alcohol Prep		Single Use	4
Dosing Card		1	
Replacement Form/Discrepancy Form		1	

BLS Medication Kits Contents Lists

Albuterol Kit

Medication / Item	Concentration	Packaging	Quantity
Albuterol (Ventolin)	2.5mg/3 mL NS	3 mL Vial-US	3
Nebulizer Kit			1

PROCEDURE:

A. The medications provided shall be consistent throughout the stock of MFR/BLS

Medication Kits as to dosages and concentrations prescribed by the MFR/BLS Medication Kit list.

B. The Kits contents will be placed in a baggie, sealed and on the exterior affixed with a sticker providing following information:
   1. The name of the hospital pharmacy which last restocked the Kit.
   2. The date the Kit was last restocked.
   3. The legible initials of the pharmacist who inventoried and restocked the medication Kit.
   4. The earliest date at which any medication would expire.

C. The hospital pharmacy will be solely responsible for dispensing and accounting for these seals.

D. The sealed Kits will be placed in a locked storage area in the participating hospital ED or location designated by the participating hospital pharmacy. Only staff designated by the participating pharmacy will have access to the medication Kits. A permanent record shall be maintained indicating the name of the MFR/BLS Service for which the Kit was issued and the name of the pharmacy designated staff or pharmacist receiving or dispensing the Kit.

BLS VEHICLE STOCKING AND EXCHANGE

A. Each MFR/BLS unit will stock each kit in accordance with DEMCA protocols. When used, the Kit(s) will be exchanged at the receiving Hospital. If the baggie is torn/broken open the Kit(s) will be exchanged at the assigned stocking hospital.

B. The EMS patient care record shall serve as a permanent medical record of physician orders for medications administered.

C. The replacement/use form must be completed and returned to the designated hospital for dispensing of a replacement Kit.

D. Any discrepancies in the Kit(s) will be documented on the Medication Discrepancy Report and clearly labeled “BLS Albuterol Medication Kit Discrepancy.” If the discrepancy is discovered by the BLS personnel at the time of use, the report form shall be co-signed by another EMS crew member. Hospital pharmacists who note discrepancies in the Medication Kit inventory which cannot be accounted for by the BLS Albuterol Medication Kit Replacement Form shall initiate and sign the discrepancy report. Copies of the discrepancy reports along with copies of the EMS run report are sent to DEMCA and the BLS Service responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy. Medications which are contaminated, lost through spillage or partially used must be accounted for on the EMS patient care record by BLS personnel and co-signed by another crew member.

E. Locked and secure compartments or other locking devices approved by the Department shall be provided on the EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional BLS Albuterol Medication Kits which are stored at the BLS Service Headquarters must also be locked using compartments or devices approved by the Department.

F. The hospital will determine a reasonable and customary re-stocking fee to charge the LSA.

G. On request, compensate the replacing hospital for the costs associated with the replacement of the Kit(s) due to failure to comply with approved protocol, including but not limited to:
   1. Presentation of the Kit(s) for exchange or replacement less than 30 days prior to the expiration date indicated on the package label.

2. Presentation of a Kit(s) for exchange or replacement that is unusable due to failure to store the supplies in accordance with approved protocols.
3. Kit(s) provided by the replacing hospital to correct a deficiency in the stock of a current vehicle which cannot be documented as being used in connection with a patient.

Detroit East Medical Control Authority MFR/BLS EPI Injection Kit Replacement Form

AGENCY/UNIT_____ DATE_____ INCIDENT # _____

EMS CREW (NAMES) _____

Medication / Item	Concentration	Packaging	Quantity	Used
Epinephrine/Vial	1mg/1mL	1mg/1mL Vial **(vial only)**	1	
1 mL Syringe		1 mL Syringe	2	
Intramuscular Needle		1” 25 Gauge	2	
Alcohol Prep		Single Use	4	
Dosing Card		1		
Replacement Form/Discrepancy Form		1		

Patient Name:_____DOB:_____

Receiving Hospital: _____

Use this table to document medication that has been opened and not used or opened and wasted. Must indicate in the appropriate column.

Medication / Item	Concentration	Packaging	Quantity	Opened/Waste
Epinephrine/Vial	1mg/1mL	1mg/1mL Vial **(vial only)**	1	
1 mL Syringe		1 mL Syringe	2	
Intramuscular Needle		1” 25 Gauge	2	
Alcohol Prep		Single Use	4	
Dosing Card		1		
Replacement/Discrepancy Forms		1		

MFR/BLS CREW:

Signature: _____ Date: _____

Signature: _____ Date: _____

MCA Name: Detroit East Medical Control Authority
MCA Board Approval Date:9/20/2023
MCA Implementation Date: September 29, 2023
Protocol Source/References:

Detroit East Medical Control Authority
MFR/BLS Naloxone Medication Kit Replacement Form

AGENCY/UNIT_____ DATE_____ INCIDENT # _____ EMS CREW

(NAMES) _____

Medication / Item	Concentration	Packaging	Quantity	Used
Naloxone	2mg/2mL	prefilled syringe	1	
Atomizer			1	

Patient Name: _____DOB:_____ Receiving

Hospital: _____

Use this table to document medication that has been opened and not used or opened and wasted. Must indicate in the appropriate column.

Medication / Item	Concentration	Packaging	Quantity	Opened/Waste
Naloxone	2mg/2mL	prefilled syringe	1	
Atomizer			1	

MFR/BLS CREW:

Signature: _____ Date: _____

Signature: _____ Date: _____

BLS Albuterol Medication Kit Replacement Form

AGENCY/UNIT_____ DATE_____ INCIDENT # _____ EMS CREW

(NAMES) _____

Medication / Item	Concentration	Packaging	Quantity	Used
Albuterol (Ventolin)	2.5mg/3 mL NS	3 mL Vial-US	3	
Nebulizer Kit			1	

Patient Name:_____DOB:_____ Receiving

Hospital: _____

Use this table to document medication that has been opened and not used or opened and wasted. Must indicate in the appropriate column.

Medication / Item	Concentration	Packaging	Quantity	Opened/Waste
Albuterol (Ventolin)	2.5mg/3 mL NS	3 mL Vial-US	3	
Nebulizer Kit			1	

BLS CREW:

Signature: _____ Date: _____

Signature: _____ Date: _____

DEMCA Basic EMT Medication Kit Incident/Discrepancy Form

If there is any discrepancy with the contents of this medication kit, this form MUST be filled out by the person(s) who discovers the discrepancy. The Life Support Agency shall maintain a copy of this for their records as well as send a copy to the DEMCA, the original shall be placed with the medication kit and the pharmacy must send the form and any supporting documentation to the DEMCA.

EMS Agency or Hospital Name: Date Discovered:		
Reporting Individual(s) Name(s):		
Witness to Discrepancy:		
TYPE	**Kit #**	**PLEASE INDICATE THE NATURE OF THE ISSUE**
☐MFR/BLS Epi Injection Kit ☐MFR/BLS Narcan Kit ☐BLS Albuterol Kit		☐DAMAGED MEDICATION CONTAINER ☐MISSING MEDICATION(S) ☐STOCKING ISSUE (MED/SUPPLY)
RESTOCKING INFORMATION		**RECEIVING INFORMATION**
Date Last Restocked:		Receiving Hospital:
Restocking Hospital:		Receiving Pharmacist:
Phone #		Phone #:

MEDICATION	**DESCRIPTION STRENGTH/SIZE/VOLUME**	**QUANTITY # OF VIALS/AMPS**	**DISCREPANCY MISSING/BROKEN**
☐Epinephrine ☐Albuterol ☐Naxlone			

EMS RUN INFORMATION

EMS Agency	**Unit #**	**Run #**	**MCA**
ADDITIONAL INFORMATION REGARDING MEDICATION BOX/PACK INCIDENT/DISCREPANCY			

This document should be emailed to the appropriate MCA: PSRO@demca.org

Epi-Pen Exchange

Life support agencies with BLS or LALS transporting vehicles will acquire and replace Epi-Pens and Epi-Pen Jr's as follows:

I. Each EMS agency will be responsible for obtaining Epi-Pens/Epi-Pen Juniors from an assigned hospital in the Detroit East Medical Control Authority (DEMCA).

2. Each participating hospital of DEMCA will acquire Epi-Pens/Epi-Pen Juniors for EMS agencies at the institution's cost. The process of billing and charges to EMS agencies are detennined by each hospital.

3. The purchasing hospital will dispose of expired Epi-Pens at no additional cost.

4. The Epi-Pen/Epi-Pen Jr and use form will be placed in a re-sealable plastic bag. A pharmacy label will be affixed to the bag with the Epi-Pen/Epi-Pen Jr expiration date.

5. Epi-Pens/Epi-Pen Juniors are to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. It is recommended that this inspection be included in a standard documented vehicle checklist.

6. Epi-Pens/Epi-Pen Juniors must be exchanged at least 30 days prior to product expiration date to avoid charges to the service.