



## AP Misc Use Form

Date: \_\_\_\_\_

Incident #: \_\_\_\_\_

Agency: \_\_\_\_\_

Provider Certification #: \_\_\_\_\_

Patient Information: Age: \_\_\_\_\_ Sex:  Male  Female Weight: \_\_\_\_\_  lbs  kg

Type of Call:  Trauma  Medical

Medication used \_\_\_\_\_

SpO2/Heart Rate: Pre: \_\_\_\_\_% \_\_\_\_\_BPM \_\_\_\_\_ETCO2 Post: \_\_\_\_\_% \_\_\_\_\_BPM \_\_\_\_\_ETCO2

Drug	Dosage	Amount
Amiodarone		
Diltiazem		
Etomidate		
Fentanyl		
Haloperidol		
Ketamine		
Labetalol		
Levophed		
Lorazepam		
Midazolam HCL		
Rocuronium		
Succinylcholine		
Tranexamic Acid		
Vasopressin		
Other		

Bag Exchange      Bag #: \_\_\_\_\_      Date: \_\_\_\_\_

Reasons for use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_