

**Alabama Department of Public Health, Office of EMS and Trauma
Physician Medication Order Form**

Date: _____ Hospital Initiating Order: _____

Service Name: _____ Vehicle ID #: _____ Incident #: _____

Patient Name: _____ SSN: _____

Receiving Hospital: _____

Receiving Physician: _____ MCPID: _____

Protocols Impression: _____

Medical Control Physician: _____ MCPID: _____

(Quantity should be determined by ability to meet Protocol requirements and restock capability)

MEDICATION (Refer to the protocols for specific dosages)	Quantity	Amount Given	Amount WASTED
Activated Charcoal *			
**Amiodarone			
Adenosine			
Albuterol Sulfate			
Aspirin *			
Atropine Sulfate			
Calcium Gluconate			
Dextrose 50% in Water			
Diazepam (equivalent to Valium) <i>or</i> Lorazepam <i>or both</i>			
Diphenhydramine			
Dopamine (equivalent to Intropin)			
Epinephrine (equivalent to Adrenalin) 1: 10,000 and 1:1,000			
Furosemide (equivalent to Lasix)			
**Glucagon			
Glucose, Oral paste (equivalent to Instant Glucose)*			
Lidocaine HCL (equivalent to Xylocaine) Premix and Bolus			
Magnesium Sulfate			
**Morphine Sulfate 2 mg/packaging (2mg/ml) 20 mg maximum			
Naloxone (equivalent Narcan)			
Nitroglycerin			
**Nitrous Oxide			
Normal Saline			
Sodium Bicarbonate			
Thiamine			
**Vasopressin			
Zofran (equivalent to Ondansetron)			

*Medication available over the counter OTC

** Medication is optional (not mandatory)

Physician Signature: _____

MCPID: _____ DEA#: _____

Administering Medic: _____

License #: _____ Drug Box #: _____

Healthcare Provider Witness: _____

Title: _____ License #: _____

Second Witness, if necessary: _____

Title: _____ License/Agency #: _____