



AKRON REGIONAL HOSPITAL ASSOCIATION

ARHA EMS SUPPLY/PHARMACEUTICAL EXCHANGE FORM
(effective December 15, 2017)

INSERT HOSPITAL NAME: \_\_\_\_\_

Patient Name

EMS Unit

Date

Table with columns: QTY, CODE, RESPIRATORY SUPPLIES, QTY, CODE, PHARMACEUTICALS, STRENGTH, VOL. Rows include items like Bougie, Capnography Adaptor, CPAP circuits, Disposable BVM, ET Tube, EZ-IO needle, I-Gel, Intubation Stylet, King Airway LTD, Nasal Airway, Nasal Cannula, Nebulizer Aerosol Set, Nebulizer Mask, Oral Airway, Oxygen Mask, Suction Catheter Kit, Suction Tubing, Tonsil Tip, IV SUPPLIES, Extension Set, IV Catheter, IV Tubing, Needleless Adapter, Normal Saline, OTHER SUPPLIES, Cervical Collar, Electrodes, Mucosal Atomizer, NEEDLES, Filter Needle, Needle, Syringe, LOCAL USE ITEMS.

Supplies given by: \_\_\_\_\_ (Hospital personnel) Supplies received by: \_\_\_\_\_ (EMS Personnel)

\*NOTE: Agencies with a DEA Registration Number must obtain controlled drugs from a wholesaler.
NOTE: A copy of the EMS patient care report must be attached to this form for pharmaceuticals.
ALL ITEMS MAY NOT BE STOCKED AT ALL ARHA HOSPITALS.