MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF NARCOTICS AND DANGEROUS DRUGS BUREAU OF EMERGENCY MEDICAL SERVICES

AMBULANCE SERVICE CONTROLLED SUBSTANCE

RECORD									BOTT ANIBOLANCE EIGENGE #				ANIBOLANCE BASE ABBILLOS									
DATE	TIME	AMOUNT RECEIVED	AMOUNT TRANSFERRED	D	RUG I	NAME ND DO	, STRENG DSAGE	STH	TAG CHECK	KEY PASS	OLD TAG #	NEW TAG #	INVENTORY	1ST SIGNATURE	2ND SIGNATURE	PATIENT	PHYSICIAN	MARF#	AMOUNT GIVEN	WASTE AMOUNT	WASTE REASON	COMMENTS
580-2769								107		B. B		201:-:::				IT REFUSED (071177	012/1:::2				

AMBULANCE BASE ADDRESS

DOH AMBULANCE LICENSE #

OF

- 1. Use this form to document the use and transactions of controlled substances.
- 2. Use a separate form for each registered location, including ambulances and supplies at base locations for replacing doses to ambulances.
- 3. Use a separate line for each transaction, administration, inventory, or audit.

AMOUNT RECEIVED - Identify the amount received and the supplier's name in the comment section.

AMOUNT TRANSFERRED - Identify the amount transferred and the receiver's name in the comment section.

BALANCE FORWARD - 1st line under each drug is the beginning balance for that page, brought forward form previous page. That last entry under each drug would be he current inventory at that time.

TAG CHECK - Check when audit complete by confirming the current security seal is correct and intact. Document with 2 signatures.

KEY PASS - Check here to confirm that controlled substance keys have been rec'd by oncoming staff. Signatures required.

OLD TAG # - The number on the security seal from the previous transaction.

NEW TAX # - The number on the new security seal replaced at the end of the transaction.

INVENTORY - Check here when the seal is broken in order to perform a physical examination and count of controlled substnaces.

SIGNATURES - Authorized person should sign for all transactions. At lesat one signature for administration and all other actions require two signatures.

MARF # - Missouri Ambulance Reporting Form #

AMOUNT GIVEN - Amount administered to patient.

WASTE AMOUNT - Amount wasted. Partial doses may be wasted. Other out-dated drugs must be returned and may not be destroyed.

WASTE REASON - Use the reference codes at the bottom of the form.

Bureau of Narcotics & Dangerous Drugs

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(573) 751-6321

Bureau of Emergency Medical Services

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TIPS TO PREVENT DIVERSION OF CONTROLLED SUBSTANCES:

- 1. Have a secure system and routine for supplying the ambulances with drugs.
- 2. Make sure every action is logged and documented by two witnesses.
- 3. Account for every dosage unit at the end of each shift and at the beginning of your shift.
- 4. It is not enough to simply count dosage units or packages, you should inpsect them for broken seals, needle holes and tampering.
- 5. Perform unannounced random audits and inventories to account for controlled substance use.
- 6. Rotate assignments and do not allow only one person to perform a task. Every person should have oversight by someone.

PHOTOCOPY AS NEEDED