

CHECKLIST FOR DEVELOPMENT OF I.V. FLUID/DRUG PLAN

- () Method by which I.V. Fluids/Drugs are examined no less frequently than once a month.
- () Method by which I.V. Fluids/Drugs, which are deteriorated, expired, misbranded, adulterated, or otherwise unfit for use, are removed from the Fluids/Drugs box(es) and placed in a separate area from usable Fluids/Drugs, no less frequently than once a month. Specify the separate areas for usable and unusable Fluids/Drugs.
- () Usage of a written log for inventory, which shall include the date of each inventory, quantities of any added or deleted Fluids/Drugs to or from stock, and the legible name and license level of the employee/member conducting the inventory (include a copy of the log).
- () Usage of a written log for inventory at least once a month of each I.V. Fluid/Drug box placed on or removed from any vehicle, which shall include consecutively numbered pages, the date and time of the inventory, the vehicle or unit number, the name and license level of the employee/member conducting the inventory; and the name, weight (if applicable), volume (or quantity), and expiration date of each Fluid/Drug (include a copy of the log).
- () Method of assurance that all I.V. Fluids/Drugs are stored under conditions that ensure appropriate sanitation, temperature and ventilation, and are stored in an area of the Service which has plenty of space to ensure adequate, safe, and accurate handling of each Fluid/Drug.
- () Establishment of written operating procedures signed by the Off-Line Medical Director for the storage, handling, use, and disposal of all Fluids/Drugs, which shall include storage procedures and inventory schedules for stocking Fluids/Drugs kept in stock and on the vehicles (include a copy of the operating procedures).
- () Name of the hospital pharmacy from which I.V. Fluids/Drugs are obtained, and explanation of your Service's Fluid/Drug supply/resupply system.
- () If your Service is required to complete a separate Physician Medication Order (PMO) form, in addition to the Patient Care Report (PCR) form for usage of any I.V. Fluids/Drugs, this must be stated in the Plan.
- () Include, that any discrepancies found in the I.V. Fluid/Drugs records will be reported to the ADPH/OEMST.
- () Method of I.V. Fluid/Drug security by locking mechanism(s); i.e., Fluid/Drug box, vehicle, cabinet, office, room, etc., with access only by EMS personnel authorized and licensed to access.
- () If your Service purchases your I.V. Fluid/Drugs from a non-hospital vendor or pharmacy, the following information must be completed:

Contact Person: _____

Name of Company: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Fax Phone: (____) _____

E-mail Address: _____