

Jackson County Medical Control Authority
Community Paramedicine Protocols
CPU MEDICATION BOX CONTENTS, EXCHANGE PROCEDURE & USE
REPLACEMENT FORM

Date: June 16, 2015

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CPU Medication Box Contents, Exchange Procedure & Use Replacement Form

1. The cooperating hospital's pharmacy shall accept the responsibility for permanent inventory reconciliation of a specific number of CPU medication boxes. It is the responsibility of the hospital pharmacy to develop and implement appropriate record keeping and security measures in accordance with Title 21, Federal Controlled Substances Act, which will minimize the potential for diversion.
2. The cooperating hospital pharmacy will stock the CPU medication boxes in accordance with the medication list approved by the CPMP Medical Director and the Jackson County Medical Control Authority.

Procedure:

- A. The medications placed in the boxes shall be consistent throughout the stock of CPU medication boxes as to dosages and concentrations prescribed by the CPU Medication Box Replacement Form.
- B. Labels shall be securely attached to the outside of all medication boxes which shall include:
 1. The name of the hospital pharmacy which last restocked the box.
 2. The date the box was last restocked.
 3. The legible initials of the pharmacist who inventoried and restocked the medication box.
 4. The earliest date at which any medication or solution in the box would expire (30 day lead time recommended).
- C. After the medication box has been inventoried, restocked, and appropriately labeled, the pharmacist will attach a green plastic breakaway seal. A red seal will be placed in the box by the restocking pharmacy for use by the Community Paramedic. The hospital pharmacy will be solely responsible for dispensing and accounting for these seals.
- D. The sealed medication boxes will be placed in a locked storage area in the participating hospital pharmacy or appropriate location designated by the participating hospital pharmacy. Only staff designated by the participating hospital pharmacy will have access to the medication boxes. A permanent record shall be maintained indicating the number on the medication box, the CPU designation, the name of the Community Paramedic to whom the medication box was issued, and the

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- name of the pharmacy designated staff or pharmacist receiving or dispensing the box. Other facilities may provide a similar service as approved by the MCA.
- E. The CPU run record shall serve as a permanent medical record of physician orders for medications administered.
- F. When medications from the box are used or whenever the pharmacy seal on the box is broken, the Community Paramedic will place a copy of the Jackson County MCA CPU Medication Box Replacement Form, including patient name and registration number, signed by the physician/nurse, in the medication box. The Community Paramedic will then reseal the medication box utilizing the red seal that the pharmacist placed in the medication box for that purpose.
- G. The used CPU medication box will then be exchanged for a pharmacy-sealed box at the Allegiance Health pharmacy designated area under the supervision of the appropriate pharmacy staff. Once sealed by the pharmacist, the exchanged box will not be inventoried by the Community Paramedic personnel prior to documented necessity for use.
- H. All requirements for signatures and filing of the CPU run report apply independent of the receiving facility whenever a CPU medication box is used for patient transport.
- I. Any discrepancies in the medication box will be documented on ALS Medication Discrepancy Report and clearly labeled CPU Medication Box Discrepancy form.
1. If the discrepancy is discovered by the Community Paramedic at the time of utilization, the report form shall be signed by the Community Paramedic.
 2. Hospital pharmacists who note discrepancies in the medication box inventory, which cannot be accounted for by the CPU run records, shall initiate and sign the discrepancy form.
 3. Copies of the discrepancy reports, along with copies of the CPU run report, are sent to the CPMP Medical Director and the ambulance service that is responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy.
 4. Controlled substances which are contaminated, lost through spillage, or partially used must be accounted for on the CPU run record by the Community Paramedic.
- J. Locked and secure compartments or other locking devices approved by the Michigan Department of Community Health shall be provided on the CPU vehicle and utilized to prevent access to stored drugs by unauthorized persons.
- K. Any incident resulting in diversion of a controlled substance shall be promptly reported by the Participating Hospital pharmacy. The report of the circumstances concerning the diversion shall be forwarded to the following:
1. Board of Pharmacy
 2. Michigan Department of Health and Human Services
 3. The local law enforcement agency.

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4. U.S. Department of Justice/Drug Enforcement Administration (Report to DEA must be submitted on DEA Form 106 "Report of Theft or Loss of Controlled Substances").
5. CPMP Medical Director
6. EMS Medical Director

Jackson County MCA - CPU Medication Box Replacement Form

AGENCY/UNIT _____ HOSPITAL _____

DATE _____ INCIDENT # _____

EMS CREW (NAMES) _____

Medication	Unit/Size	Quantity	Used
trimethoprim/sulfamethoxazole DS (Bactrim) 160 mg/800 mg	Tab	1	
clindamycin (Cleocin) 300 mg	Tab/capsule	1	
cephalexin (Keflex) 500mg	Tab/capsule	1	
ciprofloxacin (Cipro) 500 mg	Tab	1	
phenazopyridine (Pyridium) 200mg	Tab	1	
azithromycin (Zithromax) 250 mg	Tab	2	
penicillin V potassium 500 mg	Tab/capsule	1	
furosemide (Lasix) 40 mg	Tab	3	
oxymetazoline (Afrin) 0.05%	15 mL bottle	1	
ondansetron (Zofran ODT) 8 mg	ODT	2	
acetaminophen (Tylenol) 325 mg	Tab	2	
ibuprophen (Motrin) 200 mg	Tab	4	
acetaminophen (Tylenol) oral suspension 650mg/20.3 ml	Unit Dose 30 mL	1	
ibuprofen (Motrin) oral suspension 100 mg/ 5 mL	Unit Dose 10 mL	1	
Oral Syringe	20 mL	2	

Patient Name: _____

Registration Number: _____

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Address: _____

City/State/Zip: _____

Paramedic Statement

CPU Medication Box Number _____ has been opened and the above noted medication(s) used as prescribed. This box has been red sealed with breakaway tag number _____.

Community Paramedic Signature: _____ Date: _____