BLS
GREEN BAG DRUG KIT

Bag Number: _____

Date: _____

Medication	Qty	Qty replaced	Expiration date	Variance
Epi-Pen, Adult	2			
Epi-Pen, Child	2			
Aspirin 81 mg Chew tab	4			
Ondansetron 4 mg ODT	1			
Albuterol 0.083% 2.5 mg/3 ml neb	1			
Naloxone 2mg/2ml syringe	2			
MAD Nasal Atomizer	2			
EMS Run Sheet	1			

Technician: _____

Pharmacist: _____