Northeast Michigan Medical Control Authority
Office: 989-356-7557
Fax: 989-356-8148

AMBULANCE BOX / YELLOW BAG DRUG KIT

Yellow Bag Number: _____

Date: _____

Medication	Qty	Qty replaced	Expiration date	Variance
Acetaminophen 325mg tabs	6			
Aspirin 81 mg chewable tabs	10			
Albuterol 0.083% / 3mL inh soln	3			
Atrovent 0.02% inh soln	1			
Dextrose 50% pre-filled syringe	1			
Ibuprofen 200mg tabs	8			
Nitroglycerin 0.4mg (1/150) tabs	1			
Ondansetron 4mg ODT tab	1			
Ondansetron 4mg/2ml vial	1			
Blunt cannula needle	1			
Drug Box Usage Sheet	1			

Updated 11-3-21 cmk

Pharmacist / Technician: _____

Pharmacist / Technician: _____