Put Your Hospital Name Here

Pharmacy Service

Crash Cart Kit Report

Report Print Date 03/26/2000

Phone Number: 591-5985

Tray no	Location	Poc	Phone
1	**Emergency Room**	**Mr. Andersen**	**222-5986**

Lock no 123456

Expiration Date:

Drawer # 1

Generic name	Trade Name	Qty	Expiration
ADENOSINE (ADENOCARD) INJ, 6MG/2ML	ADENOCARD 6MG/2ML	5	09/30/2000
ADENOSINE (ADENOCARD) INJ, 6MG/2ML	ADENOCARD 6MG/2ML	0	
ATROPINE SULFATE INJ, 0.1MG/ML, 10ML	ATROPINE SULFATE	3	06/01/2000
BRETYLIUM TOSYLATE 500MG/10ml	BRETOLOL	5	01/31/2001
CALCIUM CHLORIDE INJ 10%, 10ML	CALCIUM CHLORIDE 10%	2	05/31/2000
DEXAMETHASONE 10MG/ML, MDV 10ML	DECADRON	1	06/30/2000
DEXTROSE INJ, 50% 50 ML	DEXTROSE INJ, 50%	1	07/01/2000
DIGOXIN INJ AMP	LANOXIN	2	09/30/2000
DIPHENHYDRAMINE HCL 50MG/ML, 1ML	BENADRYL 50MG INJ	1	01/01/2001
EPINEPHRINE 1:1000 30 ML	EPINEPHRINE MULTI DOSE	1	12/01/2000
EPINEPHRINE INJ 1:10,000,10ML	EPINEPHRINE BRISTOJECT	4	01/31/2001
EPINEPHRINE INJ 1:1000, TUBEX 1ML	EPINEPHRINE INJ 1ML	2	06/30/2000
FUROSEMIDE 100MG/10ML VIAL	LASIX	1	04/30/2000
GLUCAGON FOR INJ 1MG	GLUCAGON	1	08/31/2000
ISOPROTERENOL INJ 1:5000	ISUPREL	1	01/31/2001
LIDOCAINE HCL, INJ, 1%, 5ML	XYLOCAINE INJ 1%	6	05/31/2000
MAGNESIUM SULFATE 50% 1GM/2ML	MAG SULFATE	2	12/31/2000
METOPROLOL INJ 5MG/5ML AMP	LOPRESSOR	3	11/30/2000
NALOXONE HCL (NARCAN) INJ, 1MG/ML, 2ML	NARCAN INJ, 1MG, 2ML.	5	09/30/2001
PHENYTOIN 250MG/5ML	DILANTIN	2	09/30/2000
PROCAINAMIDE INJ 1000MG/10ML	PRONESTYL	2	04/30/2000
SODIUM BICARBONATE 4.2% 5MEQ	SODIUM BICARBONATE PED BJ	2	09/01/2001
SODIUM BICARBONATE 8.4% 50ML	SODIUM BICARBONATE ADULT BJ	2	05/31/2000
VERAPAMIL INJ 5MG/2ML VIAL	ISOPTIN	2	11/02/2002

Drawer # 2

Generic name	Trade Name	Qty	Expiration
DEXTROSE INJ 5% 250ML	DEXTROSE INJ 5% 250ML	2	06/30/2000
DOBUTAMINE 250MG/250ML	DOBUTAMINE	1	07/20/2000
DOPAMINE HCL 400 MG/500ml	INTROPIN	1	01/01/2001
LACTATED RINGER'S INJ 1000ML	LR 1000 ML	2	03/31/2000
LIDOCAINE 2 GRAM 500ML DRIP	XYLOCAINE DRIP	1	01/01/2001
SODIUM CHL INJ 0.9%, 1000ML	NORMAL SALINE 1000ML	1	09/30/2000
SODIUM CHLORIDE INJ 0.9% 500ML	NORMAL SALINE 500 ML	1	01/01/2001

Date Checked _____ Filler _____

Checker _____