AGENCY:_____ UNIT #:_____

BLS DAILY DRUG SHEET

DATE	TIME	Acetaminophen	ASA	Duo Neb	Epi Amp 1:1000	EpiPEN (Adult)	EpiPEN(Pedi)	Glucose Gel	Narcan	NTG Spray	NTG Tablet	Zofran ODT	Signatures
		8	8	8	2	2	1	1	4	1	1	4	
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