



NICU Transport Medication List/Charge Sheet
Genesis Medical Center – Davenport

Charge Number	Drug	Quantity	Earliest Expiration
715001	Adenosine 3 mg/ml 2 ml vial (Dilute 1 ml (3 mg) with 9 mls NS to make 0.3 mg/ml)	1	
720014	Ampicillin 500 mg vial (IV: Add 5 ml SWI*. IM: Add 1.7 ml SWI* for final 250 mg/ml conc.)	1	
251388	Calcium Gluconate 10% vial (0.465 meq/ml) 10 ml vial	1	
252927	Poractant (Curosurf) 80mg/mL 3mL vial	3	
715091	Epinephrine 1:10,000 (0.1 mg/ml) 10 ml Abboject	2	
713162	Erythromycin ophth oint 0.5% (5 mg/gm) 1 gram tube	1	
720070	Gentamicin 10 mg/ml 2 ml vial	1	
715385	Lidocaine 1% PF injection 2 ml vial	1	
715207	Lorazepam (Ativan) 2 mg/ml vial	1	
715241	Morphine Sulfate 2 mg/ml (unable to supply as PF)	1	
715400	Naloxone (Narcan) 1 mg/ml 2 ml amps/vial	2	
251137	Phenobarbital 65 mg/ml 1 ml vial	2	
715003	Prostaglandin (Alprostadi) 500 mcg/ml 1 ml amp	1	
715302	Sodium Bicarbonate 4.2% 10 ml Abboject (Infant)	2	
720106	Sodium Chloride PF 0.9% 10 ml vial	4	
798028	Sterile water for injection (SWI) 10 ml vial	5	
715275	Vitamin K (Phytonadione) 1 mg/0.5 ml syringe	1	
	Labels	10	
	Tubex	1	

*SWI = sterile water for injection

Date Completed: _____

Tech Initials: _____

RPh Initials: _____

(Please place sticker here or write in patient name, FIN# and date)

(One kit in NICU refrigerator and one back-up kit in Pharmacy)

Please return to Pharmacy after each use/replacement of expired medications.

Controlled Substance Documentation:

Drug	Date	Time	Physician	Dose Given	Amount Wasted	Given By	Witness