

**Wyoming Office of  
Emergency Medical Services  
Paramedic Medication/Procedure Reporting Form**



This form must be completed monthly by all Paramedic authorized services.  
Send to the EMS Office by the 10<sup>th</sup> of the following month.

**Include a completed copy of the Patient Care Report  
for each reported Medication/Procedure**

*Actual Field Use Only - (Not Performed in an Emergency Department/Clinic or RN)*

<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>January 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
Versed (Midazolam)		

<b>Procedures</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Procedure Performed</b> (numerical values only) ↓
Cardioversion		
Foley catheterization		
Nasotracheal intubation		
Cricothyroidotomy (needle)		
OG/NG intubation		

**Comments:**

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PCR's Attached & Completed By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>February 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
Versed (Midazolam)		

<b>Procedures</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Procedure Performed</b> (numerical values only) ↓
Cardioversion		
Foley catheterization		
Nasotracheal intubation		
Cricothyroidotomy (needle)		
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**Comments:**

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Wyoming  
Department  
of Health

Commit to your health.

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<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>March 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
Versed (Midazolam)		

<b>Procedures</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Procedure Performed</b> (numerical values only) ↓
Cardioversion		
Foley catheterization		
Nasotracheal intubation		
Cricothyroidotomy (needle)		
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<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>April 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
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<b>Procedures</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Procedure Performed</b> (numerical values only) ↓
Cardioversion		
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<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>May 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
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<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>June 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
Versed (Midazolam)		

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Cardioversion		
Foley catheterization		
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<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>July 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
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Amyl Nitrite/Sodium Nitrite (if authorized)		
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
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<b>EMS Agency:</b> <b>(City - Service Name)</b>	<b>Reporting Month:</b> <b>December 2010</b>
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<b>Medications</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
Versed (Midazolam)		

<b>Procedures</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Procedure Performed</b> (numerical values only) ↓
Cardioversion		
Foley catheterization		
Nasotracheal intubation		
Cricothyroidotomy (needle)		
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