

**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 10th 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)

EMS Agency:	Reporting Month: November 2009
--------------------	--

Medications	<i>Agency Notes if needed</i>	Number of Patients Receiving Medication (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
Versed (Midazolam)		

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

Comments:

PCR's Attached & Completed By: _____ Date: ___/___/___

*Accurate and timely data submission supports the advancement and professionalism of
Emergency Medical Services in Wyoming!*



**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 10th 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)

EMS Agency:	Reporting Month: December 2009
--------------------	---

Medications	<i>Agency Notes if needed</i>	Number of Patients Receiving Medication (numerical values only) ↓
Amyl Nitrite/Sodium Nitrite (if authorized)		
Dexamethasone (Decadron)		
Dopamine (Intropin)		
Lopressor (Metoprolol Tartrate)		
Mannitol (Osmotrol)		
Methylprednisolone (Solu-medrol)		
Versed (Midazolam)		

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

Comments:

PCR's Attached & Completed By: _____ Date: ___/___/___

*Accurate and timely data submission supports the advancement and professionalism of
Emergency Medical Services in Wyoming!*