



**Wyoming Office of  
Emergency Medical Services  
Paramedic Medication/Procedure  
Reporting Form - Year 4**



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.  
Begin using this form January 1, 2009 through October

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

<b>EMS Agency:</b>	<b>Month: 2009</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)		
<i>(For future use as needed)</i>		

<b>Procedures</b>	<i>Agency Notes if needed</i>	<b>Number of Patients Receiving Medication</b> (numerical values only) ↓
Cardioversion		
Foley catheterization		
Nasotracheal intubation		
Cricothyroidotomy (needle)		
OG/NG intubation		
<i>(For future use as needed)</i>		

**Comments:**

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**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_