AGENCY:_____ UNIT ID :_____ MONTH / YEAR:_____

Sarah Bush Lincoln
Trusted Compassionate Care

ALS DAILY CHECK

Date	Time	Acetaminophen	Adenosine	Amiodarone	Aspirin	Atropine 0.4 mg	Atropine 1mg	Cetacaine	Dextrose 10% Drip	Dextrose 25%	Dextrose 50%	Diphenhydramine	Dopamine Drip	Duo Neb	Epi 1:1000	Epi 1:1000-30mL	Epi 1:10,000	Glucagon	Glucose Gel	Ketorolac	Levophed	Lidocaine Drip	Lidocaine 100 mg	Lidocaine Viscous	Magnesium	Narcan 0.4mg	Narcan 2mg/ 2mL	NTG Paste	NTG Spray	NTG Tablet	Oral Glucose	Sodium Bicarb	Solumedrol	TXA	Zofran 4mg/ 2 mL	Zofran ODT	Signature
		8	6	6	8	1	4	1	2	2	2	2	1	8	2	1	8	2	1	0	0	1	4	1	2	4	4	4	1	1	1	2	4	1	4	4	
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