

Date: _____

	Name (print)	Signature	Date
Care Provider Responsible for Drugs:	_____	_____	_____
Case Transferred, Drug Count Correct:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Drug Given	Ampules Checked Out	Amount Given (in cc's)	Ampules Returned	Amount Wasted (in cc's)	Witness for Waste Signature (RN/MD)
Fentanyl 100 mcg					
Fentanyl 250 mcg					
Fentanyl 1000 mcg					
Midazolam 2 mg					
Midazolam 5 mg					
Alfentanil					
Sufentanil					
Morphine 10 mg tubex					
Morphine 5 mg P.F.					
Pentothal (20 cc 2.5%)					

Note: All benzodiazepines, barbiturates, and narcotics must be recorded.
Propotol, etomidate, and muscle relaxants do not need to be recorded on this form at present.

UNIVERSITY HOSPITAL

Patient Label

**ANESTHESIA NARCOTIC
ADMINISTRATION RECORD**

79-1495 (1/06)

ORIGINAL - PHARMACY YELLOW - ANESTHESIOLOGY