NOTE: Please check date, initial and keep a copy of the current updated inventory in this binder and in the emergency cart. Quantity implies <u>not</u> expired. Contact pharmacy if expiry is < 1 month. If quantities below recommended/required amounts, place order with pharmacy and document in Staff Communications section of this binder. Please discard all expired drugs once adequate replacement has been secured.

\*Ensure narcotics and benzodiazepine are <u>locked up</u>. Insulin and succinylcholine <u>must</u> be refrigerated.

MEDICATION	Date & Initial						
Amiodarone 50mg/ml							
ASA 80mg chewable							
Atropine 0.6/1cc							
Atrovent							
Calcium Chloride 1mg/ 10ml							
Dantrolene 20mg							
Dextrose 50%, 25/50ml							
Diphenhydrami ne 50mg/1cc							
Dopamine 400mg							
Ephedrine 50mg/1cc							
Epinephrine 1:1000, 1mg/ 1ml							

## EMERGENCY DRUGS

	1 1		 	 
Epinephrine 1mg/10ml				
Flumazenil 0.1mg/ml				
Insulin regular 1000U/10ml				
Labetolol 5mg/ cc				
Magnesium Sulfate 500mg				
Midazolam 5mg/ml				
Morphine 10mg/ml				
Naloxone 0.4mg/ml				
Nitroglycerine Spray 0.4mg				
Phenylephrine 10mg/1cc				
Salbutamol				
Sodium Bicarbonate, 8.4%				
Solucortef 100mg				
Sterile Water, 1L Bag				
Succinylcholin e 20ml/ml				
Verapamil 5mg/2ml				

Otrivin Nasal Spray				
Sevoflurane (check to ensure adequate supply) MIN. 2 bottles				

RedBox Rx 905-451-4888

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