

RESTRICTED MEDICATION PRESCRIPTION

Incident No Station **Date** Time **INC786** Al-Amirat 04-12-2023 2:00 PM **Patient Name** Age Gender Ahlam Hilal Khamis Alrasbi 52 Male

| S.No | Drug Name | 1 st Dose | | | | 2 nd Dose | | |
|------|--------------------------------|----------------------|---------|-----------------|------|----------------------|-----------------|--|
| | | Dose | Time | Administered By | Dose | Time | Administered By | |
| 1. | Inj.Morphine Sulphate 10mg/1ml | 1 | 12:00PM | EMS Provider 1 | 1 | 12:00PM | EMS Provider 1 | |
| 2. | Inj.Morphine Sulphate 10mg/1ml | 2 | 05:00PM | EMS Provider 3 | 2 | 08:00PM | EMS Provider 2 | |

Ambulance Crew Force No Ahlam Hilal Khamis Alrasbi 95235815 Witnessed By Civil ID No Ahlam Hilal Khamis Alrasbi 18982381

Medication Discarded

Drug Dose discarded Time Ahlam Hilal Khamis Alrasbi Ambulance Crew 03:15PM **Discard By** Force No 18982381 10242425 Witnessed By **Force No** Ahlam Hilal Khamis Alrasbi 10242425 **Duty Supervisor**

Medical Director

Ahlam Hilal Khamis Alrasbi

Ahlam Hilal Khamis Alrasbi