

ALS MONTHLY SUMMARY REPORT FOR MORPHINE ADMINISTRATION

ALS UNIT: _____

MONTH _____ YEAR _____

ATTACH ALL CONTROLLED SUBSTANCE ADMINISTRATION AND WASTE RECORDS

MORPHINE 10 MG/1 ML	BEGINNING BALANCE	AMOUNT RESTOCKED	ENDING BALANCE	AMOUNT USED	AMOUNT WASTED	PATIENTS TREATED
	# VIALS	# VIALS	# VIALS	# MG'S	#MG'S	# PATIENTS
TOTALS						

Report Completed By: _____

Date: _____