

Daily Narcotic Count

DRUG NAME

Date: _____

Patient's Name _____

Propofol 200 mg / 20 mL	Versed 2 mg / 2 mL	Fentanyl 100 mcg / 2 mL	Versed Syrup 2 mg / mL	Fentanyl 250 mcg / 5 mL	Demerol 100 mg / 2 mL	Ephedrine 50 mg / mL	Hydromorphone 2 mg / 1 mL						
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Amount
Given

Amount
Wasted

Signature (1)

Signature (2)

SAMPLE

Starting Count @ _____ : _____ am / pm

Adjustments +/-
(# added or used today)

Ending Count @ _____ : _____ am / pm