

2021 MINI MEDICAL CHEST ORDER FORM

| | | |
|-----------|-------------------------|--|
| Chest No | Chest Name (Station) | Date |
| Name | Company P/O # | PLEASE TICK |
| Signature | Phone | <input type="checkbox"/> Registered Chest Holder |
| Email | | <input type="checkbox"/> Nominated Person |

**Please use one of the usage codes from the list below to re-order your medications
The Telehealth Reference Number (TRN) must be provided for all prescribed items**

| | | | |
|----------------------------------|--------------------|-------------------------|--|
| P Prescribed (by RFDS Dr) | E Expired | B Broken/Damaged | S Stolen |
| U Used (Non-Prescription) | D Destroyed | M Not in chest | R Replace First Aid items (Items #200 - #242 only) |
| B/O On back order | | | |

MONITORED MEDICATIONS

**** DO NOT DESTROY ** RETURN EXPIRED/UNUSED QUANTITY TO RFDS BRISBANE BASE**

Please include an Australia post tracking number for use with my Australia Post Account

| Usage Code & Expiry date | No. | Drug | TRN # | Date | Prescribing Doctor | Quantity issued | Patient |
|--------------------------|-----|---|-------|------|--------------------|-----------------|---------|
| | 173 | Paracetamol/Codeine 500mg/30mg (2 boxes – 20 tablets/box) 40 tablets total | | | | | |

| Usage Code & Expiry date | No. | Drug | TRN # | Date | Prescribing Doctor | Quantity issued | Patient |
|--------------------------|-----|---|-------|------|--------------------|-----------------|---------|
| | 188 | Morphine Sulphate Ampoules 10mg/1ml (1 box - 5 ampoules) | | | | | |

| Usage Code & Expiry date | No. | Drug | TRN # | Date | Prescribing Doctor | Quantity issued | Patient |
|--------------------------|-----|---|-------|------|--------------------|-----------------|---------|
| | 413 | Midazolam Ampoules 5mg/1ml (1 box – 3 Ampoules) | | | | | |

If you have #98 in your chest this MUST be returned to RFDS even if it has not expired

**Please return expired monitored medications to the Brisbane Base (address below) and include your chest number.
Your signed HPS Confirmation of Receipt form received with your new monitored medications must be returned to RFDS.**

Please indicate if you require replacement copies of:

- | | | |
|---|---|--|
| <input type="checkbox"/> RFDS Medical Chest Medication Usage Book | <input type="checkbox"/> Order Form | <input type="checkbox"/> 2019 Medical Chest Contents List |
| <input type="checkbox"/> Intra-muscular Injections (online link) | <input type="checkbox"/> Injection Instructions | <input type="checkbox"/> Base Medical Line Phone Stickers |

RFDS Community Chests with an AED onsite

- | | | | | |
|---|--|--|--|-----------------------------------|
| <input type="checkbox"/> Adult pads x 1 set | <input type="checkbox"/> Adult pads x 2 sets | <input type="checkbox"/> Child pads x 2 sets | <input type="checkbox"/> Ready Kit (green) | <input type="checkbox"/> Handbook |
|---|--|--|--|-----------------------------------|

Please return **BOTH PAGES** of this order form by post, fax or email to:

RFDS Medical Chest Team
12 Casuarina Street
Brisbane Airport QLD 4008

PHONE 1300 MCHES (1300 624 378)
FAX (07) 3860 1122
EMAIL medicalchest@rfdsqld.com.au

Chest No _____

Please record the Telehealth Reference Number (TRN) when re-ordering prescribed medications

Note: Star (*) indicates PRESCRIPTION ONLY medication, which can only be prescribed by RFDS.

| MEDICATION ORDER LIST | | |
|-----------------------|------|---|
| USAGE CODE/TRN | No. | MEDICATIONS |
| | 62 | Aspirin Soluble Tablets |
| | 76 | Electrolyte Replacement Effervescent Tabs |
| | *81 | Chloramphenicol Eye Ointment (2 tubes) |
| | *99 | Adrenalin Acid Tartrate Ampoules (5 amps) |
| | 107 | Salbutamol Aerosol Spray (2 packets) |
| | *119 | Promethazine Hydrochloride Mixture |
| | *139 | Hydrocortisone Acetate Cream |
| | 150 | Eye Stream |
| | *151 | Prednisolone Tablets |
| | *157 | Loratadine Tablets |
| | *161 | Clotrimazole Vaginal Cream |
| | *168 | Water for Injection (5 amps) |
| | 171 | Paracetamol Mixture Double Strength |
| | *172 | Amoxicillin Capsules |

| MEDICATION ORDER LIST | | |
|-----------------------|------|---|
| USAGE CODE/TRN | No. | MEDICATIONS |
| | *173 | Paracetamol/Codeine Phosphate Tablets (2) |
| | *174 | Cephalexin Powder for Susp. (2 bottles) |
| | *175 | Cephalexin Capsules (2 Packets) |
| | *179 | Metronidazole Tablets |
| | *189 | Ibuprofen Tablets |
| | *190 | Glyceryl Trinitrate Pump Spray |
| | *402 | Ceftriaxone Sodium Powder |
| | *406 | Azithromycin Tablets |
| | *408 | Ondansetron Wafers |
| | *409 | Amoxicillin Clavulanic Acid tablets |
| | *411 | Metoprolol tartrate tablets |
| | *414 | Omeprazole tablets |
| | *415 | Famciclovir tablets |
| | *416 | Docusate Sodium Senna |

| FIRST AID ITEMS | | |
|-----------------|-----|---------------------------------------|
| USAGE CODE/TRN | No. | DRESSINGS, BANDAGES (FIRST AID ITEMS) |
| | 200 | Thermometer – Digital (1) |
| | 201 | Medicine Measures (2) |
| | 207 | Isopropyl Alcohol Swabs (1 packet) |

| FIRST AID ITEMS | | |
|-----------------|------|---|
| USAGE CODE/TRN | No. | DRESSINGS, BANDAGES (FIRST AID ITEMS) |
| | *240 | Syringe 3ml (5 only) |
| | *241 | Detachable Needle 22g x 1-1/2" (5 only) |
| | 242 | Sharps Container 0.5 litre (1 only) |

Extra Quantities: If extra medications are required, please complete the following section. Your request will be considered by an RFDS.

| Item # | Qty | Reason extra quantity is required |
|--------|-----|-----------------------------------|
| | | |

| | | | |
|--------------|-------------------------------|-----------------------------|------------------------|
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| Approved By | Annette Saleta | Date Approved | 20/08/2020 |