

# Medication Pyxis Inventory

Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual
1.1-CUBH	A1	AMMONIA 0.33 ml INHALATION AMMONIA	AMMIHC	5	2	10	0 N/A	_____
	A2	AMOXICILLIN / CLAV. 500 mg TABLET AUGMENTIN	AUG500T	5	2	5	0 N/A	_____
	A3	ASPIRIN 325 mg TABLET ASPIRIN	ASA325T	10	5	24	0 N/A	_____
	A4	ASPIRIN 325 mg ECT ASPIRIN	ASA325ET	10	5	20	0 N/A	_____
	A5	CETIRIZINE 10 mg TABLET ZYRTEC	CET10T	15	5	9	6 N/A	_____
	A6	clonIDINE 0.1 mg TABLET CATAPRES	CLON.1T	10	5	10	0 N/A	_____
	B1	CYCLOBENZAPRINE 5 mg TABLET FLEXERIL	CYC5T	10	5	8	2 N/A	_____
	B2	AZITHROMYCIN 250 mg TABLET ZITHROMAX	AZI250T	15	5	24	0 N/A	_____
	B3	DOCUSATE SODIUM 100 mg CAPSULE DOCUSATE SODIUM	DSS100C LASA	10	5	22	0 N/A	_____
	B4	FAMOTIDINE 20 mg TABLET PEPCID	FAM20T	20	5	8	12 N/A	_____
	B5(S)	ASPIRIN 81 mg CHEW TAB ASPIRIN CHILDRENS	ASA81CT	10	5	20	0 N/A	_____
	B6	FUROSEMIDE 20 mg TABLET LASIX	FUR20T	10	5	6	4 N/A	_____
	C1	EPINEPHrine for Anaphylaxis 1 mg / 1 ml INJECTION	EPI1	5	3	5	0 N/A	_____
	C3	EPINEPHrine for Anaphylaxis COSYNTROPIN 0.25 mg / 1 ml INJECTION	COSYNI	20	3	13	7 N/A	_____
	D1	CORTROSYN diphenhydrAMINE	DIPHENI	20	10	24	0 N/A	_____

# Medication Pyxis Inventory

Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual
		50 mg / 1 ml VIAL					N/A	
	D3	diphenhydrAMINE HCL BENADRYL diphenhydrAMINE 50 mg CAPSULE	DIPH50C	20	10	15	5	_____
	E1	diphenhydrAMINE HCL ACETAMINOPHEN 325 mg TABLET	APAP325T	70	35	59	11	_____
	E4	TYLENOL BUPRENORPHINE/NALOXONE TAB	ZUB0.7T	10	5	10	0	_____
		0.7 mg TABLET						
1.2-CUBH	A1	ZUBSOLV HYDROCHLOROTHIAZIDE	HCTZ25T	5	2	5	0	_____
		25 mg TABLET						
	A2	HYDROCHLOROTHIAZIDE IBUPROFEN 600 mg TABLET	IBU600T	10	5	9	1	_____
		IBUPROFEN						
	A3	LABETALOL 100 mg TABLET	LAB100T	5	2	10	0	_____
	A4	TRANDATE LISINOPRIL 10 mg TABLET	LIS10T	5	2	4	1	_____
		PRINIVIL						
	A5	LORATADINE 10 mg TABLET	LORAT10T	10	5	8	2	_____
	A6	CLARITIN MAGNESIUM OXIDE	MAGOX400T	10	5	10	0	_____
		400 mg / 1 EACH TABLET						
	B1	MAG-OX 400 metoPROLOL TARTRATE	METOP25T	20	5	20	0	_____
		25 mg TABLET						
	B2	metoPROLOL TARTRATE BUPRENORPHINE/NALOXONE TAB	ZUB11.4T	10	5	10	0	_____
		11.4 mg TABLET						
	B3	ZUBSOLV SENNOSIDES 8.6 mg TABLET	SENNAT	20	5	10	10	_____
		SENNOSIDES						
	B4	BUPRENORPHINE/NALOXONE TAB	ZUB2.9T	10	5	6	4	_____
		2.9 mg TABLET						
	B5	ZUBSOLV BUPRENORPHINE/NALOXONE TAB	ZUB5.7T	10	5	9	1	_____
		5.7 mg TABLET						
	B6	ZUBSOLV BUPRENORPHINE/NALOXONE TAB	ZUB8.6T	10	5	8	2	_____
		8.6 mg TABLET						
	C1	ZUBSOLV metoCLOPramide	METOI	10	5	8	2	_____
		10 mg / 2 ml VIAL						
	C3	REGLAN HYDROCORTISONE	HC100I	5	2	2	3	_____
		100 mg / 2 ml VIAL						
	C5	SOLU-CORTEF hydrOXYzine 25 mg CAPSULE	HYDROX25C	20	10	19	1	_____
		ATARAX						
	D1	IBUPROFEN 200 mg TABLET	IBU200T	20	10	27	0	_____
		IBUPROFEN						

# Medication Pyxis Inventory

Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Page 3 Actual
	D3	IPRATROPIUM BROM. 0.5 mg / 2.5 ml SOLUTION	IPRANEB	5	3	8	0	_____
		IPRATROPIUM BROMIDE					N/A	
	D5	IBUPROFEN 800 mg TABLET	IBU800T	20	10	17	3	_____
		IBUPROFEN					N/A	
	E1	KETOROLAC 30 mg / 1 ml VIAL	KETOR30I	20	10	20	0	_____
		KETOROLAC TROMETHAMINE TORODOL					N/A	
	E4(S)	FUROSEMIDE 20 mg / 2 ml VIAL	FURI2	20	10	10	10	_____
		LASIX					N/A	
2.1-CUBH	C1	VITAMIN B12 1000 mcg / 1 ml VIAL	VITB121000I	5	2	3	2	_____
		CYANOCOBALAMIN					N/A	
	C3	MIDAZOLAM HCL 2 mg / 2 ml VIAL	MIDAZ2I	10	5	10	0	_____
		VERSED					N/A	
	C5	DEXAMETHASONE 10 mg / 1 ml VIAL	DEXA10VI2	5	2	5	0	_____
		DECADRON					N/A	
	D1	TESTosterone CYPionate 200 mg / 1 ml EACH	TESTC200I	10	5	9	1	_____
		TESTosterone CYPionate					N/A	
	E1	ACETAMINOPHEN 500 mg TABLET	APAP500T	70	35	71	0	_____
		TYLENOL EXTRA STRENGTH					N/A	
2.2-CUBH	A1(S)	nitroGLYCERIN 0.4 mg / 1 TABLET BOTTLE	NTG400T	2	1	2	0	_____
		NITROSTAT					N/A	
	A2	ONDANSETRON 4 mg TABLET	OND4T	10	5	9	1	_____
		ZOFRAN					N/A	
	A3	predniSONE 10 mg TABLET	PRED10T	10	5	10	0	_____
		predniSONE					N/A	
	A4	SIMETHICONE 80 mg CHEW TAB	SIMETH80CT	10	5	8	2	_____
		SIMETHICONE					N/A	
	A5	SMZ/TMP 800/160mg (Bactrim) 160 mg TABLET	BACTRIMDS	5	2	10	0	_____
		BACTRIM SMZ-TMP DS					N/A	
	C1	methylPREDNISolone 40 mg / 1 ml VIAL	METPSS40I	5	2	2	3	_____
		SOLU-MEDROL					N/A	
	C3	MOXIFLOXACIN 400 mg TABLET	MOX400T	10	5	10	0	_____
		AVELOX					N/A	
	C5	NALOXONE HCL 0.4 mg / 1 ml INJECTION	NAL.4I	5	2	5	0	_____
		NARCAN					N/A	
	D1	ONDANSETRON 4 mg / 2 ml VIAL	OND12	20	10	26	0	_____
		ZOFRAN					N/A	
	D3	ONDANSETRON disintegrating 4 mg TABLET	OND4O	20	10	20	0	_____
		Zofran ODT					N/A	
	D5	PROMETHAZINE 25 mg TABLET	PROM25T	20	10	25	0	_____
		PHENERGAN					N/A	
	E4	PROMETHAZINE	PROMI	30	10	12	18	_____

# Medication Pyxis Inventory

Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill	Actual	Page 4
								Refill Units	
		25 mg / 1 ml INJECTION							
3.1-CUBH	A1	PHENERGAN						N/A	
		MORPHINE SULF (immed release)	MS30T	10	5	12	0		
		30 mg TABLET							
		MORPHINE SULF (immed release)						N/A	
	A2	KEY = PCA KEY	PCAKY	1	1	1	0		
		KEY = PCA	NK					N/A	
	C1	BUPRENORPHINE HCL	BUPRI	10	5	9	1		
		0.3 mg / 1 ml INJECTION							
		BUPRENEX						N/A	
	C3	FENTANYL CITRATE	FENTI2	20	10	17	3		
		100 mcg / 2 ml INJECTION							
		FENTANYL CITRATE						N/A	
	D1	HYDROMORPHONE HCL 4 mg TABLET	HM4T	20	10	16	4		
		DILAUDID						N/A	
	D3	OxyCODONE (extended release)	OXY10TT	30	10	21	9		
		10 mg / 1 EACH TABLET							
		OxyCONTIN						N/A	
	D5	HYDROMORPHONE HCL 2 mg TABLET	HM2T	20	10	12	8		
		DILAUDID HCL						N/A	
3.2-CUBH	A1	traMADOL HCL 50 mg TABLET	TRA50T	10	5	8	2		
		ULTRAM						N/A	
	C1	METHADONE 10 mg TABLET	METH10T	20	10	18	2		
		METHADONE HCL						N/A	
	C3	MORPHINE ER (extended release)	MS15TT	10	5	7	3		
		15 mg TABLET							
		MS Contin ER (extended release)						N/A	
	C5	OxyCODONE (extended release)	OXY40TT	20	10	20	0		
		40 mg / 1 EACH TABLET							
		OxyCONTIN						N/A	
	D1	MORPHINE SULF.	MS10I	20	10	6	14		
		10 mg / 1 ml VIAL							
		MORPHINE SULFATE						N/A	
	D3	MORPHINE ER (extended release)	MS30TT	20	10	28	0		
		30 mg / 1 EACH TABLET							
		MS Contin ER (extended release)						N/A	
	D5	OxyCODONE (immed release)	OXY5T	50	10	37	13		
		5 mg TABLET							
		Roxicodone (immed release)						N/A	
4.1-CUBH	C1	BUPRENORPHINE/NALOXONE TAB	ZUB1.4T	20	10	21	0		
		1.4 mg TABLET							
		ZUBSOLV						N/A	
5-CUBF	A1	GLUCAGON HCL 1 mg / 1 ml VIAL	GLUCI	2	1	2	0		
		GLUCAGON						N/A	
	A2	HEPARIN SOD. 1000 UNITS/ML	HEP1000I	20	10	17	3		
		1000 UNIT / 1 ml VIAL							
		HEPARIN SODIUM						N/A	
	A5	BUPRENORPHINE HCL sublingual	BUPR2TAB	10	5	10	0		
		2 mg TABLET							
		BUPRENORPHINE HCL						N/A	

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Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual	Page 5
	B1	ALBUTEROL HFA W/COUNTER 1 EA INHALER	ALBUHFAMDI	2	1	2	0	___	
	B3	VENTOLIN INHALER W/ COUNTER ACETAMINOPHEN 650 mg / 20.3 ml CUP	APAP650L	10	5	9	1	___	
	C1(S)	ACETAMINOPHEN ALBUTEROL 0.083% 2.5 mg / 3 ml NEBULE	ALBUTNEB	10	5	7	3	___	
	C3	ALBUTEROL SULFATE POTASSIUM CHLOR. SOLUTION 20 MEQ / 15 ml CUP	KCL20L	6	2	4	2	___	
	E1	POTASSIUM CHLORIDE SOLUTION DEXTROSE 100 G / 180 ml EACH GLUTOL	GTT	4	1	3	1	___	
6-CUBF	A1	GLUCAGON HCL 1 mg / 1 ml VIAL GLUCAGON	GLUCI	2	1	1	1	___	
	B1	diphenhydrAMINE ELIXIR 12.5 mg / 5 ml CUP	DIPHEN12.5L	12	8	10	2	___	
	B3	diphenhydrAMINE HCL MAALOX TYPE 30 ML / 1 EACH CUP MAALOX	MAALOXL30	6	3	4	2	___	
	C1	PRESCRIPTION, NARCOTIC EACH PRESCRIPTION, NARCOTIC	NARCSRIPT NK	25	10	25	0	___	
	D1	HYDROMORPHONE CPJ 2 mg / 1 ml SYRINGE HYDROMORPHONE CPJ	HM2IC	30	15	11	19	___	
10-PBC	C	methyIPREDNISolone 125 mg / 2 ml VIAL	METPSS125I	15	5	15	0	___	
	A2	SOLU-MEDROL diphenhydrAMINE 25 mg TABLET diphenhydrAMINE HCL BENADRYL	DIPHEN25TAB	60	30	31	29	___	
	B1	LACTULOSE 10 G / 15 ml CUP LACTULOSE	LACT10L	5	2	3	2	___	
	B3	diAZEPam 10 mg / 2 ml CARPUJECT diAZEPam	DIAZIC	10	5	10	0	___	
	C3	LACTULOSE 20 G / 30 ml CUP LACTULOSE	LACT20L	7	3	6	1	___	
13-CUBF	D1	IRON SUCROSE 100 mg / 5 ml VIAL	IRO100I	30	15	30	0	___	
	E1	VENOFER Heparin FlushPF 100unit/ml 3ml 300 UNIT / 3 ml SYRINGE Heparin FlushPF 100unit/ml 3ml	HEPPF3SYR	18	8	15	1	___	
14-RM	1	FAMOTIDINE (R) 20 mg / 2 ml VIAL	FAMI2	10	5	6	4	___	
	2	PEPCID (R) influenza vac 6 month & older 0.5 ML / 1 EA SYRINGE FLUZONE (2021-2022)	FLUQUADS21	200	40	186	14	___	

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Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual
	3	Meningococcal Vac ACYW conj 10 mcg / 0.5 ml EACH	MENQUADFI	5	2	4	1	_____
	4	MENQUADFI hydromorphone 100mg/50m NS BAG 50 ml BAG	HDR100MB	1	0	0	N/A 1	_____
	5	DILAUDID 100mg/50ml NS BAG ALTEPLASE, RECOMBINANT 2 mg / 2 ml VIAL CATHFLO ACTIVASE	ALT2I	3	1	3	N/A 0	_____
							N/A	

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Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual
1.1-CUBH	A1	AMOXICILLIN / CLAV. 500 mg TABLET	AUG500T	5	2	5	0	_____
		AUGMENTIN					N/A	
	A2	DOCUSATE SODIUM 100 mg CAPSULE	DSS100C	10	5	9	1	_____
		DOCUSATE SODIUM	LASA				N/A	
	A3	CETIRIZINE 10 mg TABLET	CET10T	10	5	10	0	_____
		ZYRTEC					N/A	
	A4	capTOPRIL 12.5 mg TABLET	CAP12.5T	10	5	10	0	_____
		capTOPRIL					N/A	
	A5	clonIDINE 0.1 mg TABLET	CLON.1T	10	5	15	0	_____
		CATAPRES					N/A	
	A6	carVEDILOL 6.25 mg TABLET	CAR6.25T	10	5	10	0	_____
		COREG					N/A	
	B1	FUROSEMIDE 20 mg TABLET	FUR20T	10	5	9	1	_____
		LASIX					N/A	
	B2	amloDIPINE 5 mg TABLET	AML5T	10	5	6	4	_____
		NORVASC					N/A	
	B3	MOXIFLOXACIN 400 mg TABLET	MOX400T	10	5	10	0	_____
		AVELOX					N/A	
	B4	SMZ/TMP 800/160mg (Bactrim) 160 mg TABLET	BACTRIMDS	5	2	10	0	_____
		BACTRIM SMZ-TMP DS					N/A	
	B5	ASPIRIN 325 mg ECT	ASA325ET	10	5	20	0	_____
		ASPIRIN					N/A	
	B6	KEY = PCA KEY	PCAKEY	999	1	1	998	_____
		KEY = PCA	NK				N/A	
	C1	AMMONIA 0.33 ml INHALATION	AMMIHC	12	4	12	0	_____
		AMMONIA					N/A	
	C3	diphenhydrAMINE 50 mg CAPSULE	DIPH50C	30	10	32	0	_____
		diphenhydrAMINE HCL					N/A	
	C5	COSYNTROPIN 0.25 mg / 1 ml INJECTION	COSYNI	12	3	8	4	_____
		CORTROSYN					N/A	
	D3	CYCLOBENZAPRINE 5 mg TABLET	CYC5T	10	5	10	0	_____
		FLEXERIL					N/A	
	D5	ACETAMINOPHEN 500 mg TABLET	APAP500T	30	10	20	10	_____
		TYLENOL EXTRA STRENGTH					N/A	
	E1	diphenhydrAMINE	DIPHENI	20	10	18	2	_____

# Medication Pyxis Inventory

# Medication Pyxis Inventory

Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual	page 8
		50 mg / 1 ml VIAL							
1.2-CUBH	A1	diphenhydrAMINE HCL BENADRYL					N/A		
		ASPIRIN 325 mg TABLET	ASA325T	10	5	10	0		
		ASPIRIN					N/A		
	A2	SENNOSIDES 8.6 mg TABLET	SENNAT	10	5	10	0		
		SENNOSIDES					N/A		
	A3	EPINEPHrine for Anaphylaxis	EPI1	2	2	2	0		
		1 mg / 1 ml INJECTION							
		EPINEPHrine for Anaphylaxis					N/A		
	A4	FUROSEMIDE 40 mg TABLET	FUR40T	10	5	13	0		
		LASIX					N/A		
	A5	BISACODYL 5 mg ECT	BIS5ET	10	3	6	4		
		BISACODYL					N/A		
	A6	hydrOXYzine 25 mg CAPSULE	HYDROX25C	10	5	15	0		
		ATARAX					N/A		
	B1(S)	ASPIRIN 81 mg CHEW TAB	ASA81CT	10	5	20	0		
		ASPIRIN CHILDRENS					N/A		
	B2	IBUPROFEN 600 mg TABLET	IBU600T	10	5	8	2		
		IBUPROFEN					N/A		
	B4	carVEDILOL 25 mg TABLET	CARV25T	10	5	8	2		
		COREG					N/A		
	C1	FAMOTIDINE 20 mg TABLET	FAM20T	20	10	18	2		
		PEPCID					N/A		
	C3	HYDROCORTISONE	HC100I	5	2	5	0		
		100 mg / 2 ml VIAL							
		SOLU-CORTEF					N/A		
	C5	hydrALAZINE 25 mg TABLET	HYDRAL25T	20	10	19	1		
		hydrALAZINE HCL					N/A		
	D1	IBUPROFEN 200 mg TABLET	IBU200T	20	10	17	3		
		IBUPROFEN					N/A		
	D3	IPRATROPIUM BROM.	IPRANEB	5	3	6	0		
		0.5 mg / 2.5 ml SOLUTION							
		IPRATROPIUM BROMIDE					N/A		
	D5	IBUPROFEN 800 mg TABLET	IBU800T	10	5	9	1		
		IBUPROFEN					N/A		
	E4	PROMETHAZINE 25 mg TABLET	PROM25T	40	10	30	10		
		PHENERGAN					N/A		
2.1-CUBH	A1	LABETALOL 100 mg TABLET	LAB100T	10	5	10	0		
		TRANDATE					N/A		
	A3	LISINOPRIL 10 mg TABLET	LIS10T	10	5	9	1		
		PRINIVIL					N/A		
	A4	metoPROLOL TARTRATE	METOP25T	10	5	10	0		
		25 mg TABLET							
		metoPROLOL TARTRATE					N/A		
	B4	ONDANSETRON 4 mg TABLET	OND4T	10	5	20	0		
		ZOFRAN					N/A		
	C1	AZITHROMYCIN 250 mg TABLET	AZI250T	10	5	14	0		
		ZITHROMAX					N/A		
	C3	metoCLOPramide	METOI	10	5	9	1		
		10 mg / 2 ml VIAL							

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Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual	Page 9
		REGLAN					N/A		
	C5	LORATADINE 10 mg TABLET	LORAT10T	25	5	20	5	_____	
		CLARITIN					N/A		
	D5	KEY = UNIT KEY	UNITKEYS	1	1	1	0	_____	
		KEY = UNIT	NK				N/A		
	E4	ONDANSETRON 4 mg / 2 ml VIAL	ONDI2	20	10	25	0	_____	
		ZOFRAN					N/A		
2.2-CUBH	A1	predniSONE 10 mg TABLET	PRED10T	10	5	10	0	_____	
		predniSONE					N/A		
	A3	SIMETHICONE 80 mg CHEW TAB	SIMETH80CT	10	5	10	0	_____	
		SIMETHICONE					N/A		
	A6	diphenhydrAMINE 50 mg CAPSULE	DIPH50C	10	5	0	10	_____	
		diphenhydrAMINE HCL					N/A		
	B1	HYDROCHLOROTHIAZIDE	HCTZ25T	10	5	10	0	_____	
		25 mg TABLET							
		HYDROCHLOROTHIAZIDE					N/A		
	C5	NALOXONE HCL	NAL4I	5	2	5	0	_____	
		0.4 mg / 1 ml INJECTION							
		NARCAN					N/A		
	D1(S)	nitroGLYCERIN	NTG400T	6	3	6	0	_____	
		0.4 mg / 1 TABLET BOTTLE							
		NITROSTAT					N/A		
	D3	methylPREDNISolone	METPSS40I	5	2	4	1	_____	
		40 mg / 1 ml VIAL							
		SOLU-MEDROL					N/A		
	E1	PROMETHAZINE	PROMI	10	5	9	1	_____	
		25 mg / 1 ml INJECTION							
		PHENERGAN					N/A		
	E4	diphenhydrAMINE 25 mg TABLET	DIPHEN25TAB	30	15	29	1	_____	
		diphenhydrAMINE HCL BENADRYL					N/A		
3.1-CUBH	A1	traMADOL HCL 50 mg TABLET	TRA50T	5	2	10	0	_____	
		ULTRAM					N/A		
	A2(S)	MIDAZOLAM HCL 2 mg / 2 ml VIAL	MIDAZ2I	5	2	10	0	_____	
		VERSED					N/A		
	C1	KEY = PYXIS KEY	PYXISKEYS	1	1	1	0	_____	
		KEY = PYXIS	NK				N/A		
	C5	BUPRENORPHINE HCL	BUPRI	10	5	13	0	_____	
		0.3 mg / 1 ml INJECTION							
		BUPRENEX					N/A		
	D1	FENTANYL CITRATE	FENTI2	20	10	20	0	_____	
		100 mcg / 2 ml INJECTION							
		FENTANYL CITRATE					N/A		
	D5	HYDROMORPHONE HCL 2 mg TABLET	HM2T	20	10	14	6	_____	
		DILAUDID HCL					N/A		
	E4	OxyCODONE (extended release)	OXY20TT	20	10	16	4	_____	
		20 mg / 1 EACH TABLET							
		OxyCONTIN					N/A		
3.2-CUBH	A2	MORPHINE SULF (immed release)	MS30T	10	5	8	2	_____	
		30 mg TABLET							
		MORPHINE SULF (immed release)					N/A		

# Medication Pyxis Inventory

Thu May 05, 2022		INVENTORY BY STATION						12:41	
Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual	
	B6	MORPHINE ER (extended release) 30 mg / 1 EACH TABLET	MS30TT	20	10	18	2	_____	
	C3	MS Contin ER (extended release) MORPHINE SULF. 10 mg / 1 ml VIAL	MS10I	10	5	13	N/A 0	_____	
	C5	MORPHINE SULFATE HYDROMORPHONE HCL 4mg TABLET	HM4T	20	10	23	N/A 0	_____	
	D1	DILAUDID MORPHINE ER (extended release) 15 mg TABLET	MS15TT	10	5	8	N/A 2	_____	
	D3	MS Contin ER (extended release) METHADONE 10 mg TABLET	METH10T	10	5	9	N/A 1	_____	
	D5	METHADONE HCL OxyCODONE (extended release) 10 mg / 1 EACH TABLET	OXY10TT	10	5	17	N/A 0	_____	
	E4	OxyCONTIN OxyCODONE (immed release) 5 mg TABLET	OXY5T	20	10	22	N/A 0	_____	
4-CUBF	A1(S)	Roxicodone (immed release) ALBUTEROL 0.083% 2.5 mg / 3 ml NEBULE	ALBUTNEB	10	5	10	N/A 0	_____	
	A5	ALBUTEROL SULFATE ONDANSETRON disintegrating 4 mg TABLET	OND4O	40	20	31	N/A 9	_____	
	B1	Zofran ODT diphenhydrAMINE ELIXIR 12.5 mg / 5 ml CUP	DIPHEN12.5L	12	8	12	N/A 0	_____	
	B3	diphenhydrAMINE HCL ACETAMINOPHEN 650 mg / 20.3 ml CUP	APAP650L	10	5	7	N/A 3	_____	
	C1	ACETAMINOPHEN ALBUTEROL HFA W/COUNTER 1 EA INHALER	ALBUHFAMDI	2	1	2	N/A 0	_____	
	C3	VENTOLIN INHALER W/ COUNTER POLYETHYLENE GLYCOL 17 G / 1 EACH PACKET	MIRALUD	10	3	9	N/A 1	_____	
	D1	MIRALAX DEXTROSE 100 G / 180 ml EACH GLUTOL	GTT	4	1	4	N/A 0	_____	
	E1	methyIPREDNISolone 125 mg / 2 ml VIAL SOLU-MEDROL	METPSS125I	30	5	7	N/A 23	_____	
5-CUBF	B1	ACETAMINOPHEN 325 mg TABLET TYLENOL	APAP325T	60	20	54	N/A 6	_____	
	B3	HYDROMORPHONE CPJ 2 mg / 1 ml SYRINGE HYDROMORPHONE CPJ	HM2IC	20	10	12	N/A 8	_____	
	C1	HEPARIN SOD. 1000 UNITS/ML 1000 UNIT / 1 ml VIAL HEPARIN SODIUM	HEP1000I	35	10	32	N/A 3	_____	

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# Medication Pyxis Inventory

Drawer	Pkt	Med Name Brand Name	Med ID Alt ID	Max	Min	Current	Refill Refill Units	Actual
	C3	MAALOX TYPE 30 ML / 1 EACH CUP MAALOX	MAALOXL30	6	3	6	0 N/A	_____
	D1	LIDOCAINE 5% 1 EACH / 1 EACH PATCH LIDODERM 5% PATCH	LIDTP	13	5	3	10 N/A	_____
6-PBC	C	PRESCRIPTION, NARCOTIC EACH PRESCRIPTION, NARCOTIC	NARCSRIPT NK	25	10	25	0 N/A	_____
	D	GLUCAGON HCL 1 mg / 1 ml VIAL GLUCAGON	GLUCI	4	2	2	2 N/A	_____
	E	Heparin FlushPF 100unit/ml 3ml 300 UNIT / 3 ml SYRINGE	HEPPF3SYR	6	3	2	4 N/A	_____
	F	Heparin FlushPF 100unit/ml 3ml 300 UNIT / 3 ml SYRINGE	HEPPF3SYR	6	3	8	0 N/A	_____
	G	Heparin FlushPF 100unit/ml 3ml GLUCAGON HCL 1 mg / 1 ml VIAL GLUCAGON	GLUCI	4	2	4	0 N/A	_____
	H	FUROSEMIDE 40 mg / 4 ml VIAL LASIX	FURI4	15	5	8	7 N/A	_____
8-CUBF	B3	diAZEPam 10 mg / 2 ml CARPUJECT	DIAZIC	10	5	10	0 N/A	_____
14-M	1	FAMOTIDINE (R) 20 mg / 2 ml VIAL	FAMI2	10	5	19	0 N/A	_____
	2	PEPCID (R) MORPHINE 250 MG PCA in NS 250 mg / 50 ml EACH MORPHINE 250 mg PCA in NS	MS250NS	0	0	0	0 N/A	_____