

IREDELL COUNTY EMS DAILY QRV 1 & 10 CHECK SHEET

VERSION 1.1 Rev. 11/07/2007

Rear Hatch

Miscellaneous		Top Drawer		Bottom Drawer	
	MIN		MIN		MIN
<input type="checkbox"/> Sharps Container	1	<input type="checkbox"/> ea Adult & Ped Traction Splints	1	<input type="checkbox"/> RSI Kit	1
<input type="checkbox"/> Waste Basket	1	<input type="checkbox"/> Flashlights (Mag & Mounted)	2	<input type="checkbox"/> Sm & Lg Pt. Belonging Bags	5
<input type="checkbox"/> XP One or KED	1	<input type="checkbox"/> Paperwork Box	1	<input type="checkbox"/> Epi 1:10 <u> </u> / <u> </u> / <u> </u>	6
<input type="checkbox"/> Inflatable Child Seat	1	<input type="checkbox"/> Headbed	1	<input type="checkbox"/> Instant Glutose <u> </u> / <u> </u> / <u> </u>	2
<input type="checkbox"/> Pedi Immobilizer	1	<input type="checkbox"/> Adj Adult C-Collar	3	<input type="checkbox"/> Lidocaine <u> </u> / <u> </u> / <u> </u>	4
<input type="checkbox"/> Blanket	1	<input type="checkbox"/> Ped. Adj C-Collar	1	<input type="checkbox"/> Benadryl <u> </u> / <u> </u> / <u> </u>	2
<input type="checkbox"/> Pillow	1	<input type="checkbox"/> Long Spine Board w/ Straps	1	<input type="checkbox"/> Calcium Chloride <u> </u> / <u> </u> / <u> </u>	1
<input type="checkbox"/> Battery Jumper Cables	1	<input type="checkbox"/> MCI Book	1	<input type="checkbox"/> Saline Flushes <u> </u> / <u> </u> / <u> </u>	2
<input type="checkbox"/> ea Board Splint Sm, Med, Lg	2	<input type="checkbox"/> Box Latex Free Gloves	1	<input type="checkbox"/> Orange Needle Covers	2
				<input type="checkbox"/> Nasal Spray <u> </u> / <u> </u> / <u> </u>	1
				<input type="checkbox"/> Cardizem <u> </u> / <u> </u> / <u> </u>	2
				<input type="checkbox"/> Amiodarone <u> </u> / <u> </u> / <u> </u>	2
Suction / Supply Bag	MIN	OB Kit	2	<input type="checkbox"/> Atropine <u> </u> / <u> </u> / <u> </u>	2
<input type="checkbox"/> Suction Unit	1	<input type="checkbox"/> PPE Kit	2	<input type="checkbox"/> Narcan <u> </u> / <u> </u> / <u> </u>	4
<input type="checkbox"/> Canister w/elbow	1	<input type="checkbox"/> CPAP Respirator Device	1	<input type="checkbox"/> Miller 3 & 4 Blade	1ea.
<input type="checkbox"/> Suction Tube w/ yanker	1	<input type="checkbox"/> Body Bag	2	<input type="checkbox"/> Mac 3 & 4 Blade	1ea.
<input type="checkbox"/> Large Bore Suction	1	<input type="checkbox"/> Back Board Straps	3	<input type="checkbox"/> Adenocard <u> </u> / <u> </u> / <u> </u>	30mg
<input type="checkbox"/> Convenience Bags	2	<input type="checkbox"/> ea Reg/Small Hepa Masks	4	<input type="checkbox"/> Glucagon <u> </u> / <u> </u> / <u> </u>	1
<input type="checkbox"/> Emesis Basins	1	<input type="checkbox"/> Cold Packs	2	<input type="checkbox"/> Aspirin <u> </u> / <u> </u> / <u> </u>	1
<input type="checkbox"/> Sterile Water	2	<input type="checkbox"/> Hot Packs	2	<input type="checkbox"/> Ibuprofen <u> </u> / <u> </u> / <u> </u>	1
<input type="checkbox"/> 12-18 Fr. Suction Cath	1ea.	<input type="checkbox"/> Coban Gauze	3	<input type="checkbox"/> Solu-Medrol <u> </u> / <u> </u> / <u> </u>	2
		<input type="checkbox"/> Combi-Tube	1	<input type="checkbox"/> Albuterol <u> </u> / <u> </u> / <u> </u>	6
		<input type="checkbox"/> Stuffed Animals	2	<input type="checkbox"/> Lasix <u> </u> / <u> </u> / <u> </u>	2
		<input type="checkbox"/> Emesis Basins	3	<input type="checkbox"/> Mag-Sulfate <u> </u> / <u> </u> / <u> </u>	4
Cardiac Monitor	MIN	<input type="checkbox"/> HEPPA Mask	3ea.	<input type="checkbox"/> D-25 <u> </u> / <u> </u> / <u> </u>	1
<input type="checkbox"/> Daily Function		<input type="checkbox"/> Hand Sanitizer	1	<input type="checkbox"/> Dopamine <u> </u> / <u> </u> / <u> </u>	2
<input type="checkbox"/> Electrodes	1	<input type="checkbox"/> Bio-Hazzard Bags	5	<input type="checkbox"/> Epi 1:1 <u> </u> / <u> </u> / <u> </u>	3
<input type="checkbox"/> Spare Paper	1			<input type="checkbox"/> Phenergan <u> </u> / <u> </u> / <u> </u>	3
<input type="checkbox"/> AED Adaptor / Capn. Dummy	1			<input type="checkbox"/> Syringe 1,3,5,10,20 cc	2ea.
<input type="checkbox"/> SpO2 detector (ped)	1			<input type="checkbox"/> Thiamine <u> </u> / <u> </u> / <u> </u>	1
<input type="checkbox"/> Capnography Function Check				<input type="checkbox"/> 18 & 23ga. Needles	5ea.
<input type="checkbox"/> Adult Multi function pads	1			<input type="checkbox"/> 20 thru 14ga. Angiocaths	3ea.
<input type="checkbox"/> Capnography Adapt.	1			<input type="checkbox"/> Op-sites	5
<input type="checkbox"/> Razor	1			<input type="checkbox"/> KY Jelly	3
				<input type="checkbox"/> Liquid Ibuprofen	1
				<input type="checkbox"/> Sodium Bicarb <u> </u> / <u> </u> / <u> </u>	1
				<input type="checkbox"/> D-50 <u> </u> / <u> </u> / <u> </u>	1
				<input type="checkbox"/> Zoll Paper	1
				<input type="checkbox"/> Body Bag	1
				<input type="checkbox"/> Adult Nasal Cannulas	2
				<input type="checkbox"/> Adult Non-rebreather Mask	2
				<input type="checkbox"/> T-bar Neb	1
				<input type="checkbox"/> Mask Neb	1
				<input type="checkbox"/> Tourniquets	2
				<input type="checkbox"/> 500cc Normal Saline	2
				<input type="checkbox"/> 10 gtts Set	2
				<input type="checkbox"/> 60 gtts Set	1
				<input type="checkbox"/> Bougie	1
				<input type="checkbox"/> Adult Bone Injection Gun	1