

IREDELL COUNTY EMS DAILY QRV 20 & 30 CHECK SHEET

VERSION 2.1 Rev. 11/07/2007

Rear Hatch

Blue Box	MIN	Blue Box Cont.	MIN
<input type="checkbox"/> OB Kit	2	<input type="checkbox"/> Cold Packs	2
<input type="checkbox"/> PPE Kit	2	<input type="checkbox"/> Hot Packs	2
<input type="checkbox"/> Respirator Device	1	<input type="checkbox"/> Coban Gauze	3
<input type="checkbox"/> Body Bag	2	<input type="checkbox"/> AED Pads	2
<input type="checkbox"/> Back Board Straps	3		
<input type="checkbox"/> ea Reg/Small Hepa Masks	4		

Miscellaneous

MIN	MIN
<input type="checkbox"/> Sharps Container	1
<input type="checkbox"/> Waste Basket	1
<input type="checkbox"/> XP One or KED	1
<input type="checkbox"/> Inflatable Child Seat	1
<input type="checkbox"/> Pedi Immobilizer	1
<input type="checkbox"/> Blanket	1
<input type="checkbox"/> Pillow	1
<input type="checkbox"/> Battery Jumper Cables	1
<input type="checkbox"/> ea Board Splint Sm, Med, Lg	2
<input type="checkbox"/> Box Latex Free Gloves	1
<input type="checkbox"/> Bougie	1
<input type="checkbox"/> ea Adult & Ped Traction Splints	1
<input type="checkbox"/> Flashlights (Mag & Mounted)	2
<input type="checkbox"/> Paperwork Box	1
<input type="checkbox"/> Headbed	1
<input type="checkbox"/> Adj Adult C-Collar	3
<input type="checkbox"/> Ped. Adj C-Collar	1
<input type="checkbox"/> Long Spine Board w/ Straps	1
<input type="checkbox"/> MCI Book	1
<input type="checkbox"/> RSI Kit	1
<input type="checkbox"/> Sm & Lg Pt. Belonging Bags	3

Suction / Supply Bag

Front Top Pouch	MIN	Inside Top Flap	MIN	Inside Main	MIN
<input type="checkbox"/> CO2 Detector (Crack Pipe)	1	<input type="checkbox"/> 100cc D5W ___ / ___ / ___	1	<input type="checkbox"/> Suction Unit	1
<input type="checkbox"/> Surgi-Lube	3	<input type="checkbox"/> 60ggt Drip Set	1	<input type="checkbox"/> Canister w/elbow	1
		<input type="checkbox"/> Zoll & AED Pads ___ / ___ / ___	1	<input type="checkbox"/> Suction Tube w/ yanker	1
		<input type="checkbox"/> Electrodes	2	<input type="checkbox"/> Large Bore Suction	1
				<input type="checkbox"/> Combitube	1
				<input type="checkbox"/> Adult Bone Injection Gun	1
Front Bottom Pouch	MIN	Outside Back Pocket	MIN		
<input type="checkbox"/> ea 14, 16, 18, 20ga IV Needles	3	<input type="checkbox"/> Adult & Pedi NRB Masks	1		
<input type="checkbox"/> 1, 3, 5, 10, 20cc Syringe	1	<input type="checkbox"/> Adult & Pedi Nasal Cannula	1		
<input type="checkbox"/> OP Site	10	<input type="checkbox"/> Adult Neb Mask	1		
<input type="checkbox"/> Zoll Paper	1	<input type="checkbox"/> T-Bar Nebulizer	1		
Left Outside Pocket	MIN				
<input type="checkbox"/> 500cc NS Bag ___ / ___ / ___	3				
<input type="checkbox"/> Adult Capanog. ___ / ___ / ___	1				
Right Outside Pocket	MIN	Cardiac Monitor	MIN	Spare Drugs	MIN
<input type="checkbox"/> 10ggt Drip Set	3	<input type="checkbox"/> Daily Function	1	<input type="checkbox"/> Lidocaine ___ / ___ / ___	2
<input type="checkbox"/> Convenience Bags	2	<input type="checkbox"/> Electrodes	1	<input type="checkbox"/> Cardizem ___ / ___ / ___	1
		<input type="checkbox"/> Spare Paper	1	<input type="checkbox"/> Furosemide ___ / ___ / ___	1
		<input type="checkbox"/> AED Adaptor / Capn. Dummy	1	<input type="checkbox"/> D50 ___ / ___ / ___	1
		<input type="checkbox"/> SpO2 detector (ped)	1	<input type="checkbox"/> Sterile H2O ___ / ___ / ___	1
		<input type="checkbox"/> Capnography Function Check	1		
		<input type="checkbox"/> Adult Multi function pads	1		
		<input type="checkbox"/> Capnography Adapt.	1		
		<input type="checkbox"/> Razor	1		