

IREDELL COUNTY EMS DAILY QRV 20 & 30 CHECK SHEET

VERSION 3.1 11-07-2007

All items on the check sheet will be reviewed daily for cleanliness, proper function, proper quantity, and/or expiration date as applicable.

Date: ___/___/___			Shift: A B C				
Employee: _____					Unit #: _____	IMED: 20 or 30	

CONTROLLED MEDICATIONS CUSTODY

Toradol	2						
Diazepam	2						
Morphine	2						
Ativan	2						
Versed	2						
Haldol	2						

All Controlled Meds should be signed for on sheet inside controlled meds box

All sheets must remain with meds appointed to truck

OXYGEN AND SUCTION UNITS

Portable Oxygen: _____ psi >250		<input type="checkbox"/> Spare Oxygen Tank	Port. Suction	<input type="checkbox"/> 10-8	<input type="checkbox"/> 10-7		
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Left Outside Compartment		Main Flap		Intubation Roll	
	MIN		MIN		MIN
<input type="checkbox"/> ET Tubes 6.0-9.0	1	<input type="checkbox"/> NTG Spray ___/___/___	1	<input type="checkbox"/> Laryngoscope Handle	1
<input type="checkbox"/> 4X4's	10	<input type="checkbox"/> Baby ASA ___/___/___	1	<input type="checkbox"/> ea Mac 3,4 & Miller 3,4	1
<input type="checkbox"/> Petroleum Gauze	3	<input type="checkbox"/> Ibuprofen Pill ___/___/___	1	<input type="checkbox"/> 10cc Syringe	1
<input type="checkbox"/> 2"and 4" Kling	2	<input type="checkbox"/> Ammonia Inhalants	6	<input type="checkbox"/> "C" Batteries	2
<input type="checkbox"/> Triangular Bandages	3	<input type="checkbox"/> Sharps Shuttle	1	<input type="checkbox"/> Adult Tube Tamer	1
<input type="checkbox"/> Trauma Shears	1	<input type="checkbox"/> Insta-Glucose ___/___/___	2	<input type="checkbox"/> Adult Magill Forceps	1
<input type="checkbox"/> 1" Tape	1	<input type="checkbox"/> 60gtt Drip Set	2	<input type="checkbox"/> NPA 22,24,28,30,32,34,36,38	1
<input type="checkbox"/> 2" Tape	1	<input type="checkbox"/> 500cc Bag NS ___/___/___	1	<input type="checkbox"/> Nasal Spray ___/___/___	1
<input type="checkbox"/> 8X10's	2	<input type="checkbox"/> 100cc D5W ___/___/___	1	<input type="checkbox"/> Surgi-Lube	3
Right Outside Compartment		Middle Main Compartment		Drug Bag	
	MIN		MIN		MIN
<input type="checkbox"/> Adult & Large BP Cuff	1	<input type="checkbox"/> Epi 1:10,000 ___/___/___	8	<input type="checkbox"/> Toradol ___/___/___	2
<input type="checkbox"/> Adult Stethoscope	1	<input type="checkbox"/> Atropine ___/___/___	4	<input type="checkbox"/> Epi 1:1,000 ___/___/___	3
<input type="checkbox"/> Decompression Kit	1	<input type="checkbox"/> Lidocaine ___/___/___	4	<input type="checkbox"/> Phenergan ___/___/___	2
Top Flap		Bottom Main Compartment		ea 1,3,5,10cc Syringe	
	MIN		MIN		MIN
<input type="checkbox"/> Adult Non-Rebreather	1	<input type="checkbox"/> Amiodarone ___/___/___	2	<input type="checkbox"/> 22-23ga IM Needle	3
<input type="checkbox"/> Adult Nasal Cannula	1	<input type="checkbox"/> Cardizem ___/___/___	1	<input type="checkbox"/> 18ga IM Needles	3
<input type="checkbox"/> Adult Neb T-Bar	1	<input type="checkbox"/> D50 ___/___/___	1	<input type="checkbox"/> NS Flush ___/___/___	2
<input type="checkbox"/> Adult Neb Mask	1	<input type="checkbox"/> NAHCO3 ___/___/___	1	<input type="checkbox"/> Solu-Medrol ___/___/___	2
<input type="checkbox"/> PEDI Neb Mask	1	<input type="checkbox"/> Furosemide ___/___/___	2	<input type="checkbox"/> Dopamine ___/___/___	2
Main Compartment		Face Shield		Orange Needle Covers	
	MIN		MIN		MIN
<input type="checkbox"/> Adult BVM	1	<input type="checkbox"/> Glucometer	1	<input type="checkbox"/> Albuterol ___/___/___	4
IV Kit		<input type="checkbox"/> Nitro Paste	1	<input type="checkbox"/> Benadryl ___/___/___	2
<input type="checkbox"/> ea 14ga-24ga IV Caths	2	<input type="checkbox"/> Trauma Dressing	1	<input type="checkbox"/> Glucagon ___/___/___	2
<input type="checkbox"/> 4X4's	2	<input type="checkbox"/> Convenience Bags	2	<input type="checkbox"/> Adenocard 30mg ___/___/___	1
<input type="checkbox"/> OP Sites	3	<input type="checkbox"/> Burn Sheet	1	<input type="checkbox"/> Narcan ___/___/___	2
<input type="checkbox"/> 10gtt Drip Set	1	<input type="checkbox"/> Face Shield	1	<input type="checkbox"/> Calcium Chl ___/___/___	1
<input type="checkbox"/> Alcohol Preps	8			<input type="checkbox"/> ea 1,3,5,10cc Syringe	1
<input type="checkbox"/> Tourniquets	2			<input type="checkbox"/> Thiamine ___/___/___	2
<input type="checkbox"/> 1" Clear Tape	1				
<input type="checkbox"/> 4" Kling	1				
<input type="checkbox"/> NS Flush ___/___/___	2				
<input type="checkbox"/> 500cc NS Bag ___/___/___	1				