

# IREDELL COUNTY EMS DAILY AMBULANCE CHECK SHEET

VERSION 6.1 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 #1: \_\_\_\_\_ Employee #2: \_\_\_\_\_ Unit #: \_\_\_\_\_ IMED: \_\_\_\_\_

### CONTROLLED MEDICATIONS CUSTODY

Toradol	2		<b>*All Controlled Meds should be signed for on sheet inside controlled meds box*</b>  All sheets must remain with meds appointed to truck
Diazepam	2		
Morphine	2		
Ativan	2		
Versed	2		
Haldol	2		

### OXYGEN AND SUCTION UNITS

Main Oxygen: _____ psi >500	Main Suction : <input type="checkbox"/> 10-8 <input type="checkbox"/> 10-7
Portable Oxygen: _____ psi >500	Suction Unit <input type="checkbox"/> 10-8 <input type="checkbox"/> 10-7

Cabinet #1	MIN	MAX	Cabinet #2	MIN	MAX	Cabinet #3	MIN	MAX
<input type="checkbox"/> Adult Nasal Cannula	2	6	<input type="checkbox"/> Suction Tubing	1	3	<input type="checkbox"/> 500cc NS _____ / _____ / _____	3	8
<input type="checkbox"/> Adult NRB Mask	2	6	<input type="checkbox"/> Yankeur Suction Cath	1	3	<input type="checkbox"/> Gravity Drip Sets	3	8
<input type="checkbox"/> Ped. Nasal Cannula	2	3	<input type="checkbox"/> 10f - 18f Suction Cath	1	2	<input type="checkbox"/> Tourniquets	5	10
<input type="checkbox"/> Ped. NRB Mask	2	3	<input type="checkbox"/> Suction Bags *If Applicable	1	3	<input type="checkbox"/> Op-sites	5	20
<input type="checkbox"/> O2 Supply Tubing	2	2	<input type="checkbox"/> Suction Canister w/ elbow & lid	1	1	<input type="checkbox"/> Box Alcohol Prep pads	1/4box	1 box
<input type="checkbox"/> Nebulizer w/Mask	2	3	<input type="checkbox"/> ea. OPA (80,90,100mm)	1	2	<input type="checkbox"/> ea. IV Cath. 14g - 24g	4	8
<input type="checkbox"/> T-Handle Nebulizer	2	3	<input type="checkbox"/> ea. NPA (22,24,28,30,32,34,36f)	1	2	<input type="checkbox"/> ea. Syringe 1,3,5,10,20cc	2	4
<input type="checkbox"/> Pedi Nebulizer Mask	1	2	<input type="checkbox"/> ea. ETT 5.0 - 9.0	1	2	<input type="checkbox"/> ea. 18&22 1" needles	2	4
Cabinet #4	MIN	MAX	<input type="checkbox"/> Surgi-Lube Packets	1	3	<input type="checkbox"/> Orange Needle Covers	2	8
<input type="checkbox"/> Ea. BVM Adult, Pedi., Neo	1	2	<input type="checkbox"/> Adult ETT Stylette	1	2	<input type="checkbox"/> Sharps Shuttle	1	2
<input type="checkbox"/> Combi-Tube Kit _____ / _____ / _____	1	1	<input type="checkbox"/> Ped ETT Stylette	1	2	<input type="checkbox"/> Sterile Water _____ / _____ / _____	1	2
<input type="checkbox"/> Emesis Basin	1	3	<input type="checkbox"/> ea. Tube Tamer (Adult & Ped.)	1	3	<input type="checkbox"/> NS Flush _____ / _____ / _____	1	2
<input type="checkbox"/> Convenience Bags	1	3	<input type="checkbox"/> ea. CO2 Detector (Adult & Ped.)	1	3			
<input type="checkbox"/> Sets of Patient Restraints	2	2	<input type="checkbox"/> pack electrodes	1	2			
<input type="checkbox"/> Infant, Child, Large BP Cuff	1	1	<input type="checkbox"/> Adult Pacing / Defib Pads	1	1			
<input type="checkbox"/> Set of strap extensions	1	1	<input type="checkbox"/> Spare Zoll Battery	1	1			
<input type="checkbox"/> Ring Cutter	1	1	<input type="checkbox"/> Razors	1	3			
			<input type="checkbox"/> Thermometer Probe (Rectal)	1	1			
Critical Airway Bag	MIN	MAX	Cabinet #5	MIN	MAX	Cabinet #6	MIN	MAX
<input type="checkbox"/> Chest Decompression Kit	1	1	<input type="checkbox"/> Burn Sheets	1	2	<input type="checkbox"/> Sheets	6	8
<input type="checkbox"/> CPAP Tubing & Mask	1	1	<input type="checkbox"/> Trauma Dressings	1	2	<input type="checkbox"/> Pillow Cases	6	8
<input type="checkbox"/> CPAP Device	1	1	<input type="checkbox"/> Cold Packs	4	6	<input type="checkbox"/> Towels	6	8
<input type="checkbox"/> RSI Kit w/ Surgical Airway			<input type="checkbox"/> Hot Packs	4	6	<input type="checkbox"/> Blankets	2	3
<input type="checkbox"/> Etomidate _____ / _____ / _____	2	2	<input type="checkbox"/> 2" Kling	2	6	<input type="checkbox"/> Emergency Blankets	1	2
<input type="checkbox"/> Vecuronium _____ / _____ / _____	1	1	<input type="checkbox"/> 4" Kling	2	6	<input type="checkbox"/> Can disinfecting cleaner	1	2
<input type="checkbox"/> Succinylcholine _____ / _____ / _____	2	2	<input type="checkbox"/> Sterile 4x4's	20	100	<input type="checkbox"/> Roll red biohazard bags	1	1
<input type="checkbox"/> Saline Flush _____ / _____ / _____	2	2	<input type="checkbox"/> Abdominal Pads	2	6	<input type="checkbox"/> Hand Sanitizer	1	2
<input type="checkbox"/> Tracheostomy Cannula Cuffed	1	1	<input type="checkbox"/> Triangular bandages	2	6	<input type="checkbox"/> Bed pan	1	2
<input type="checkbox"/> Trachea Hook	1	1	<input type="checkbox"/> Petroleum Gauze	2	2	<input type="checkbox"/> Urinal	1	2
<input type="checkbox"/> Scalpel	1	1	<input type="checkbox"/> 1" Clear Tape	1	3	<input type="checkbox"/> Sm. & Lg. Pt. Belonging Bags	3	5
<input type="checkbox"/> Wide Mouth Suction Tubing	1	1	<input type="checkbox"/> 2" Clear/Cloth Tape	1	3			
			<input type="checkbox"/> Coban Wraps	2	3			
Cabinet #7	MIN	MAX	Bench Seat	MIN	MAX	Cardiac Monitor	MIN	MAX
<input type="checkbox"/> PPE Kits	3	4	<input type="checkbox"/> ea. Board Splints	2	2	<input type="checkbox"/> Pedi Pulse Ox	1	1
<input type="checkbox"/> ea. HEPA Mask S,R	3	4	<input type="checkbox"/> ea. Adult & Ped Traction Splint	1	1	<input type="checkbox"/> Full Pack of Electrodes	1	1
<input type="checkbox"/> ea. Faceshield masks	3	4	<input type="checkbox"/> Pillow	1	2	<input type="checkbox"/> Spare Paper	1	1
<input type="checkbox"/> OB Kits	2	2	<input type="checkbox"/> Body Bag	1	1	<input type="checkbox"/> AED Adaptor / Capn. Dummy	1	1
<input type="checkbox"/> Stuffed Animals for PEDS	1	4				<input type="checkbox"/> Capnography Adapter Pedi	1	1
<input type="checkbox"/> CPAP Tubing	1	1				<input type="checkbox"/> Capnography Function Check	1	1
<input type="checkbox"/> Suction Wide Mouth Tubing	1	1				<input type="checkbox"/> Capnography Adapter Adult	1	1
						<input type="checkbox"/> Adult Multi function pads	1	1
						<input type="checkbox"/> Razor	1	2