

OSF Saint Anthony Medical Center
Northern Illinois EMS System #121

ILS Equipment Inventory List
Effective 4/12/2006

Agency Name: _____ Unit: _____
 Agency Representative Present: _____
 EMS System Representative Present: _____
 Inspected by: _____

AIRWAY

<u>Required</u>	<u>On Hand</u>	<u>Description</u>	<u>Required</u>	<u>On Hand</u>
2	_____	Endotrol™ Tube 7.0	20	_____
2	_____	Endotrol™ Tube 6.0	1	_____
1	_____	ET Tube 9.0	1	_____
2	_____	ET Tube 8.0	1	_____
2	_____	ET Tube 7.5	1	_____
2	_____	ET Tube 7.0	1	_____
2	_____	ET Tube 6.0	5	_____
2	_____	ET Tube 5.0 Uncuffed	2	_____
2	_____	ET Tube 4.0 Uncuffed	1 set	_____
2	_____	ET Tube 3.5 Uncuffed	1 set	_____
2	_____	Laryngoscope Handle	1	_____
1	_____	Macintosh 4 Blade	2	_____
1	_____	Macintosh 3 Blade	2	_____
1	_____	Miller 4 Blade	2	_____
1	_____	Miller 1 Blade	2	_____
1	_____	Miller 0 Blade	1	_____
2	_____	End-Tidal CO ₂ Detectors	2	_____
2	_____	Posi-Tube		_____

INTRAVENOUS EQUIPMENT

<u>Required</u>	<u>On Hand</u>	<u>Description</u>	<u>Required</u>	<u>On Hand</u>
6	_____	1000mL Normal Saline	4	_____
4	_____	Macro Drip Tubing	4	_____
4	_____	Extension Tubing	4	_____
4	_____	IV start kits	4	_____
5	_____	Tourniquets	4	_____
1	_____	Short Arm Board (or equivalent)	4	_____
1	_____	Long Arm Board (or equivalent)	4	_____
4	_____	Assorted Tape (rolls)	2	_____
2	_____	#15 Jamshidi Bone Marrow Needles	2	_____

2 _____ #18 Jamshidi Bone Marrow Needles

2 _____

INFUSION EQUIPMENT

<u>Required</u>	<u>On Hand</u>	<u>Description</u>	<u>Required</u>	<u>On Hand</u>
5	_____	#25 Injection Needles	2	_____
5	_____	#19 or 21 Injection Needles	2	_____
2	_____	Tubex and/or Carpojet Syringes	2	_____
2	_____	TB Syringes		

MONITORING/DEFIBRILLATION/PACING EQUIPMENT

<u>Required</u>	<u>On Hand</u>	<u>Description</u>	<u>Required</u>	<u>On Hand</u>
1	_____	Cardiac Monitor with ability to cardiovert and pace	2	_____
12	_____	Electrode Pads, Adult	2	_____
2	_____	Defibrillation Pads, Adult*	2	_____
2	_____	Defibrillation Pads, Peds* (optional)	1	_____
2	_____	If no pads, then Defib Gel	Optional	_____

*If monitor uses a combination pacer/defibrillation style pad, then only 2 sets of combin

MEDICATIONS

<u>Required</u>	<u>On Hand</u>	<u>Description</u>	<u>Required</u>	<u>On Hand</u>
5	_____	Adenocard, 6mg	1	_____
2	_____	Albuterol, 2.5mg	3	_____
1	_____	ASA, 81mg (bottle)	1	_____
3	_____	Atropine, 1mg	2	_____
2	_____	Dextrose, 50% sol, 25g	5	_____
2	_____	Diphenhydramine, 50mg	2	_____
2	_____	Epi, 1:1,000, 1mg	1	_____
1	_____	Epi, 1:1,000, 30mg (optional)	2	_____
6	_____	Epi, 1:10,000, 1mg	2	_____
1	_____	Furosemide, 100mg	2	_____

Comments:

Corrective Actions:

1) _____

2) _____

3) _____

4)

5)

Date: _____

Description

Alcohol Swabs
Magill Forceps. Large
Magill Forceps, small
Stylet, large
Stylet, small
Stylet, neonate
Water-Soluble Lubricant Packages
Syringe, 10mL
Spare bulbs
Spare batteries
ET tube securing device or 1/2" tape
Bite Sticks
CombiTube
CombiTube Small Adult (optional)
OTN Cath, 14 GA (or larger)
3.0 ET Tube Adapter
Nebulizer Kits

Description

1 inch #24 OTN Cath
1 1/4 inch #22 OTN Cath
1 1/4 Inch #20 OTN Cath
1 1/4 Inch #18 OTN Cath
1 1/4 Inch #16 OTN Cath
1 1/4 Inch #14 OTN Cath
2 Inch #14 OTN Cath
#19 Butterfly Needles
#23 Butterfly Needles

Disposable Razors

Description

10-12ml Syringes

30-35ml Syringes

50-60ml Syringes

Description

Pacing Pads, Adult*

Pacing Pads, Peds* (optional)

Rolls ECG Paper

Spare electrode cables

Telemetry Capabilities

ation pads are required

Description

Glucagon, 1mg

Lidocaine, 2%, 100mg

Lidocaine Jelly

Morphine, 10mg

Narcan, 2mg

Nitroglycerine, 0.4mg (bottle)

Sodium Bicarb, 50mEq

Tetracaine

Valium, 10mg

Versed 10mg
