

Davidson County Emergency Services



Date: ____/____/____ Unit Number _____ Personnel Numbers _____ / _____ Shift: _____

JUMP BAG				
LARGE GREY POUCH (IO)			RED BAG (IV)	YELLOW BAG (DRUGS)
x /	2- YELLOW IO NEEDLES	x /	2- 14 GA ANGIOCATH	1-10cc SYRINGE (luer-lock)
x /	2- BLUE IO NEEDLES	x /	2-16 GA ANGIOCATH	2- 3cc SYRINGES
x /	2- IO STABILIZERS	x /	2- 18 GA ANGIOCATH	1- 1cc SYRINGE
x /	1- LIDOCAINE	x /	2- 20 GA ANGIOCATH	2- SALINE FLUSHES
	1- IO DRILL	x /	2- 22 GA ANGIOCATH	3- IM NEEDLES
x /	2- SALINE FLUSHES		2- 24 GA ANGIOCATH	2- ANTI STICK NEEDLES
	ALCOHOL PREPS	x /	1- ROLL 1" TAPE	1- ALBUTEROL
	PRESSURE INFUSOR		ALCOHOL PREPS	1- IPRATROPIUM
			BANDAIDS	1- ALBU/IPRA COMBIVENT
			IV TOURNIQUETS	1- ORAL GLUCOSE
	VIDEO LARYNGOSCOPE	x /	1- 1000cc NORMAL SALINE	1- EPI 1:1,000
x /	VIDEO BLADE 2	x /	2- SALINE LOCKS	3- AMIODARONE (450mg total)
x /	VIDEO BLADE 3D	x /	2- SALINE FLUSHES	1- BOTTLE ASPIRIN
	BLUE BAG (AIRWAY)	x /	TEGADERMS	1- NITROGLYCERINE TABLETS
	1- OPA 90mm			1- GLUCAGON
	1- OPA 100mm		FRONT LEFT CUBBY	1- PROMETHAZINE
	1- OPA 110mm		1- STETHOSCOPE	1- IV ONDANSETRON
	1- LARYNGOSCOPE HANDLE		1- GLUCOMETER	1- ODT ONDANSETRON
x /	1- 10cc SYRINGE	x /	1- GLUCOSE TEST STRIPS	1- MAG SULFATE
x /	1- PACK LUBRICATING JELLY		6- LANCETS	1- IV DIPHENHYDRAMINE
	1- ADULT MAGILL FORCEPS		BANDAIDS	4- KETOROLAC
x /	1- SIZE 3 MILLER BLADE		ALCOHOL PREPS	2- PITOCIN
x /	1- SIZE 4 MILLER BLADE		1- SHARPS SHUTTLE	1- NASAL SPRAY
x /	1- SIZE 3 MAC BLADE		1- SMALL ADULT BVM	
x /	1- SIZE 4 MAC BLADE		FRONT RIGHT CUBBY (MEDS)	ORANGE BAG (TRAUMA)
x /	1- 6.5 ET TUBE	x /	4- EPI 1:10,000	1- PARAMEDIC SHEARS
x /	1- 7.5 ET TUBE	x /	1- SODIUM BICARB	2- PNEUMO NEEDLES
x /	1- ET TUBE HOLDER	x /	1- CALCIUM CHLORIDE	1- VASELINE GAUZE
	1- ET CAPNO FILTER LINE	x /	1- NARCAN	1- CHEST SEAL
x /	1- BOUGIE (adult)	x /	1- ATOMIZER	2- CAT TOURNIQUETS
x /	1-EA NPA #26, 28, 30, 32	x /	1- LIDOCAINE	1- HEMOSTATIC GAUZE
	1- NASAL CANNULA	x /	1- ATROPINE	2- 8x10 DRESSINGS
	1- NON-REBREATHER	x /	1- D10%W	1- 1" ROLL OF TAPE
	1- AEROSOL MASK		BACK RIGHT CUBBY (AIRWAY)	2- ROLLS OF KLING
	1- NEBULIZER	x /	1- #4 i-GEL/ KING AIRWAY	2- TRIANGLE BANDAGES
	2- SPARE C BATTERIES		BACK POUCH	5- 4x4 GAUZE PADS
			1- BURN SHEET	
	GREY POUCH		1- TRAUMA DRESSING	CARBON MONOXIDE DETECTOR
	1- PULSE OX		GLOVES-SM,MED,LG,XL	ATTACHED ON OUTSIDE OF BAG
	1- BP CUFF		2- FACE SHIELDS	AND TESTED
	1- PENLIGHT		2- N-95 MASK	
			1- BIO-HOOP	
			1- T-Pod PELVIC BINDER	

COMPARTMENT TWO			ACTION AREA SHELF		
	2- SUCTION CANISTER, 1ea 800/1200	x /	1- MILLER #3		IV BOX
	1- ea. SUCTION CATHS	x /	1- MILLER #4		4- ea ANGIOCATHS
x /	# 8	x /	1-MACINTOSH #3	x /	#14
x /	#14	x /	1-MACINTOSH #4	x /	#16
	1- ea NG TUBE		1- O2 CHRISTMAS TREE	x /	#18
x /	#10 or #12		1- O2 WRENCH	x /	#20
x /	#16	x /	1- 10cc SYRINGE (luer-lock)	x /	#22
	1- 60cc SYRINGE (slip tip)		2-FACESHIELDS	x /	#24
x /	1- PACK LUBRICATING GEL	x /	1-CRICH KIT	x /	5- ANTI STICK NEEDLES
	2- SUCTION TUBING		1- PROTECTIVE EYE WEAR	x /	1- IV BAG CLAVE SPIKE
	1- SUCTION CONNECTOR		COMPARTMENT SIX (TOP)		4- IV TOURNIQUETS
x /	2- RIGID SUCTION TIP	x /	1- BVM infant		2- COHESIVE BANDAGES
	1- DCEMS PROTOCOLS	x /	1- BVM child	x /	1- NITRO TABS
		x /	1- BVM adult	x /	4- NITRO OINTMENT w/ruler
			1- ea MASKS	x /	1- BOTTLE ASPIRIN
	COMPARTMENT FOUR	x /	neonate #0		1- ROLL TAPE 1"
	1- ea ET TUBE	x /	infant #1	x /	BANDAIDS
x /	#2.5	x /	pediatric #2	x /	ALCOHOL PREPS
x /	#3.5	x /	small #3	x /	4- SALINE LOCKS
x /	#4.0	x /	medium #4	x /	4-SALINE FLUSHES
x /	#4.5	x /	large #5	x /	2- FEMALE LOCK-FEMALE LOCK
x /	#5.0		COMPARTMENT SIX (BOTTOM)	x /	4- TEGADERM
x /	#5.5	x /	4- ADULT NASAL CANNULA		PRISM GLUCOMETER w/ lancets
x /	#6.0	x /	4- ADULT NON-REBREATHER	x /	PRISM GLUCOMETER TEST STRIPS
x /	#6.5	x /	2- PED NASAL CANNULA		FORACARE GLUCOMETER
x /	#7.5	x /	2- PED MASKS	x /	FORACARE GLUCOMETER TEST STRIPS
x /	#8.0	x /	4- NEBULIZERS		COMPARTMENT EIGHT (BOTTOM)
		x /	2- ADULT AEROSOL MASKS	x /	2- 1cc SYRINGE (luer-lock)
		x /	2- PED AEROSOL MASKS	x /	4- 3cc SYRINGE
	1- ea. i-Gel AIRWAY		1- NASAL PLUGS (pack of 4)	x /	1- 10cc (luer-lock) SYRINGE
x /	#3		INHALATION THERAPY KIT	x /	2- 30cc SYRINGE
x /	#4	x /	3- IPRATROPIUM	x /	5- IM NEEDLES
x /	#5	x /	3- ALBUTEROL		1- ea ARM BOARD- adult/ped
		x /	3- ALBU/IPRA COMBIVENT	x /	1- BOX ALCOHOL PREPS
x /	1- ET TUBE HOLDER		CPR SEAT	x /	1- BOX BAND-AIDS
x /	1- PACK LUBRICATING GEL		4- RED HAZ-MAT BAGS	x /	1- BOX LANCETS
	1- ea OPA		1- URINAL	x /	4- IV SET-UPS, 10ggt
	# 50, 60, 80, 90, 100, 110		1- BED PAN	x /	1- IV SET-UP, 60ggt
	1- ea NPA		1- BODY BAG	x /	1- DIAL-A-FLOW
	# 14, 22, 26, 28, 30, 32		1- EMERGENCY BLANKET	x /	1-BOX TEGADERM
			1- ADULT FOIL BLANKET		COMPARTMENT TEN
			COMPARTMENT EIGHT (TOP)	x /	2- 1000cc LACTATED RINGERS
		x /	4- 1000-cc N/S		BURN RESOURCES CHART
		x /	6- 250-cc N/S	x /	1- OXYGEN HUMIDIFIER
		x /	1-PRESSURE INFUSOR		1- MCI BLEEDING CONTROL KIT
				x /	2- STROKE KITS
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	ACTION AREA SHELF	x /	1- EPI- 1:1000 1mg		PHENYLEPHRINE KIT
	UNIT SUCTION OPERATIONAL	x /	6- EPI- 1:10,000 1mg	x /	1- PHENYLEPHRINE
x /	1- RIGID SUCTION TIP w/TUBING	x /	1- PED IBUPROFEN SUSP		3- LABELED PHENYL SYRINGES
	SURGICAL CLIPPERS		(4 w/syringe)		1- 3cc SYRINGE
x /	1- CLIPPER BLADE	x /	1- GLUCAGEN		3- IM NEEDLE
	1- BOX KLEENEX	x /	4- HALOPERIDOL		1- MED ADDED LABEL
	1- BP CUFF	x /	6- IBUPROFEN		C-SPINE
	1- STETHOSCOPE	x /	1-3 AMIODARONE (450mg total)		1- CARRYING CASE
	COMPARTMENT TWELVE	x /	2- 100cc D5W		6- ADULT COLLARS
	8-ea SHOE COVERS	x /	1- 250cc D5W		4- PED COLLARS
	2- ea N95 MASKS, S/M	x /	3- LIDOCAINE		4- ADULT IMMOBILIZERS
	4- ea ISOLATION GOWNS	x /	1- LIDOCAINE DRIP 4:1		4- PED IMMOBILIZERS
	4- ea SURGICAL MASKS	x /	2- MAG SULFATE 5g		2- INFANT IMMOBILIZERS
	COMPARTMENT FOURTEEN (TOP)	x /	1- PED ACETAMINOPHEN, liquid		
	1- BOX ZIPLOC BAGS	x /	3- NARCAN		NARCOTIC BOX
	1- THIGH BP CUFF	x /	1- ORAL GLUCOSE	x /	MORPHINE SULFATE
	2- OB KITS	x /	2- SALINE FLUSHES	x /	LORAZEPAM (refrigerator)
x /	1- PED SILVER THERMAL BLANKET	x /	3- SODIUM BICARBONATE	x /	MIDAZOLAM
x /	4- HOT PACKS	x /	3- SOLU-MEDROL	x /	FENTANYL
x /	6- COLD PACKS	x /	2- ATOMIZERS	x /	KETAMINE
	2- PAIR PATIENT RESTRAINTS		1- MEDICATION ADDED LABELS	x /	1- ATOMIZER
	COMPARTMENT SIXTEEN (TOP)		1- BOTTLED WATER		1- 1cc LUER LOCK SYRINGE
	1- BAG KLING 4"				1- 3cc SYRINGE
	1- BOX 4x4s		N & V KIT		1- 10cc LUER LOCK SYRINGE
x /	1- PACK VASELINE GAUZE	x /	3-ONDANSETRON ODT		1- IM NEEDLE
	1- PARAMEDIC SHEARS	x /	3-ONDANSETRON IV		NCEMS AIRWAY EVAL FORM
	1- HEMOSTATS	x /	2-PROMETHAZINE		
x /	2- TRAUMA DRESSINGS	x /	2-DROPERIDOL		CPAP BAG
x /	2- BURN SHEETS			x /	2-CPAP TUBING w/NEB
	4- TRIANGULAR BANDAGES		AMIODARONE DRIP	x /	2- LARGE ADULT MASK
	4- 8x10 DRESSING	x /	AMIODARONE (450mg total)	x /	2-MEDIUM MASKS
	1-RING CUTTER	x /	100cc D5W	x /	1-SMALL MASK
	1-1" TAPE	x /	1- 3cc SYRINGE		
	1-2" TAPE	x /	1- 10gtt DRIP SET		RSI KIT
	4- ELASTIC WRAPS		2- MED ADDED LABELS		1- 30cc SYRINGE w/needles
	COMPARTMENT SIXTEEN (BOTTOM)	x /	250cc D5W		1- 10cc SYRINGE w/needles
x /	6- ACETAMINOPHEN	x /	1- 10cc SYRINGE		
x /	5-ADENOSINE	x /	1- 60gtt DRIP SET		REFRIGERATOR
x /	3- ATROPINE	x /	1- IM NEEDLE	x /	
x /	3- DIPHENHYDRAMINE INJ		EPINEPHRINE DRIP	x /	2- ROCURONIUM
x /	2- DIPHENHYDRAMINE, 12.5mg oral	x /	1- 1:1000 EPINEPHRINE	x /	2- DILTIAZEM (50mg minimum)
x /	2- CALCIUM CHLORIDE	x /	1- 1cc SYRINGE	x /	1- DILTIAZEM DRIP
x /	1- NASAL SPRAY	x /	1- IM NEEDLE		LORAZEPAM (see narcotic above)
x /	2- TRANEXAMIC ACID	x /	250cc NS		WALL COMPARTMENT
x /	2- CEFAZOLIN w/sterile water	x /	1- 60gtt DRIP SET		1- BOX ea SIZE GLOVES S,M,L,XL
x /	3- DEXTROSE 10%		1- MED ADDED LABEL		THERMOMETER w/COVERS
x /	2- IV ACETAMINOPHEN				

[illegible]

	**** ON THE 1st, 2nd, 3rd OF EACH MONTH: ****				
	RUN <i>MONTHLY</i> MONITOR DIAGNOSTIC CHECK, PRINT AND ATTACH <i>MONTHLY</i> TEST LOG				
	RECORD EXPIRATION DATES FOR ALL EXPIRABLES				
	**** ON THE 1st ONLY****				
	ROTATE MEDS IN CABINET AND BAGS SO THAT EARLIEST EXPIRING MEDS ARE USED FIRST				
	ROTATE MONITOR BATTERY				
	CHECK IO DRILL-- pull trigger, confirm green LED				
	IF ANY ITEM REQUIRES REPAIR/REPLACEMENT, AFFIX REPAIR TAG w/DESCRIPTION AND SEND TO LOGISTICS				
	COMMENTS OR MISSING ITEMS WHICH YOU WERE UNABLE TO REPLACE:				
	DRIVER SIGNATURE: _____				
	ATTENDANT SIGNATURE: _____				