DAVIDSON COUNTY EMERGENCY SERVICES

QRV Unit #:_____ Date:__/__/__ Shift: ___ Personnel:_____

QRV EQUIPMENT CHECKOFF

JUMP BAG

TOP w/ COUNTY PATCH

- ADULT BP CUFF
- PEDIATRIC BP CUFF
- STETHOSCOPE
- PENLIGHT

GLUCOMETER POUCH

- GLUCOMETER
- / TEST STRIPS
- / LANCETS
- / ALCOHOL PREPS
- / BANDAIDS
- 1-PULSE OX
- THERMOMETER and Covers

BACK PLATE POUCH

- 1 - BURN SHEET
- 1 - TRAUMA DRESSING
- 1 - FACESHIELD
- 1- COLD PACK
- 1 - BIOHOOP
- BROSLOW TAPE

LEFT POUCH INSIDE BAG

- 2 - 4X4's
- 2 - 8X10 PADS
- 1 - PARAMEDIC SHEARS
- 1- CAT TOURNIQUETS
- / 2 - PNEUMO NEEDLES
- 2 - 4" KLING
- 2 - TRIANGLE BANDAGES
- / 1 - HEMOSTATIC GAUZE
- 1 - 1" ROLL OF TAPE
- / 1 - 250cc NACL
- 1 - 10gtt IV SET
- 1 - 60gtt IV SET

RIGHT POUCH INSIDE BAG

- LARYNGOSCOPE HANDLE
- / 1 - 2.5 ET ETUBE
- / 1 - 3.5 ET TUBE
- / 1 - 4.5 ET TUBE
- / 1 - 6.0 ET TUBE
- / 1 - 6.5 ET TUBE
- / 1 - 7.5 ET TUBE
- / 1 - TUBE HOLDER ADULT/PED
- / 1 - #2 KING AIRWAY
- / 1 - #4 KING AIRWAY

RIGHT POUCH INSIDE BAG (CONT.)

- / 1 - MILLER #3 BLADE
- / 1 - MILLER #4 BLADE
- / 1 - MACINTOSH #3 BLADE
- / 1 - MACINTOSH #4 BLADE
- 2 - SPARE BATTERIES
- 1 - MAGILL FORCEPS ADULT
- 1 - MAGILL FORCEPS PED
- 1 - 10cc SYRINGE

BLACK/RED TEAR AWAY BAG

- / 1 - GLUCAGON
- / 1 - BOTTLE OF ASPIRIN
- AMIODARONE (300mg)
- / 1 - BOTTLE OF NITRO TABLETS
- / 1- NITRO PASTE w/ RULER
- / 1 - DIPHENHYDRAMINE INJ
- / 1 - EPI 1:1,000
- / 2 - EPI 1:10,000
- / 1 - ONDANSETRON ODT
- / 1 - SOLU-MEDROL
- / 1 - SODIUM BICARB
- / 3 - ADENOSINE
- / 1 - PACK OF IBUPROFEN
- / 1- D10W or D-50
- / 1 - CALCIUM CHLORIDE
- / 2 - NARCAN
- / 1 - ATOMIZER
- / 2 - ATROPINE
- / 1- LIDOCAINE
- / 1 - IPRATROPIUM
- / 1 - ALBUTEROL
- / 2 - COMBIVENT
- / 1 - ORAL GLUCOSE

BOTTOM OF BAG

- 1 - ADULT BAG VALVE MASK
- W/EXTRA MASK
- / 1 - BOUGIE ADULT
- / 1 - BOUGIE PED
- OB KIT

FRONT FLAP

- 3 - IM NEEDLES
- 1 - 1cc SYRINGE (luer-lock)
- 2 - 3cc SYRINGES
- 1- 10cc SYRINGE (luer-lock)

FRONT FLAP (CONT.)

- SHARPS SHUTTLE
- / 1 - SALINE FLUSH
- / 1 - VASELINE GAUZE
- / 1 - CHEST SEAL KIT
- 1 - 2" ROLL OF TAPE

GREEN BAG (OPEN JUMP BAG)

- 1 - ADULT NRB
- 1 - PED NRB
- 1 - ADULT NC
- 1 - PED NC
- 1 - NEBULIZER
- 1 - ADULT AEROSOL MASK
- 1 - BULB SUCTION

RED BAG (OPEN JUMP BAG)

- EZ-IO DRILL
- / 1 - (YELLOW) LARGE ADULT
- / 1 - (BLUE) ADULT / CHILD
- / 1 - (PINK) INFANT
- / 1- STABILIZER
- 1 - 1" ROLL OF TAPE
- / 2 - SALINE FLUSHES
- / 2 - SALINE LOCKS
- / 2 - EACH IV CATHS 18G, 20G
- / 20G,22G
- / ALCOHOL PREPS
- / TEGADERMS
- 2 - TOURNIQUETS

YELLOW BAG (OPEN JUMP BAG)

- 1 - EACH OPA 50
- 1 - EACH OPA 60
- 1 - EACH OPA 80
- 1 - EACH OPA 90
- 1 - EACH OPA 100
- 1 - EACH OPA 110
- 1 - EACH NPA 14
- 1 - EACH NPA 22
- 1 - EACH NPA 26
- 1 - EACH NPA 30
- / 1 - LUBRICATING GEL

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NARCOTIC BOX	
/	MORPHINE SULFATE
/	LORAZEPAM (in cooler)
/	MIDAZOLAM
/	FENTANYL
/	1 - LUBRICATING GEL
/	1 - ATOMIZER
	1- 1cc LUER LOCK SYRINGE
	1- IM NEEDLE

CERVICAL COLLAR BAG	
	2 - ADULT C-COLLARS
	2 - PEDS C-COLLARS

CARDIAC MONITOR	
MONITOR (TOP REAR POUCH)	
	PULSE OX CABLE (adult & ped))
	PED PULSE OX SENSOR (2 types)
x /	1- PACK NAIL POLISH REMOVER
	1- EKG PAPER
MONITOR (BOTTOM REAR POUCH)	
	CUFFS, LG AD, PED, LG AD LONG
	1- EKG PAPER
MONITOR (RIGHT ZIPPER POUCH)	
x /	ADULT DEFIB PADS
x /	PEDIATRIC DEFIB PADS
	ADULT CAPNO CANNULA
	CAPNO FILTER LINE
	ON-SCENE PROTOCOL

MONITOR (RIGHT FLAP POUCH)	
	ADULT ELECTRODES
	2- PACKS PED ELECTRODES
	DISPOSABLE CUFFS
	ADULT DISPOSABLE BP CUFF
	CHILD DISPOSABLE BP CUFF
	INFANT DISPOSABLE BP CUFF
	ADULT LARGE BP CUFF
	ADULT X-LONG BP CUFF
	1 - SURGICAL CLIPPER
	2 - CLIPPER BLADES
	LP35 TEST LOAD
	MONITOR PAIRING INST

CPAP BAG	
/	1 - LARGE CPAP MASK
/	1 - MEDIUM CPAP MASK
/	1 - SMALL CPAP MASK
/	1 - CPAP TUBING

ME BOX	
	RULERS
	TAPE MEASURE
	FLUID KITS
/	18ga NEEDLES
/	21ga NEEDLES
/	3.5in SPINAL NEEDLES
/	6in SPINAL NEEDLES
/	10cc SYRINGES
/	30cc SYRINGES
	SECURITY SEALS

PHENYLEPHRINE KIT	
x /	1- PHENYLEPHRINE
	3- LABELED PHENYL SYRINGES
	1- 3cc SYRINGE
	1- SPIKE CONNECTOR
	1- MED ADDED LABEL

REAR OF QRV	
/	FIRE EXTINGUISHER (CHECK GAUGE)
	SHARPS BOX
	TYVEK SUIT (ASSORTED)
/	1 - SURGICAL CRICH KIT
	RED BIO BAGS
	1 - SUPERCON
	1 - DISINFECTANT WIPES
	TOWELS
	2- BODY BAG
	1 - SURGICAL MASK
	1 - O2 TANK w/REGULATOR

SUCTION UNIT	
	1 - WATER BOTTLE
/	1 - SUCTION TUBING
/	1 - 14FR SUCTION CATH
/	1 - RIGID SUCTION

COOLER	
/	1- DILTIAZEM
	LORAZEPAM (see narcotic list)

	1- T-Pod Pelvic Binder
x /	PED/INFANT Sp02 SENSORS (2 TYPES)
	Sp02 + SpCO SENSORS (ADULT & PED)

	CARBON MONOXIDE DETECTOR ATTACHED ON OUTSIDE OF BAG AND TESTED

	VIDEO LARYNGOSCOPE
/	VIDEO BLADE 2
/	VIDEO BLADE 3

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QRV FRONT CHECKOFF

_____ **STARTING MILEAGE_____**
_____ **BRAKES WORK PROPERLY?**
_____ **PARKING BRAKE WORKING?**
_____ **STEERING CONNECT. TIGHT?**
_____ **DOORS/WINDOWS WORK?**
_____ **SPEEDOMETER**
_____ **OIL PRESSURE GAUGE**
_____ **HEAT INDICATOR**
_____ **FUEL GAUGE WORKING?**
_____ **FUEL LEVEL**
_____ **HORN WORK PROPERLY?**
_____ **SIREN WORK PROPERLY?**
_____ **WINDSHIELD WIPERS WORK?**
_____ **SEATBELTS WORK?**
_____ **HEATER / AC WORK?**
_____ **FUEL KEY ON UNIT**
_____ **GARAGE DOOR OPENER**
_____ **FLASHLIGHT w/CHARGER**
_____ **PORTABLE RADIO w/CLIP**
_____ **CELL PHONE w/CASE**
_____ **GARMIN GPS w/MOUNT**
_____ **TRIAGE BAG w/TAGS**
_____ **SM, MED, LG, XL GLOVES**
_____ **LAPTOP**

_____ **MAP BOOK**
_____ **DOT EMERG. RESPONSE GUIDE**
_____ **PROTOCOL BOOK**
_____ **HAND SANITIZER**
_____ **RADIO CHECK**
_____ **MOTOR OIL LEVEL PROPER?**
_____ **AMOUNT OF OIL ADDED?**
_____ **COOLING SYSTEM FULL?**
_____ **VISUALLY CHECK ALL HOSES**
_____ **VISUALLY CHECK ALL BELTS**
_____ **POWER STEERING LEVEL PROPER**
_____ **TRANSMISSION LEVEL PROPER**
_____ **WINDSHIELD WASHER FULL**
_____ **BATTERY CONNECTIONS**
_____ **BRAKE FLUID FULL?**
_____ **HEADLIGHTS (HIGH-BEAM)**
_____ **HEADLIGHTS (LOW-BEAM)**
_____ **PARKING LIGHTS**
_____ **TURN SIGNAL LIGHTS**
_____ **ALLEY / TAKEDOWN LIGHTS**
_____ **BRAKE LIGHTS**
_____ **BACKUP LIGHTS**
_____ **EMERGENCY LIGHTS**

_____ **LEFT FRONT TIRE GOOD FAIR POOR**
_____ **LEFT REAR TIRE GOOD FAIR POOR**
_____ **RIGHT FRONT TIRE GOOD FAIR POOR**
_____ **RIGHT REAR TIRE GOOD FAIR POOR**

_____ **CLIPBOARD / PCR BOOK**
_____ **PCRs**
_____ **SUPPLEMENT SHEETS**
_____ **REFUSAL FORMS**
_____ **PATIENT DISCHARGE INSTRUCT**
_____ **PATIENT CARE SIGNATURE FORMS**
_____ **NOTICE OF PRIVACY POLICY**
_____ **DOA FORMS**
_____ **PRE-HOSPITAL STROKE SCREEN**
_____ **AMI SCREEN FORM**
_____ **CONTROLLED MED USAGE FORM**
_____ **EXTRA DRUG CARDS**
_____ **EXPOSURE FORMS**
_____ **NCEMS AIRWAY EVAL FORMS**

****** ON THE 1st , 2nd , and 3rd OF EACH MONTH ******
RUN *MONTHLY* ***MONITOR DIAGNOSTIC CHECK***
On 1st ONLY, ROTATE MONITOR BATTERY WITH THE SPARE
RECORD EXPIRATION DATES FOR ALL EXPIRABLES, INCLUDING PEDS BAG

NOTES OR MISSING ITEMS THAT YOU WERE UNABLE TO REPLACE:_____
_____
_____
_____
_____
_____

PERSONNEL SIGNATURE:_____

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