Northwestern Medicine - Delnor Hospital

Southern Fox Valley Emergency Medical Services System

300 Randall Rd.

Geneva, IL 60134

# Non-Transport/Ambulance Assist Inspection Form

DEPARTMENT NAME UNIT I.D. # INSPECTION DATE VEHICLE LICENSE #

 Level of Service: \_\_\_\_\_ \_\_\_\_\_

VEHICLE IDENTIFICATION # F/R BLS ALS

Meets IDPH Requirements

## First Responder Supplies (Additions to IDPH List)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] | ADHESIVE BANDAGES (5) | [ ] | RING CUTTER |
| [ ] | CONTAMINATION BAG (2) | [ ] | DECONTAMINATION SOLUTION |
| [ ] | PROTOCOL BOOK (Appropriate Level) | [ ] | AMMONIA INHALANT (optional) |
| [ ] 20 | SMART Triage Tags or Kit | [ ] 1 | Tourniquet |
| [ ] 1 | Hemostatic agent \_\_\_\_\_\_\_\_ | [ ] 1 | King Airway (Size 4) \_\_\_\_\_\_\_ **OR**Igel (sizes 1, 1.5, 2, 3, 4, 5) |
| [ ] | PULSE OXIMETER (optional) | [ ] | Blood Glucose Monitor Kit |
| [ ] 4 | ASPIRIN 80-81 mg \_\_\_\_\_\_\_\_\_\_\_ (baby) | [ ] | Disposable Needle Contamination Box |
| [ ] 1 | Oral Glucose \_\_\_\_\_\_ (1 tube/4 tablets) | [ ] 2 | MADD \_\_\_\_\_\_\_\_\_\_ |
| [ ] 1 | Narcan (4 mg total) \_\_\_\_\_\_\_\_ |  |  |

## Basic Support Supplies (Additions to IDPH List)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] 2 | DuoNeb \_\_\_\_\_\_\_\_\_\_ | [ ] 1 | Hand Held Nebulizer |
| [ ] 1 | Glucagon 1mg vial \_\_\_\_\_\_ | [ ] 2 | ODT Zofran \_\_\_\_\_\_\_\_ |
| [ ] | C-PAP (optional) | [ ] 2 | IM Needles  |
| [ ] 2  | Syringes (10 - 20 mL) | [ ] 3 | Acetaminophen 325 PO \_\_\_\_\_\_\_\_\_\_ |
| [ ] 2 | Diphenhydramine 25 mg PO \_\_\_\_\_\_\_\_\_\_ | [ ] 1 | Nitro 0.4 table/bottle \_\_\_\_\_\_\_\_\_\_\_ |
| [ ] 1 | 1 Epi 1:1 mL (if non ALS) \_\_\_\_\_\_\_\_\_\_ | [ ] 1 | Filter Straw \_\_\_\_\_\_\_\_\_\_  |
|  | **Paramedic Supplies** |  |  |
|  |  |  |  |
|  | **MONITOR AND SUPPLIES** | IV TUBING, EQUIPMENT AND FLUIDS |
| [ ] | MONITOR / DEFIBRILLATOR  | [ ] 1  | MINI-DRIP TUBING WITH 2 Y INJECTION SITES |
| [ ] | ELECTRODES | [ ] 2  | REGULAR TUBING WITH 2 Y INJECTION SITES |
| [ ] | SPARE ECG CABLES | [ ]  | INTRAOSSEOUS NEEDLES (1 Adult / 1 Peds) |
| [ ] 1 | Adult Defibrillation Pads or paddles with gel | [ ] 1  | 0.9 NaCl 100 mL \_\_\_\_\_\_\_\_\_\_\_ |
| [ ] | EXTRA ECG PAPER | [ ] 1  | 0.9 NaCl 250 mL \_\_\_\_\_\_\_\_\_\_\_ |
| [ ] 1 | Peds Defibrillation Pads or paddles with gel | [ ] 2  | 0.9 NaCl 1000 mL \_\_\_\_\_\_\_\_\_\_\_ |
| [ ] 1 | Adult High Flow NC |  |  |
|  |  |  |
|  | **AIRWAY MANAGEMENT KIT** |  |  |
| [ ] | LARYNGOSCOPE HANDLES |  | 1 ADULT 1 PEDIATRIC |
| [ ] | ADULT BLADES |  |  2 Straight 2 Curved |
| [ ] | PEDIATRIC BLADES |  |  2 Straight |
| [ ] | 1 ea. ET TUBES SIZES 3-9 | [ ] | LUBRICATING JELLY |
| [ ] 1 | MAGILL FORCEPS – large | [ ] 1 | MAGILL FORCEPS – small |
| [ ] 2 | SPARE BATTERIES (per handle) | [ ] | RESTRAINING DEVICE |
| [ ] 1  | SYRINGE (10cc – 20cc) | [ ] 1 | Bougie |
| [ ] 1  | SCALPEL  | [ ] 1 | Posi-Tube |
|  |  |  |  |

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Advanced Life Support Medications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEDICATIONS |  |  |  |  |
| Total |  |  | Total  |  |
| **[ ]**  | **ADENOSINE**  **18 mg \_\_\_\_\_\_** |  | **[ ] 1** | **LIDOCAINE****100mg / 5mL \_\_\_\_\_\_\_\_** |
| **[ ] 3** | **AMIODARONE****150 mg \_\_\_\_\_\_\_\_** |  | **[ ] 1** | **MAG SULFATE (Pre-mix)****2Gm \_\_\_\_\_\_\_\_** |
| **[ ] 1** | **ATROPINE****1 mg 10mL preload \_\_\_\_\_\_\_** |  | **[ ] 1** | **MIDAZOLAM (versed)****10 mg total (IN/IM Dose) \_\_\_\_\_** |
| **[ ] 1** | **BENZOCAINE SPRAY****(HURRICANE) \_\_\_\_\_\_\_\_** |  | **[ ] 2** | **MIDAZOLAM (versed)****5 mg (IVP/IO Dose) \_\_\_\_\_\_** |
| **[ ] 1** | **DEXTROSE 10% (25 g/250mL) \_\_\_\_\_\_\_\_** |  | **[ ] 1** | **TETRACAINE HCl****0.5% ml drops \_\_\_\_\_\_\_\_** |
| **[ ] 1** | **DIPHENHYDRAMINE****50mg/2mL \_\_\_\_\_\_\_\_\_** |  | **[ ] 1** | **TORADOL** **30 mg \_\_\_\_\_\_\_** |
| **[ ] 2** | **EPINEPHRINE****1:1 mL (amp) \_\_\_\_\_\_\_\_** |  | **[ ] 1** | **VERAPAMIL****5 mg/ 2 mL \_\_\_\_\_\_\_** |
| **[ ] 4** | **EPINEPHRINE** **1:10mL \_\_\_\_\_\_\_** |  | **[ ] 1** | **ZOFRAN****4 mg/ 2 mL \_\_\_\_\_\_\_** |
| **[ ] 2** | **ETOMIDATE****40 mg/ 20mL \_\_\_\_\_\_\_** |  |  |  |
| **[ ] 2** | **FENTANYL****100 mcg/2 mL \_\_\_\_\_\_\_** |  |  |  |
| **[ ] 1** | **Ketamine** **500 mg** |  |  |  |
|  |  |  |  |  |

# Comments

DEPARTMENT REPRESENTATIVE SYSTEM REPRESENTATIVE