

### Emergency Supplies Inventory Checklist

- ▶ **Print name and sign name and initials.**
- ▶ **Document day of month and initials when equipment is verified to be in working order, medications are within expiration dates, oxygen tank is full and medication dosage chart is present.**

YEAR \_\_\_\_\_

Dr. Name \_\_\_\_\_

<b>Supplies and Equipment</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>AU</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Document Day in columns under month												
Oxygen (At Least ¾ FULL)												
Population appropriate (Infant/Peds/Adult) Nasal Cannula/Face Mask/Bulb syringe/Oral Airways/Ambu bag												
<b>Emergency Medications</b>												
Epinephrine 1:1000 Naloxone Chewable Aspirin 81 mg Nitro Spray or tablet Bronchodilator medication(solution for nebulizer or metered dose inhaler) Glucose Benadryl 25mg oral or 50mg/ml IM inj												
Tb Syringes (safety syringes) Appropriate size safety needle/syringes												
Alcohol Wipes												
Dosage Chart												

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Initials** \_\_\_\_\_

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