MINNESOTA
STATEWIDE TRAUMA SYSTEM

20.1 (L4)/29.1 (L3) Required Equipment Checklist and Attestation

Hospital: _____

Ambulance Garage/ Decontamination / Helipad

Equipment	Description	Yes	No	Location
*Decontamination supplies & equipment				
*Helipad				

Emergency Department (ED) / Triage/ Trauma Bays

Equipment	Description	Yes	No	Location
Trauma Team Activation Criteria	Activation indicators must be readily available in locations where a trauma patient is likely to be initially encountered (e.g., ED trauma bay, Triage and EMS radio).			
Communication with EMS	Radio communication			
Drugs necessary for emergency trauma care	RSI drugs, analgesics, sedatives			
*Ultrasound	Portable device for FAST exam and IV placement			
*Video laryngoscopy	Pediatric wand Adult wand			
PPE	Gloves, masks w/ face shield (or separate face shield), gowns Variety of sizes			
Airway control & ventilation equipment	Infant BVM, Child BVM, Adult BVM ETT sizes 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0 m *supraglottic airways (e.g., LMA, King, i-gel) laryngoscope and blades sizes 1-3 OPAs 50, 60, 70, 80 mm. or NPAs.			
Pulse oximetry	Infant probe, Child probe, Adult probe			
Suction devices and supplies	Catheters 6, 8, 10, 14 Fr.			

*** Not required**
**** If hospital admits pediatric patients.**

Emergency Department (ED) / Triage/ Trauma Bays (continued)

Equipment	Description	Yes	No	Location
EKG monitor and defibrillator	Adult and Pediatric Crash Carts. EKG and Defibrillator Defibrillation pads (Adult/Pediatrics)			
Crystalloid IV fluids and administration sets				
IV catheters	Sizes: 14, 16, 18, 20, 22 gauge			
Mechanism for IV flow-rate control	Infusion pump			
IO needles and administration sets	Pediatric, Adult and Bariatric sizes			
Arterial tourniquet				
Supplies for surgical airway	Pediatric and Adult			
Supplies for thoracostomy	Chest tubes: Ensure a minimum of one of each size from each category the length-based tape. Range of sizes from 10 to 32FR., *36 Fr. *(preferred)*			
Nasal & oral gastric tubes	NG: range of sizes from 8 – 18 Fr. Ensure a minimum of one of each size from each category the length-based tape.			
Cervical collars	Infant, Child, Adult			
Mechanism for pelvic stabilization	Commercial binder or sheets and clips			
Pediatric length-based resuscitation tape or reference manual				
Mechanism to warm fluids Warming cabinet for IV fluids or inline fluid warmer	Warming cabinet for IV fluids or Inline warmer			
Mechanism to warm patients: Blanket warmer or overhead radiant heater	Blanket warmer or overhead, radiant heat May include Bair Hugger			
Rapid IV fluid infuser (e.g., pressure bag)	Pressure bags or mechanical infusion device			
Quantitative end-tidal CO_2				

*** Not required**
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Radiology - In the CT room.

Equipment	Description	Yes	No	Location
Airway control and ventilation equipment	Infant BVM, Child BVM, Adult BVM Oral airways (variety of sizes infant to adult) or Nasal Airways (variety of sizes infant to adult)			
Suction device & supplies	Pediatric suction catheter Adult suction catheter (ex. Yankauer) Suction tubing long enough to reach patient.			

Laboratory / Blood bank

Equipment	Description	Yes	No	Location
O negative blood	In-house blood bank stocked with O-negative blood			
Emergency Blood release form*	Emergency release of uncross matched O-negative blood forms/instructions, if lab offsite			

Inpatient Unit

Equipment	Description	Yes	No	Location
Equipment for monitoring and resuscitation	Adult and **pediatric crash carts EKG and defibrillator Defibrillation pads (adult/**pediatrics)			

I verify that the equipment listed in this document is present in the areas of the hospital identified.

Name (Print)	**Title (Print)**	**Signature**	**Date**

*** Not required**
**** If hospital admits pediatric patients.**

Operating Room (Only required for Level 3)

Equipment	Description	Yes	No	Location
Mechanism to warm a patient	Blanket warmer Radiant heat Bair Hugger			
Mechanism to warm IV fluids	IV fluid warming cabinet Inline fluid warmer			
X-ray capabilities including c-arm intensifier				
Rapid infuser system	Pressure bag or mechanical infusion device			

Post Anesthesia Recovery (Only required for Level 3)

Equipment	Description	Yes	No	Location
Equipment for monitoring and resuscitation	Adult and **pediatric crash carts EKG and defibrillator Defibrillation pads (adult/**pediatrics)			
Pulse oximetry	Adult and **pediatric probes			
Mechanism to warm patients	Blanket warmer or mechanical mechanism for thermoregulation (i.e., Bair Hugger)			
Mechanism to warm IV fluids	Warming cabinet Inline fluid warmer			

*** Not required**
**** If hospital admits pediatric patients.**

Intensive Care Unit (Only required for Level 3)

Equipment	Description	Yes	No	Location
Equipment for monitoring and resuscitation	Adult and **pediatric crash carts EKG and defibrillator Defibrillation pads (Adult/**Pediatrics)			
Ventilator (not transport ventilator)	Located or accessible to ICU.			

I verify that the equipment listed in this document is present in the areas of the hospital identified.

Name (Print)	**Title (Print)**	**Signature**	**Date**

*** Not required**
**** If hospital admits pediatric patients.**