

Required Equipment Checklist and Attestation

Hospital:

Emergency Department

| Equipment | Description | Yes | No | Notes |
|--|--|-----|----|-------|
| 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 mm *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. | | | |
| 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) | | | |

* Not required



| Equipment | Description | Yes | No | Notes |
|---|--|-----|----|-------|
| Drugs necessary for emergency trauma care | RSI drugs, analgesics, sedatives | | | |
| 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 | | | | |
| *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 | | | |
| *Decontamination supplies & equipment | | | | |
| Communication with EMS | Radio communication | | | |
| 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). | | | |

* Not required



Radiology - In the CT room.

| Equipment | Description | Yes | No | Notes |
|--|---|-----|----|-------|
| Airway control and ventilation equipment | Pediatric 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 | Notes |
|----------------------------------|--|-----|----|-------|
| 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 | | | |

Operating Room (Only required for Level 3)

| Equipment | Description | Yes | No | Notes |
|---------------------------------|--|-----|----|-------|
| | Blanket warmer | | | |
| Mechanism to warm a patient | 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 | | | |

* Not required



Post Anesthesia Recovery (not required for Level 3, ICU acceptable)

| Equipment | Description | Yes | No | Notes |
|--|--|-----|----|-------|
| 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 | | | |

Intensive Care Unit (not required for Level 4)

| Equipment | Description | Yes | No | Notes |
|--|--|-----|----|-------|
| 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. | | | |

Inpatient Unit

| Equipment | Description | Yes | No | Notes |
|--|--|-----|----|-------|
| 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