

# SECTION OF EMS AND TRAUMA SYSTEMS

## REQUIRED PARAMEDIC EQUIPMENT INSPECTION LIST

SERVICE I.D. \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_ BODY TYPE (T1) (T2) (T3) RESCUE  
 VIN \_\_\_\_\_ MODEL YEAR \_\_\_\_\_ FD CH DD INT OTHER  
 DECAL \_\_\_\_\_-PA VEHICLE LICENSE NUMBER \_\_\_\_\_ INSPECTOR'S INITIALS \_\_\_\_\_

STRETCHER, ELEVATING	____(1)	** MAST TROUSERS	____(1)
BANDAGE/EMT SHEARS	____(1)	IV START SETS/TOURNIQUET	____(6)
HEMOSTAT	____(1)	IV CATH 16ga	____(3)
WINDOW PUNCH/ENTRY DEVICE	____(1)	IV CATH 18ga	____(3)
SCALPEL	____(1)	IV CATH 20ga	____(3)
B/P CUFF/MANOMETER(Infant, Child, Adult, & Lg. Adult) ____ (1 ea.) by Oct 2008		IV CATH 22ga	____(3)
STETHOSCOPE	____(1)	IV CATH 24ga	____(3)
EXAM GLOVES	____(1 BOX)	SYRINGE 1cc	____(1)
ANTISEPTIC HAND CLEANSER	____(1)	SYRINGE 3/5cc	____(3)
ISOLATION KITS	____(2)	SYRINGE 10/12cc	____(3)
NEBULIZER	____(1)	SYRINGE 60cc	____(1)
BETADINE SOLUTION	____(1 BOTTLE)	NEEDLE 18ga	____(6) <b>OR</b>
O B KIT	____(1)	<b>Demonstrate ability to administer IM, SQ and IV piggy back</b>	
INTRAOSSEOUS NEEDLES(Pedi)	____(2)	EMESIS BASIN OR EQUIVALENT	____(1)
STERILE GLOVES	____(4 PAIR)	CRIC KIT or 10/12ga NEEDLE	____(1)
OPA SET 0-1-2-3-4	____(1 EACH)	MICRO DRIP INFUSION SETS	____(2) AND)
LARYNGOSCOPE HANDLES	____(2)	MACRO DRIP INFUSION SETS	____(2) OR
LARYNG. BLADES (1-4 OR 0-3)	____(1 EACH)	ADJUSTABLE DRIP SETS	____(4)
ET TUBE 3 or 3.5 mm	____(1)	0.9% SALINE INFUSION	____(4L)
ET TUBE 4 or 4.5 mm	____(1)	RINGERS LACTATE INFUSION	____(4L)
ET TUBE 5 or 5.5 mm	____(1)	STERILE SALINE IRRIGATION	____(2L)
ET TUBE 6 or 6.5 mm	____(1)	PORTABLE SUCTION	____(1)
ET TUBE 7 or 7.5 mm	____(2)	ON-BOARD SUCTION	____(1)
ET TUBE 8 or 8.5 mm	____(2)	SUCTION TUBING	____(2)
<b>Esophageal Tracheal Multi-Lumen Airway</b> ____ (1) by Oct 2008		SUCTION CATH 8 or 10 FR	____(1)
MAGILL FORCEPS ADULT & PEDI	____(1 EACH)	SUCTION CATH 14 or 18 FR	____(2)
ADULT & PEDI ET STYLETTE	____(1 EACH)	CERVICAL COLLARS: ADULT	____(3)
PEDI DRUG CHART or TAPE	____(1)	PEDI	____(2)
MONITOR/DEFIBRILLATOR	____(1)	INFANT	____(1)
PATIENT CABLES	____(2 SETS)	4X4 PADS	____
PEDI DEFIB PADDLES OR PADS	____(1 SET)	ABD DRESSING S (PADS)	____
ADULT ELECTRODES	____(6 SETS)	TRAUMA DRESSING 10X30	____(2)
PEDI ELECTRODES	____(2 SETS)	ROLLER GAUZE	____(6)
EKG PAPER	____(2)	BOARD SPLINTS:	
ON-BOARD OXYGEN	____(*)	LONG AND SHORT	____(2 EACH) OR
PORTABLE OXYGEN	____(1)	FRACTURE PACK	____(1 SET)
BAG VALVE:		TRACTION SPLINT	____(1)
ADULT	____(1)	KED/SHORT SPINE BOARD	____(1)
PEDI	____(1)	LONG SPINE BOARD	____(2)
INFANT	____(1)	SPINE BOARD STRAPS	____(2 SETS)
NASAL CANNULAE	____(2)	FOLDING STRETCHER or SCOOP	
OXYGEN MASKS:		STRETCHER or STAIR CHAIR	____(1)
NON REBREATHER	____(2)	<b>Triage Tags/Tape (Color coded</b>	
PEDI- O2 Mask	____(1)	<b>Black, Red, Yellow, Green)</b>	____(25)
INFANT- O2 Mask	____(1)	<b>If tape utilized: one roll of each color required.</b>	
<b>Radio Frequencies:</b>		<b>Pulse Oximetry (By October 2008)</b>	____(1)
<b>Enroute to scene: 155.235 MHz.</b>	____	ADULT & PEDI ETCO2 DETECTOR	____(1 EACH)
<b>At scene: 155.280 MHz.</b>	____	(Capnography Monitor Accepted)	
<b>Departing scene: 155.340 MHz.</b>	____		

\* Gauge pressure – 200 X cylinder factor = minutes  
 (Must be able to supply oxygen flow at 15 LPM for a period of 30 min.)

Cylinder factors:

D cylinder = .16      M cylinder = 1.56

E cylinder = .28      G cylinder = 2.41

H, K cyl. = 3.14

\*\* Mast trousers to be carried and/or used at medical director's discretion  
 Refer to Mass Casualty Rules & Regulations for required radio frequencies

# SECTION OF EMS AND TRAUMA SYSTEMS

## REQUIRED

### MEDICATION LIST FOR ADVANCED RESPONSE, AIR, AND PARAMEDIC VEHICLE REGISTRATION

#### Injectable Meds:

\_\_\_\_\_ Antiarrhythmic  
\_\_\_\_\_ Atropine- minimum 4 mg  
\_\_\_\_\_ Epinephrine 1:1000- minimum 5 mg  
\_\_\_\_\_ Epinephrine 1:10,000- minimum 10 mg  
\_\_\_\_\_ Dextrose 50%- minimum 100 ml  
\_\_\_\_\_ Diuretic  
\_\_\_\_\_ Lidocaine (Bolus) minimum 600 mg  
\_\_\_\_\_ Narcotic Antagonist

#### Oral Meds:

\_\_\_\_\_ Aspirin 81-325mg  
\_\_\_\_\_ Nitroglycerine (0.4 mg): 1btl. or 1 sprayer

#### Intravenous Infusions:

\_\_\_\_\_ 0.9% NaCL or LR  
\_\_\_\_\_ Lidocaine  
\_\_\_\_\_ Dopamine

#### Inhaled Meds:

\_\_\_\_\_ Inhaled Beta Agonist

#### Optional Skills:

Adult Intraosseous (Tibial & Humerus) \_\_\_\_\_  
**2 Adult needles** \_\_\_\_\_  
Continuous Positive Airway Pressure (CPAP) \_\_\_\_\_  
Huber Needles \_\_\_\_\_  
Central Venous Device Access \_\_\_\_\_  
Cardiac Thrombolytic Medications \_\_\_\_\_

The above skills are optional; ambulance service's medical director will select equipment utilized. Protocol submission/approval by Section of EMS required prior to implementation.

#### REQUIRED CONTROLLED DRUGS

Must follow Ambulance Service's Controlled Drug Policy for storage as on file with the Section of EMS & Trauma Systems

\_\_\_\_\_ \*Injectable Narcotic analgesic  
Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_  
Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_  
\_\_\_\_\_ \*Injectable Benzodiazepine  
Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_  
Completed by Section: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Seal #: \_\_\_\_\_

\* Not required for Advanced Response if paramedic service responds.