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**Monthly Walkthrough Checklist**

**Date**: Click or tap to enter a date.

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| **Defibrillator** |
| Storage cabinet secure |[ ]
| Visual check of device – no visible damage or missing parts |[ ]
| Battery check |[ ]
| Pads in date and sealed |[ ]
| Spare pads in date and sealed |[ ]
| Accessory equipment present and in-date |[ ]
| Signed/initialed |[ ]

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| **Routine Medications** | **Date** | **Initials** | **Strength** | **Quantity** | **Lot #** | **Expiration** |
| Normal saline |  |  |  |  |  |  |
| Anti-hypertensive medications |  |  |  |  |  |  |
| Local anesthetics |  |  |  |  |  |  |
| Sedatives |  |  |  |  |  |  |
| Anxioytics |  |  |  |  |  |  |
| Antihistamines/anaphylactic medications |  |  |  |  |  |  |
| Diabetic medications |  |  |  |  |  |  |
| Analgesics |  |  |  |  |  |  |
| Contrast agents |  |  |  |  |  |  |
| Anticoagulation medications and reversal agents |  |  |  |  |  |  |

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| **Resuscitative Medications** | **Date** | **Initials** | **Strength** | **Quantity** | **Lot #** | **Expiration** |
| Albuterol inhaler |  |  |  |  |  |  |
| Calcium chloride  |  |  |  |  |  |  |
| Dopamine |  |  |  |  |  |  |
| Flumazenil |  |  |  |  |  |  |
| Furosemide |  |  |  |  |  |  |
| Lidocaine |  |  |  |  |  |  |
| Magnesium sulfate |  |  |  |  |  |  |
| Beta blocker |  |  |  |  |  |  |
| Sodium bicarbonate |  |  |  |  |  |  |
| Succinylcholine |  |  |  |  |  |  |
| Vasopressin |  |  |  |  |  |  |
| Verapamil |  |  |  |  |  |  |
| Hydralazine |  |  |  |  |  |  |

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| **Supplies** |
| Ambu Bag |[ ]
| End tidal CO2 detection device |[ ]
| Suction devices |[ ]
| Endotracheal tubes |[ ]
| Laryngoscopes |[ ]
| Oxygen |[ ]
| Oropharyngeal airways |[ ]
| Nasopharyngeal airways |[ ]
| Bag valv mask apparatus |[ ]
| Nasal cannula |[ ]
| PPE |[ ]
| Blood pressure cuff |[ ]
| Stethoscope |[ ]
| Flashlight/extra batteries |[ ]
| Needles and syringes |[ ]
| Oximetry monitor |[ ]
| Diagnostic and therapeutic needles, sheaths, wires, snares and catheters |[ ]

Medical Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: Click or tap here to enter text.