**Logo

Description automatically generated with medium confidence**

**Monthly Walkthrough Checklist**

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

|  |  |
| --- | --- |
| **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 |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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.