University of Connecticut Health Center - John Dempsey Hospital

Emergency Equipment Checklist

The following items will be checked daily. Any equipment that is not found or not functioning will be replaced immediately. Please sign after the appropriate date upon completing your dept/unit daily emergency equipment check.

Emergency Cart:

Code Cart – ***lock intact, check expiration date***
Intubation Tray - ***if on top of cart, check expiration date***
Backboard - ***present***
Sharps Container - ***intact***
O2 tank - ***next to cart, key intact, level above 500 PSI***
Suction and Canister - ***connecting tubing and full suction set-up present.***
Ambu bag/mask - ***on top***
Clipboard - ***check if on top of cart (may be locked in first drawer)*:** **CPR Report Sheet**
Standard Infusions Guideline Grid
CPR Cart Equipment List
Responders Grid
*** Electrodes** – ***minimum of 6 on top of cart***
*** Defibrillation (gel conductive) pads** - ***present, check expiration date***
*** Multifunction defibrillation/pacemaker pads** – ***present, for units with external pacemaker capability***

**** Electrodes, defibrillation pads and multifunction defib/pacer electrodes may be kept with the defibrillator/pacemaker on a separate cart.***

Other:

1. **Small portable O_2 tanks ¼ full or more**
2. **Ambu equipment on unit**

Defibrillator:

Paper loaded, extra roll
Chest leads cable attached
Visually check power cord, patient cables, and paddles for wear, insulation nicks, broken wires or damage
Unplug debrillator to perform defibrillator checks:
Defibrillator discharge function tested**
If unit has adapter cable for "hands-off" defibrillation, adapter cable tested **
If unit has external pacemaker capability, pacemaker functionality tested**
Once defibrillator checks are completed, unit is plugged in, BATT CHG & AC POWER lights on.
**** Defibrillator tests are performed on battery power, per the manufacture's instructions (see attached).**

EKG Machine:

Machine plugged in for charging
Chest/Limb leads attached
EKG paper loaded/extra available

Comments and Follow-Up

Department:_____ **Month** _____ **Year**_____

Staff Signature and lock number REQUIRED daily		Staff Signature and lock number REQUIRED daily		Staff Signature and lock number REQUIRED daily	
Signature	Lock #	Signature	Lock #	Signature	Lock #
1.		12.		23.	
2.		13.		24.	
3.		14.		25.	
4.		15.		26.	
5.		16.		27.	
6.		17.		28.	
7.		18.		29.	
8.		19.		30.	
9.		20.		31.	
10.		21.			
11.		22.			

Requires signature minimally x1 per 24 hours.