

Emergency Equipment Daily Checklists

General Reminders

- ✓ Ensure you are using the most up to date Daily Checklists
- ✓ All emergency equipment should be checked daily prior to the first patient appointment
- ✓ Write "Closed" or "NIU" on days when clinic is not open
- ✓ Rotate the clinical staff performing daily checks
- ✓ Maintain Emergency Equipment Checklists for 5 years

USE Health		code C	art Ch	ecklis	st						
Checklist documentation for Inpatient areas: con A notation an area/unit was "closed" is made	npleted once a da	ALWA	YS mar	k N/A	for qu	estion	12 and	13			
✓ = present	1 2 3 4	´ If you	r clinic	does r	not ha	ve a 12	lead El	<g, mar<="" td=""><td>k N/A in</td><td></td></g,>	k N/A in		
CODE CART		this se	ection								
Blue lock intact											
2. Bute lock number matches number on MS/PS Code Carl Checklist (attached to carl) AED checklist and mark N/A in defibrillator section											
3. Earliest expiration date on MS/PS Code		AED C	hecklis	t and r	mark l	N/A in c	defibrilla	ator sec	tion		
Cart Checklist NOT expired 4. Cardiac board on back of cart	4. Suction won	KS OD AL									
5. IV pole is in place w/ 3 Ambu bags (adult,	E (non-applicabl	ie in some area	sì								
peds, infant) & <u>Peds Carts:</u> LMAs - 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, & 5	second and the second se	1. Lead wires and clips present and clean									
6. ALL Carts: ACLS/PALS algorithm cards 2. ECG paper in machine & recorder functions											
Adult /Peds: Adult/Peds Emergency Med Ref. 3. Extra ECG paper present Neonate: ICN Emergency Med Reference 4. Unopened ECG electrodes present											
Neonate: ICN Emergency Med Reference 7. O2 tank checked and PSI at FULL	4. Unopened E	CG electro	odes prese	ent	+	_					
8. Upper bins stocked as labeled	INITIALS										
 Code Blue Report forms in binder (minimum 4) 		2 2 2				1					
10. Pink STAT Laboratory reguisitions in binder											
11. Blood Gas requisitions in binder 12. Massive Transfusion Protocol and Emergency		UCSF Health		_					Ambulat	ory Services	
Release Protocol Instructions in binder (ED,									3		
Inpatient Nursing units & Procedural/PACU Areas ONLY)			P	ractice:			Month/Ye	ar:			
13. Rapid Response box present and lock intact		Date Initials	Wall Unit	Green	Pads A	vailable	Batteries Ava	ilable and Inf	ant/ External	Remarks,	
(Parnassus Acute Care Units ONLY)			Alarm Operational	Ready Light		t Expired t Pads II present	Not Exp 2 batteries		ild Case ey Clean with	problems, corrective	
			Alarm is in the horizontal "on"	Blinking in upper		o AED / 1 spare	1 installed /	1 spare Pre an	sent no signs of	actions	
			position, open door to ensure	right-hand corner of		e for each set of cells below	Write 4 year ex installed battery	and "Install ca	mal se	1 I	
			alarm function	AED	Connected	6	Before" date for s in cells b Installed	elow		1 I	
		Ex. MC	1	1	04.30.21	Spare 02.28.22		Spare 08.31.24	1 1	N/A	
uc_{se} Health						Ambulatory	Services				
AED Plus® Zoll Defibrillator Daily Checklist											
Practice:			Month/	Year:		AED) Chec		
Date Initials Wall Unit Status Alarm Indicator All practices r	Pads Available and Not Ex nust stock: 2 sets of Adult CPR-D-Padz	pired <u>&</u> 2 sets of Pedi-Padz i	I 2 sets of 1	Available and N DURACELL batter	lot Expired les present	AED LID Clean with	Remarks, problems,	✓ Exp	piration	date of	
Alarm is in the	m is in the check (r) in the sector pars and your keep contracted to the AED. Subjected in the contract subject and the sector appropriate parts is and appropriate parts in a four keep contracted to the AED. Write 5 year exp. date for installed batteries, and hand comer of hand comer of the action subject to the AED.							ies is			
position, open hand corner of								d hy			
alarm function Connected	Spare Spare	Spare	Installed Exp. (First of Inst+5yrs Mfr+10yrs)	Spare Mfr. (YYYY/MM)	Spare Exp. (Mfr+10yrs)						
Ex. MC √ √ 04.30.21	02.28.22 03.31.23	09.31.22	07.22.22	2024/08	08.31.34	1	N/A	ins	tall date	2	
2								I ✓ Bat	tery ins	tall and	
3		_	_						o. date r		
								ind	icated c	on the	
Checklist: An	nbulatory Emerg	gency Equ	ipment (l	Daily)				AE	D & Che	cklist	
PRACTICE:		MONTH	I/YEAR:								
		_					Eme	ergency	/ Equip	oment	
Date Initials & # matches # on Expiration		Oxygen Nasal Ambu Bags Present Two PPE Packs Tank Full Cannula (infant, ped, adult) & Available & within					For	clinics	w/o Coa	le Cart	
Date Initials & # matches # on Expiration E-Kit Label Date	Sumpling Associable			int, ped, adult) n Expiration E		biration Date			•		
1									March 2		
2							⊒√ М	ark N/A	if no su	iction	
								vailable			