#### Utah Specialized Obstetrical Air Ambulance Equipment Checklist

Name of Service:		
Service #: Permit #:		
D F	Rotary	Fixed Wing Year
ΠA	nnual	□ Re-license □ New vehicle □ Original license
General Equipment		
	1	FAA approved patient litter or stretcher with restraints
	1	Set patient linen
	1	Emesis basin or bag
	3	Sets crew biohazard protection (i.e. goggles, gloves,
_ ·	1	masks) Waterless hand cleaner
Airway Equipment		
	1 <b> ,</b> _	Bulb syringe.
	2	Portable or fixed suction apparatus with wide bore
	_	tubing and rigid pharyngeal suction tip.
	2	Suction catheters, 6, 8, or 10
	3	Self-inflating resuscitation bags & masks with one
□ 、	5	preemie, one newborn, & one adult.
	4	
	1	Pressure manometer for resuscitation bag.
	1	Portable oxygen tank with a regulator capable of
		metered flow and capable of delivering oxygen at a
		rate of 15 lpm
	1	Laryngoscope, with curved & straight blades in
		various sizes for adult, pediatric, & neonatal; spare
		batteries & bulb.
	10	Endotracheal tubes, cuffed sizes 8.5, 8.0, 7.5, 7.0,
		6.0, uncuffed 4, 3.5, 3.0, 2.5, & 2.0
	1	Device for securing the endotracheal tube.
	2	Stylets, adult & pediatric sizes.
	1	Magill forceps.
	2	Christmas tree O <sub>2</sub> adaptor
	2	End Title CO <sub>2</sub> monitor
	4	Infant feeding tubes, two #5 and two #8 french
Cardiac & Vital Sign Equipment		
	1	Portable battery powered cardiac monitor with strip-
		chart recorder
□ (	6	Spare ECG Electrodes.
	1	Spare roll of ECG recording paper.
	1	Portable battery powered defibrillator with adult
		paddles, four conductive pads or conductive gel.
		Defibrillator may come as a unit with the cardiac
		monitor.
	1	Device capable of monitoring fetal heart tones.
	2	Stethoscopes, one adult & one pediatric.
	1	Blood pressure cuffs, one adult.
	1	Thermometer capable of measuring normal and
		hypothermic temperatures.
		& Supplies
	10	Alcohol & Providine-iodophor preps.
	4	Over-the-needle catheters, two each 16g, & 18g
	3	Sterile Blood administration sets.
	2	IV Pressure bags
	1	IV tubing with standard drip chambers
	10	Syringes, assorted sizes, small to large.
	10	Needles, assorted sizes.
	1	Portable IV pump apparatus, battery powered, &
		capable of regulating three IV drips with appropriate
		IV pump tubing
3	,000cc	I.V. fluids
:	3	100cc mixing solutions for parenteral medications
	1 each	30cc Bacteriostatic Normal Saline. & 30cc
		Bacteriostatic water.
2	200cc	D5W

### **Drug Requirements**

- □ Adenosine
- Anti-Cholinergic (ex: Atropine)
- Calcium Chloride/Gluconate
- Hypoglycemic Antidote (ex: D50W)
- Anticonvulsant (ex: Phenytoin, Diazepam, Lorazepam. Phenobarbital)
- Calcium Channel Blocker
- Adrenergic Agonist (ex: Dopamine)
- Benzodiazepam (ex: Valium)
- Antihistamine (ex. diphenhydramine)
- Alpha/Beta Agonist (ex. labetalol hydrochloride )
- □ Sedative Hypnotic for R.S.I .i.e. Benzodiazepam (ex: Valium, Versed)
- Diuretic (ex. Furosemide, Mannitol)
- Sympathomimetic Agent / bronchodilator / (ex: Albuterol,)
- Contraction suppressant (ex. Turbutaline)
- Corticosteroid to stimulate fetal lung maturation (Betamethasone)
- Antiarrhythmics to cover ACLS algorithms for tachydysrhythmias, Brady dysrhythmias, asystole (Ex : Lidocaine, Magnesium Sulfate, Procainamide, Atropine Sulfate)
- Analgesic (ex. Morphine, Demerol, Fentanyl)
- Anti-hypertensive (ex: Nitroprusside, Metoprolol)
- Narcotic Antagonist (ex. Neonatal Naloxone)
- □ Anti-emetic
- Anti-anginal / Vasodilator (ex: Nitroglycerin)

#### Patient Care Area

- Temperature & ventilation system for the patient treatment area.
- Overhead or dome lighting of at the patient level
- Sufficient patient isolated from the cockpit to minimize inflight distractions and interference with flight safety
- "No smoking" signs shall be prominently displayed inside
- Survival gear appropriate to service area and number of occupants.
- Controlled Substance lockup system if to be left unattended
- Configured in such a way that medical personnel has access to patient to begin and maintain basic and advanced life support care.
- Configured in such a way that allows patient airway maintenance and adequate ventilatory support from the secured, seat-belted position.

## Acknowledgment of Inspection

The listed equipment, supplies, and drug requirements were inspected, on board the above vehicle, by a representative of the BEMS. Any items circled were not found at the time of the inspection. Please sign and return the yellow copy when the noted deficiencies have been corrected and within 30 days following the date of the inspection.

Agency Representative

**Bureau Representative** 

Date

Date

Date

# **Circled Deficiencies Have Been Corrected**

Agency Representative

11/2009