Drug Requirements

- Adenosine
- Anti-Cholinergic (ex: Atropine)
- Calcium Chloride/Glucanate
- Hypoglycemic Antidote (ex: D50W)
- Anticonvulsant (ex: Phenytoin, Diazepam, Lorazepam. Phenobarbital)
- Calcium Channel Blocker
- Adrenergic Agonist (ex: Dopamine)
- Benzodiazepep (ex: Valium)
- Antihistamine (ex: diphenhydramine)
- Alpha/Beta Agonist (ex. labetalol hydrochloride)
- Sedative Hypnotic for R.S.I. (i.e. Benzodiazepep (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, Apotone 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 in-flight 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 __________ Date ________

Bureau Representative __________ Date ________

Circled Deficiencies Have Been Corrected

Agency Representative __________ Date ________ 11/2009