

IV Tray Tuesday

Updated 2/1/2013

	Available	Need	Replaced
0.9% NS 1000cc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Start Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macro Drip Tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14g Angio (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16g Angio (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18g Angio (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20g Angio (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22g Angio (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24g Angio (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Preps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4x4's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2x2's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18g Needle (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22g Needle (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1cc Syringe (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3cc Syringe (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20cc Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Prefill Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1" Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pullout Drawer			
3cc Syringe (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20cc Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAD Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline Locks (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date:

Signature:

Unit #: