

PEDS BAG

Friday

Updated
11-19-2015

	Available	Need	Replaced
Outside Left			
Infant BP Cuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child BP Cuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Front			
Dextrose 25% 2g (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine 1:10,000 1mg/10ml (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine 1mg/10ml (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Right #1			
Oral Airways (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broselow Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peds Resuscitation Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peds Wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Right #2			
Peds Tube Tamer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope Bag			
Handle w/AA Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAC Blades 0-2 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller Blades 0-1 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magill Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stylet 6FR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top Pocket			
Nebulizer Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant NRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric NRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric BVM w/Infant Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Disposable SpO2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Available	Need	Replaced
Inside			
Pink, Term 6-Months			
24g Angio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tubes 3.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red, 6-Months - 1 Year			
24g Angio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tubes 3.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purple, 1-2 Years			
20, 22, 24 g Angio (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tubes 2.5-4.0 (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow, 2-3 Years			
18, 20, 22, 24 g Angio (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tube 4.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White, 3.5-5 Years			
18, 20, 22, 24 g Angio (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tube 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue, 5-7 Years			
18, 20 g Angio (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tube 5.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange, 7-10 Years			
18, 20 g Angio (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tube 6.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green, 10-12 Years			
16 (2 each), 18, 20 g Angio (1 each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET Tube 6.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date:

Signature:

Unit#: