

JUMP BAG INVENTORY

Thursday

	Available	Need	Replaced
Exterior			
RAE Systems CO Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Pocket			
Sharps Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
500cc Bottle Saline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Pocket			
Adult BVM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Pocket			
Trauma Shears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring Cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Start Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangular Bandage/Sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum Gauze (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Pack (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Pack (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meds Bag			
1cc Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3cc Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAD Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22g Needle (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18g Needle (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Preps (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etomidate Preload Plunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitro Spray Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphenhydramine 50mg/ml Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenosine 6mg/2ml (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine 1:1000 1mg/ml Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Aspirin Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon 1mg/ml Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zofran 4mg (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etomidate 40mg Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midazolam 10mg/2ml Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl 100mcg/2ml Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Top Pocket			
V-Vac Handle with Canister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V-Vac Suction Catheter with Tips (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facemask with Eyeshield (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facemasks (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top Pocket Main Compartment			
Epinepherine 1:10,000 1mg/10ml (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine 1mg/10ml (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine 2% 100mg/5ml (3) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcan 2mg/2ml (2) Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dextrose 50% 25grams/50ml Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furosemide 40mg/ml Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Compartment			
4x4's (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pads (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerlix Rolls (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2" Tape Roll/1" Tape Roll (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Cuff with Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accucheck, Strips, Lancets, Band Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Bag			
0.9% NS 1000cc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Start Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macro Drip Tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14g Needle (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16g Needle (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18g Needle (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20g Needle (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22g Needle (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24g Needle (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation Bag			
ET Tubes 4.0 to 9.0 (1 Each)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stylet: 14fr (2) 6fr (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Intubation Bag Cont.			
1" Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10cc Syringe (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magill Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope Handle w/2 C Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller Blades 0-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mac Blades 1-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETCO2 Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube Tamer 1-Adult 1-Ped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzocaine Spray Exp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare C Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Compartment			
Armboards (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date:

Signature:

Unit #: