



UNIVERSITY OF ROCHESTER
River Campus Medical Emergency Response Team

Orange Trauma Bag Checkout Form

Bag Number: _____ Name: _____ Date: _____

<i>Left Side Pocket</i>	<i>Main Compartment (Back)</i>
(1) Adult Sphygmomanometer	(3 pairs) Gloves Size: S M L
	(3) PCR's
<i>Right Side Pocket</i>	(2) Continuation Forms
(1) CPR Pocket Mask	(2) Medication Forms
(2) Cravats	(3) RMA Forms
	(1) Face Shield
<i>Front Outside Pocket</i>	(1) Ice Pack
(1) Pen	(1) Stethoscope
(2) 1 inch Tape	(1) Foil Blanket
(1) 2 or 3 inch Tape	(3) Barf Bags
(2) ACE Bandages	(3) Small Biohazard Bags
(1) Penlight	
(1) Glucose Paste Exp:	<i>Top Flap</i>
(2) Sterile Saline Flush Exp:	(1) Multi-Trauma Dressing
(2) Tongue Depressors	
(1) Trauma Shears	<i>Comments:</i>
(1) Lister Scissors	
<i>Main Compartment (Front Left)</i>	
(1) Adult OPA-Set of 5	
(1) Adult NPA-Set of 5 w/lubricant	
<i>Main Compartment (Front Right)</i>	
(2) 5x9 Gauze Pads	
(4) 4x4 Gauze Pads	
(4) 3x3 or 2x2 Gauze Pads	
(1) Vaseline Gauze Pad	
(2) Kerlix Loose Rolled Gauze	
(1) Assorted Band-Aids Bag	
(2) 2inch Roller Gauze	
(2) 3 or 4 inch Roller Gauze	

Signature: _____ Revised 3/2014 Brian R. Miers