DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: NURSE STAFFED SPECIALTY CARE TRANSPORT

UNIT INVENTORY REFERENCE NO. 712

PURPOSE: To provide a standardized minimum inventory on all Nurse Staffed

Specialty Care Transport (SCT) Units.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency

medical care must be maintained in good working order.

POLICY:

Nurse staffed SCT vehicles shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied in accordance with Ref. No. 710, Basic Life Support Ambulance Equipment.

- II. Nurse staffed vehicles performing advanced life support (ALS) level transports do not require the addition of the ALS inventory; however, if nurses are utilized in lieu of respiratory care practitioners (RCPs) for the transport of ventilator patients, all medications and equipment on Reference No. 713, Respiratory Care Practitioner (RCP) SCT Unit Inventory and not included herein, must be added to the SCT unit.
- III. All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.

| MEDICATIONS | | | | |
|------------------------------|--------|--|-------------------------------------|--|
| Adenosine | 24mgs | Epinephrine (0.1mg/mL) | 5mgs | |
| Albuterol (pre-mixed w/ NS) | 20mgs | *Fentanyl ¹ | 400mcgs | |
| Amiodarone | 450mgs | Ketorolac 15 mgs/mL | 4 | |
| Aspirin (chewable 81mg) | 648mgs | OR Ketorolac 30 mgs/2mLs | 2 | |
| Atropine sulfate (1mg/10mL) | 2mgs | Levophed ⁶ | 4mgs | |
| Calcium chloride | 1gm | Lidocaine 2% | 200mgs | |
| Dextrose 10% / Water 250mL | 3 bags | Midazolam ² | 20mgs | |
| Dextrose - glucose paste/gel | 45gms | *Morphine sulfate ³ | 12mgs | |
| Diphenhydramine | 100mgs | Naloxone | 2mgs | |
| Epinephrine (1mg/mL) | 1mgs | Nitroglycerin (SL) spray, tablets, or single dose powder packets | 1 pump/ bottle/ or 36 packets | |

| INTRAVENOUS FLUIDS | | | |
|-----------------------|--------|----------------------|--------|
| Normal saline 1000 mL | 2 bags | Normal saline 250 mL | 2 bags |

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REVISED: 07-01-2023 SUPERSEDES: 10-01-22

APPROVED: 2

Director, EMS Agency

Medical Director, EMS Agency

| SUPPLIES | | | | |
|---|--------|--|----------|--|
| Adhesive dressing (Band-Aids®) | 1 box | Contaminated sharps container | 1 | |
| Airways – Nasopharyngeal: | | Filter, viral HEPA | 2 | |
| Large (34-36) | 1 | Filter needles ⁵ | 2 | |
| Medium (26-28) | 1 | Gauze Bandages | 6 | |
| Small (20-22) | 1 | Gauze sponges 4x4 (sterile) | 4 | |
| Airways – Oropharyngeal: | | Gloves, sterile | 2 pair | |
| Large | 1 | Gloves, unsterile | 1 box | |
| Medium | 1 | Glucometer w/strips | 1 | |
| Small Adult/Child | 1 | Lancets (retractable) | 5 | |
| Infant | 1 | Hand-held Nebulizer pack | 2 | |
| Neonate | 1 | Hemostats, padded | 1 | |
| Alcohol prep pads | 1 box | Infusion pumps OR | 3 | |
| Backboards | 1 | Infusion pump w/ 3 chamber drip capability | 1 | |
| Bag-Mask-Ventilation (BMV) device w/O2 inlet & reservoir: | | Infusion pump tubing: | | |
| Bag Volume 200-450 mL ⁹ | 1 | Full sets | 4 | |
| Bag Volume 400-700 mL ⁹ | 1 | | | |
| Bag Volume >900 mL ⁹ | 1 | Intravenous catheters: Sizes: 14G-22G | 5 each | |
| Bag-Mask-Ventilation (BMV) Masks: | | Intravenous tubing: | 1 | |
| Large | 1 | Macrodrip | 2 | |
| Medium | 1 | Microdrip | 2 | |
| Small Adult/Child | 1 | Normal saline for irrigation | 1 bottle | |
| Toddler | 1 | OB pack & bulb syringe ⁴ | 1 | |
| Infant | 1 | Oxygen cannulas: | | |
| Neonate | 1 | Adult | 3 | |
| Cardiac Monitor-Defibrillator w/ Oscilloscope | 1 | Pediatric | 3 | |
| Defibrillator pads or paste (including pediatric) | 2 each | Oxygen masks (non-rebreather): | 1 | |
| ECG Electrodes: Adult & Pediatric | 6 each | Adult | 3 | |
| ECG, 12-lead capable | 1 | Pediatric | 3 | |
| Pulse Oximeter | 1 | Infant | 3 | |
| Pulse oximeter probes: Adult & Pediatric | 2 each | Standardized Pediatric Length-Based | | |
| Transcutaneous (external) pacing | 1 | Resuscitation Tape, approved by the EMS Agency (e.g., Broselow 2011A or newer) | 1 | |
| End Tidal CO2 Detector: Adult & Pediatric | 1 each | Power source [back-up]/Adjunct power source (invertor batteries, etc.). Second required if transporting Intra-Aortic Balloon Pump (IABP) patients. | 1 | |
| Cellular phone (personal or company supplied) | 1 | Color Code Drug Doses, Ref. No. 1309 | 1 | |

UNIT INVENTORY

| 1 1 | Manometer Suction unit (portable) w/ adapter (battery operated) Suction Instruments: Catheters sizes: 8Fr 12 Fr. | 1 | |
|-----------|---|--|--|
| 1 | operated) Suction Instruments: | 1 | |
| | | | |
| | Catheters sizes: 8Fr 12 Fr. | | |
| 1 | | 1 each | |
| Ī | Tonsillar Tip | 1 | |
| 1 | Syringes sizes: 1mL – 10mL w/ luer adapter | assorted | |
| 1 | Tape (various types, including cloth) | 1 | |
| 1 | Thermometer (Oral or axillary) | 1 | |
| TIONAL ME | EDICATIONS & SUPPLIES | | |
| | SUPPLIES | | |
| 2 | High volocity avygon delivery avetem (e.g. Airyo) | | |
| 20mgs | | | |
| 400mgs | Adult | 2 | |
| 25mgs | Pediatric | 2 | |
| 1 bag | Intraosseous device: 7 | | |
| 1mg | Adult | 1 | |
| 100mgs | Pediatric | 1 | |
| 20mgs | Impedance threshold device | 1 | |
| 7.5mgs | Metered-Dose-Inhaler (MDI) Mask ¹⁰ | 2 | |
| 1 bag | Metered-Dose-Inhaler (MDI) Spacer ¹⁰ | 2 | |
| 20mgs | Mucosal Atomization Device (MAD) | 2 | |
| 4mgs | Respiratory ventilator | 1 | |
| 2gms | Airflow Meter Device with rate and volume capability 8 | | |
| 20mgs | Half sets | 4 | |
| 12mgs | | | |
| 12mgs | | | |
| 50mls | | | |
| 20 units | | | |
| | | | |
| | 1 1 TIONAL MI 2 20mgs 400mgs 25mgs 1 bag 1mg 100mgs 20mgs 7.5mgs 1 bag 20mgs 4mgs 20mgs 4mgs 2gms 2gms 20mgs 12mgs 12mgs 12mgs 50mls | 1 Syringes sizes: 1mL – 10mL w/ luer adapter 1 Tape (various types, including cloth) 1 Thermometer (Oral or axillary) TIONAL MEDICATIONS & SUPPLIES SUPPLIES 4 High velocity oxygen delivery system (e.g. Airange 2-60 L/min and associated nasal cannowal action and associated nasal cannowal action and associated nasal cannowal action act | |

¹ Fentanyl carried on SCT Unit is not to exceed 1500mcgs. ² Midazolam carried on SCT Unit is not to exceed 40mgs.

³ Morphine sulfate carried on SCT Unit is not to exceed 60mgs.

⁴ OB kits w/ clamps / scissors (no scalpels).
⁵ Optional, if not utilizing glass ampules.
⁶ Levophed 4mg/ to be administered as an infusion only.
⁷ Requires EMS Agency approval, which includes an approved training program and QI method prior to implementation.

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This policy is intended as an RN SCT Unit inventory only.

CROSS REFERENCES:

Prehospital Care Manual:

| Ref. No. 414, | Specialty Care Transport Provider |
|---------------|---|
| Ref. No. 702, | Controlled Drugs Carried on ALS Units |
| Ref. No. 710, | Basic Life Support Ambulance Equipment |
| Ref. No. 713, | Respiratory Care Practitioner Staffed Specialty Care Transport Unit |
| | Inventory |

⁸ An airflow meter device or monitor/defibrillator with rate and volume feedback capability may be substituted for or in addition to a manometer.

⁹ Device volume, not delivered volume.

¹⁰ All required if using Albuterol / Metered Dose Inhaler (MDI)

^{*} May stock only one narcotic, either fentanyl or morphine sulfate-refer to Ref. No. 702.