

# AMBULANCE EQUIPMENT CHECK



**Marilyn Niffin BSc, ACP  
Professor Georgian College  
2022**



# **MEDICAL STOCK**

# Medical Supply Storage

## Vehicle Equipment

- ❖ Standard location of equipment in all ambulances (within a service)!
  - Standard quantities
- ❖ Standard supplies in kits
  - Standard quantities
- ❖ Kit compartments must be large enough to maintain the integrity of the supplies
- ❖ Temperature controlled environment
  - Vehicle must be indoors or plugged-in, or running



# Medical Equipment Check

- ❖ Check each bag for min/max quantities
- ❖ Check PSI on all O<sub>2</sub>
- ❖ Perform a defibrillator self check
  - Check battery levels and switch out as necessary
- ❖ Glucometer calibration (frequency as per local policy)
- ❖ Check presence of conveyance equipment
- ❖ Ensure bags are secured to stretcher
- ❖ Compartment doors all closed

# Medical Supply Storage

## Station inventory

- ❖ Standard location of all equipment
  - Standard quantities (usually designed to support number of vehicles running out of that station)
- ❖ Temperature controlled environment

# Medical Supply Storage

## Drug storage

- ❖ 15-25° C
  - Unless otherwise specified
  - In one study “The recommended maximum storage temperature (+25 degrees C) was exceeded in all rescue vehicles” (Helm, 2003, p.425)
  - In another study: “In summer, the electronic recorders logged temperatures exceeding 30 degrees C in all drug storage boxes, ranging from 3% to 29% of the total time” (Allegra, 1999, p.1098)
- ❖ Check expiry dates (q \_\_\_\_ days as per local P&P)
- ❖ Count and sign for all controlled drugs (PRN)

# Who does what?

- ❖ Arrive on time (30 minutes early)
- ❖ Take care of business first!
- ❖ Swipe in and book on with CACC
- ❖ Take report from out-going crew
- ❖ One Paramedic does circle check (Operational Activity Report)
- ❖ One Paramedic begins medical equipment check
- ❖ Work together to complete checks and Activity Report
- ❖ Station duties as assigned
- ❖ Coffee/tea

# Operational Activity Report

- ❖ This contains the critical checks that MUST be completed immediately
  - Vehicle
  - Medical equipment
  - Personnel equipment (PPE, MCI)

# Critical checks

Date:	Vehicle:	<input type="checkbox"/> Spare Not In Service	Station:	FRU:		
Crew 1:	Name:	EHS ID #:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time	<input type="checkbox"/> PCP <input type="checkbox"/> ACP	<input type="checkbox"/> Overtime Shift <input type="checkbox"/> Shift Change	Booked By or Changed With:
Crew 2:	Name:	EHS ID #:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time	<input type="checkbox"/> PCP <input type="checkbox"/> ACP	<input type="checkbox"/> Overtime Shift <input type="checkbox"/> Shift Change	Booked By or Changed With:
Crew 3:	Name:	EHS ID #:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time	<input type="checkbox"/> PCP <input type="checkbox"/> ACP	<input type="checkbox"/> AEC Student <input type="checkbox"/> ACP Preceptor	<input type="checkbox"/> Observer <input type="checkbox"/> Light Duties
Shift:	Start: _____	End: _____	For Shift Overlap Only:		Time returned to Base:	Last Call Number:
<input type="checkbox"/> Special Events	Time Start:	Time Finish:	Location:			
<input type="checkbox"/> Pay Duty	Time Start:	Time Finish:	Location:			

# Electronic Version



## County of Simcoe PS - Vehicle Check

T- T

[Save As Draft and Close](#) [Submit and Close](#)

Shift Date:	Shift:  -- Select --	Station:  -- Select --	
Unit Number:  -- Select --	Odometer Reading (km):	Vehicle Cell Phone #:	
Radios Present:  <input type="checkbox"/> Yankee <input type="checkbox"/> Zulu		<input type="checkbox"/> Spare radio present  Spare Radio ID:  .....	
Vehicle Type:  -- Select --	Level:  -- Select --	Additional:  -- Select --	Supervisor:  -- Select --

**+ Vehicle Check**

**+ Vehicle O2, Suction, Defibrillator**

**+ Response Bags**

# Critical checks

<b>Start Kilometres</b>		km.	
<b>End Kilometres</b>		km.	
<b>Fuel:</b>	E       1/2       F		
<b>Oil:</b>	F   [ ]   0 0 E		
<b>Windshield Wash Fluid:</b>	filled		
<b>Radio Check</b>	Front <input type="checkbox"/>	Rear <input type="checkbox"/>	Portable <input type="checkbox"/>
<b>Patch Phone #</b>			
<b>D Tank Pressure:</b>	lbs/sq. in		
<b>M Tank Pressure:</b>	lbs/sq. in		

- Vehicle Check

+ Circle Check

Damage

Was there any new found damage?

Yes  No

Notes:

All of the above items are clean and/or are in good working order:

No  Yes

Remarks/Notes:

Write your notes here:

- Vehicle O2, Suction, Defibrillator

+ Defibrillator

Defib Number:

D-Tank PSI:

M-Tank Present:

Yes  No  N/A

Spare D-Tanks (2):

Yes  No

Defibrillator Self Test:

Pass  Fail

Portable Suction Function Test:

Pass  Fail

Glucometer Self Test: (wednesday only)

Pass  Fail  N/A

Wall Suction Function Test:

Pass  Fail  N/A

All of the above items are clean and/or are in good working order:

No  Yes

Remarks/Notes:

Write your notes here:

# Primary "D" Cylinder O<sub>2</sub>



## - Oxygen Kit

### Main Compartment:

D Tank with Regulator, Min 700 PSI 1

Adult NRB 1

Nasal Cannula 1

### Top Compartment NPA Pouch:

Nasal Airway, 26FR, 30FR, 36FR with Lubricant 1 of each

### Top Compartment OPA Pouch:

Oral Airway, 50, 60, 70, 80, 100, 110mm 1 of each

### Top Compartment:

O-TWO CPAP System 1

MDI Adapter 1

Filtered Oxygen Mask Lg Adult 1

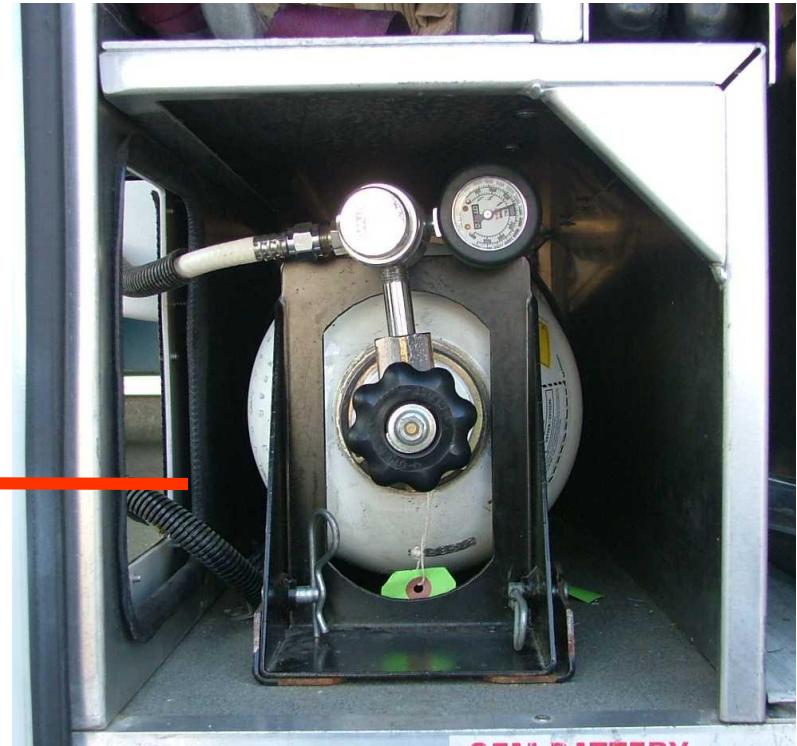
Paediatric Simple Mask 1

HEPA Filters 1

Oxygen Tubing 1

Filtered Oxygen Mask Sm Adult 1

# Primary "M" Cylinder O<sub>2</sub>



# Spare "D" Cylinders O<sub>2</sub>



# Critical checks

## Tire Pressures:

Tire pressures on day shift only

Record tire pressure only.  
DO NOT use check marks.

LF	<input type="text"/>	RF	<input type="text"/>				
OLR	<input type="text"/>	ILR	<input type="text"/>	IRR	<input type="text"/>	ORR	<input type="text"/>
<input type="text"/> SPARE							
Spare tire checked during deep clean							

# Critical checks

<b>Trauma Kit No.:</b>				
<b>Oxygen Kit No.:</b>			<b>Pediatric Kit No.:</b>	
<b>Response Bag Number:</b>				
<b>Bag Configuration</b>	<b>PCP</b> Initials		<b>ACP</b> Initials	
<b>Monitor/Defib ID No.:</b>				
<b>Batteries Rotated &amp; Checked:</b>				
<b>Time Synchronized:</b>	Time Variance from CACC:			
<b>Supplies:</b>	Pediatric SpO <sub>2</sub> Razor Electrodes	Pediatric Electrodes Alcohol Swabs Spare EtCO <sub>2</sub> Adapters	Stat-Padz Adult Stat-Padz Pediatric Spare Printer Paper	
<b>Cords &amp; Leads:</b>	4-Lead Monitor Cable 12-Lead Cable Defib MFC Cable	EtCO <sub>2</sub> Cable & Adapter SpO <sub>2</sub> Cable & Sensor 110v Power cable (back-up bag)		
<b>30 j Test:</b>	Pass		Fail	
<b>Printer Paper:</b>				
<b>EtCO<sub>2</sub> Ref Check:</b>				
<b>Defib Check Performed:</b>	Initials			

# Critical checks

**Equipment Left At Hospital:**

KED   Back Board   Cervical Collar   Straps   Sager   Scoop

Canvas Sheet   Towel Rolls

**Hospital:**

**Previous Shift's Comments:**

# Critical checks

**Equipment Deficiencies:**


**Deep Clean Performed:**

Initials

**Damaged/Malfunctioning/Faulty Equipment :**

**Complete Appropriate Report**

## Critical checks

Vehicle has been inspected and cleaned in accordance with Service Standards.

**Signature of Crew #1:**

**Signature of Crew #2:**

**Signature of Crew #3:**

# Critical checks

This area for administration use		Missing Items:	
<input type="checkbox"/>	Shift Overlap Hours:	ACR	<input type="checkbox"/>
Remarks:		Tach	<input type="checkbox"/>
		Gas Slip	<input type="checkbox"/>
Signature of Operations Supervisor:		<input type="checkbox"/> Box A	<input type="checkbox"/> Box B



PATIENT COMPARTMENT

# CHECK EVERYTHING ON YOUR STRETCHER





Peel Base Hospital  
Narcotic and Controlled Drug Sheet

FRONT  
PAGE

**Two signatures are required for: SHIFT COUNT, BREAKAGE, WASTE, PARTIAL DOSE - Usage and restocking require one signature.**

**Bryar must be signed out at the start and at the end of the shift.**



Check supplies in all pouches



Check supplies in all pouches

- BLS Backpack

Main Compartment:

PPE, Face Shield <b>2</b>	500 cc NaCl 0.9% <b>1</b>	Hot Packs <b>1</b>	Ice Pack <b>1</b>
Suction Catheter 6, 10, 14 <b>2 of each</b>	Respichamber <b>1</b>	PCP Med Pouch <b>1</b>	IV Kit <b>1</b>

Main Compartment Red Pouch:

50% Dextrose Injection USP <b>2</b>	Glucagon <b>2</b>
-------------------------------------	-------------------

Main Compartment Royal Blue Pouch:

KING LTS Airway Kit Size # 3 <b>1</b>	KING LTS Airway Kit Size # 4 <b>1</b>	KING LTS Airway Kit Size # 5 <b>1</b>	Tube Extender <b>1</b>
Tube Tie/Restraint <b>2</b>	Pink Waterproof Tape 1 inch <b>1 roll</b>		

Main Compartment Navy Blue:

Ventolin MDI <b>2</b>	Ventolin Nebules, 2.5mg <b>15</b>	RespiChamber <b>1</b>	Nebulizer Mask, Adult Complete with Tubing <b>1</b>
Nebulizer Mask, Paediatric Complete with Tubing <b>1</b>			

Top Pouch Inside Lid:

ASA <b>1 Bottle</b>	ACETAMINOPHEN 500mg <b>1 Bottle</b>	IBUPROFEN 400mg <b>1 Bottle</b>	Oral Glucose <b>2</b>
Nitroglycerin Spray <b>2</b>			

Bottom Pouch Inside Lid:

Emesis Bag <b>4</b>	N95 Mask <b>2</b>	P2 Gown <b>2</b>	Hand Sanitizer <b>1</b>
Gauze Pad 4x4 <b>10</b>	Scissors, Paramedic <b>1</b>		

Outside Compartment C:

Sharps Container <b>1</b>
---------------------------

## Zoll defib test - YouTube



### - Vehicle O2, Suction, Defibrillator

#### + Defibrillator

Defib Number:	D-Tank PSI:	M-Tank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Spare D-Tanks (2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Defibrillator Self Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Portable Suction Function Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Glucometer Self Test: (wednesday only) <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A		Wall Suction Function Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
All of the above items are clean and/or are in good working order: <input type="checkbox"/> No <input type="checkbox"/> Yes		Remarks/Notes: Write your notes here:	

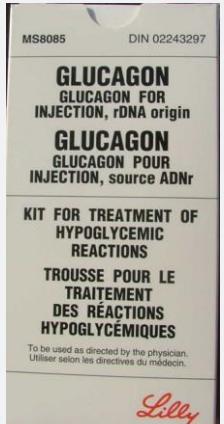


*PARACETAMOL*

**SYMPTOM RELIEF**



- 6 x ASA ( 80/81mg tablet)
- 2 x NTG 0.4 mg spray/0.3mg tablet
- 10 x epinephrine 1 mg (1:1000)
- 2 x Glucagon 1 mg
- 2 x Glucose Gel or tablets
- 2 x Dextrose in water (10% or 50%)
- 5 x salbutamol 2.5 mg
- 5 x salbutamol 5 mg
- 2 x Diphenhydramine 50mg
- 2 x Dimenhydrinate 50 mg
- 2 x Ketorolac (10-15mg/dose)
- 2 x Acetaminophen (960/1000mg dose)
- 2 x Ibuprofen 400mg/dose
- 6 x Naloxone 0.4-0.8mg/dose





- 1 x Glucometer
- 1 x BGL test strips bottle
- 6 x Lancets
- 6 x Bandages
- 10 x Alcohol swabs
- 3 x 3 cc syringes
- 3 x 1 cc syringes
- 10 x 2x2" dressings
- 2 x atomization device
- 2 x MDI aerochamber
- 2 x each size needle\*
- 2 x each size syringe

# Interior Patient Compartment

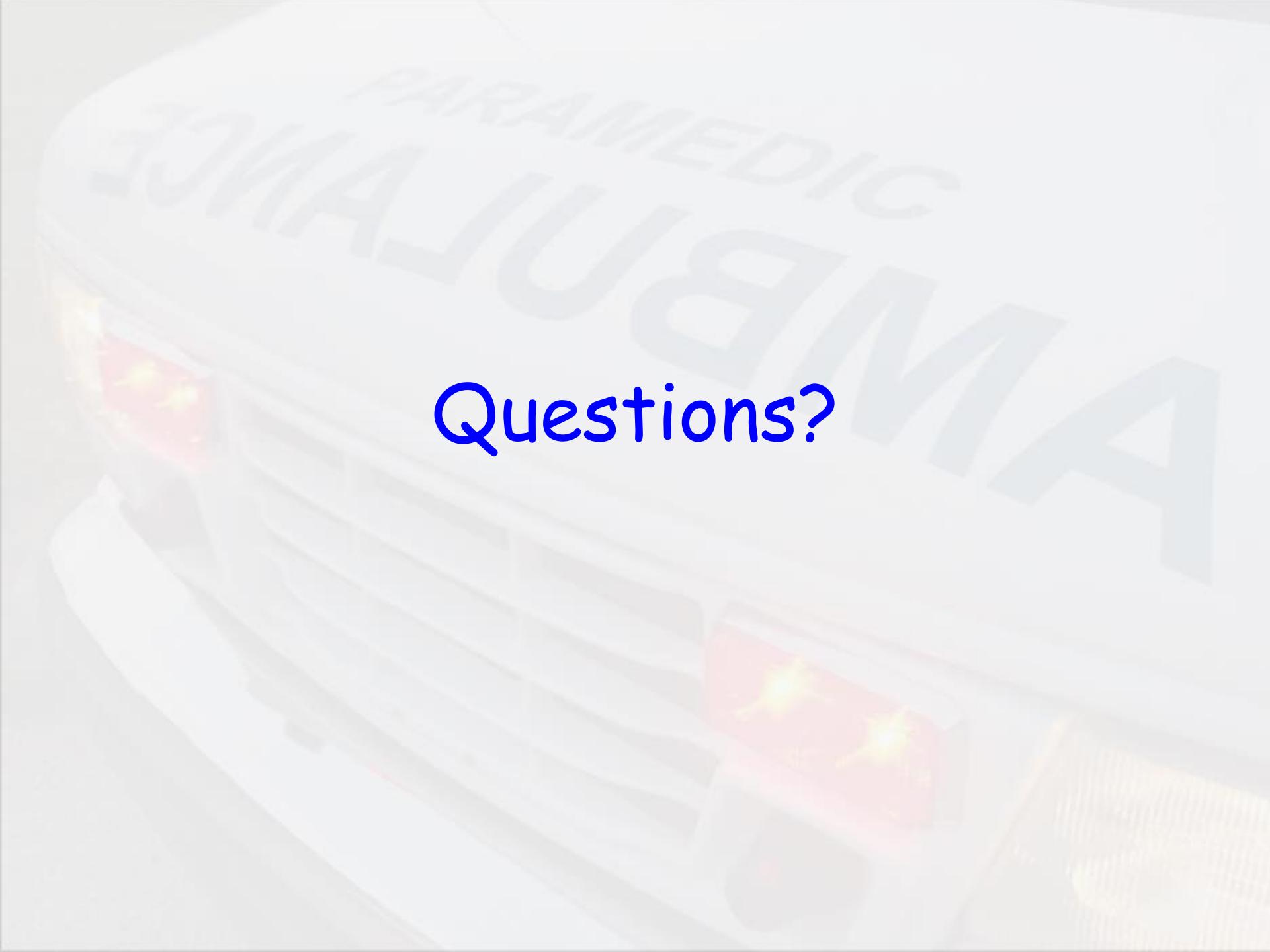




Bench seat content  
Rack at back



- 2 x Spare suction canisters for wall suction
- 2 x Spare suction canister for portable suction
- 5 x Blankets
- 1 x CPR Board\*
- 5 x Yellow Blankets
- 2 x Tub of Germicidal Disposable Cloths
- 1 x Urinal, Bed Pan & toilet paper (in a linen bag)
- 2 x White Haz-Mat Suits (each size S, M, L, XL)
- 4 x Biohazard Bags
- 2 x Spare BVM's adult
- 1 x Spare BVM Paed
- 1 x Spare BVM Infant



Questions?