

## **HMCS PA Pre-STP embarkation checklist**

This checklist is to be completed and submitted to STP PA by the PA of a ship 15 days prior to sailing.

Ship:	HMCS XXX	PA Name:	Lt(N)/Capt XXX
Date:	XX Jan XXXX	Med Tech:	Cpl XXX

### Training Completed

Serial	Checklist Item	Completed	Notes:
	Last ATLS	<input type="checkbox"/>	Date-
	Last ACLS	<input type="checkbox"/>	Date-
	Review ATLS and ACLS protocols as a team	<input type="checkbox"/>	
	The following hardcopy books: <ul style="list-style-type: none"> <li>• Tintinalli Emergency Medicine Manual 7th edition or better (ISBN-10: 007179476X);</li> <li>• ACLS Handbook of Emergency Cardiac Care for Health Care Providers (ISBN 10: 1616693975);</li> <li>• Therapeutic Choices (ISBN 10: 1894402561 (ordered through the Canadian Pharmacists Association));</li> <li>• Essentials of Clinical Examination Handbook (U of T Press) 6th edition or Newer (ISBN 10: 1604069112), and</li> <li>• Pfenninger &amp; Fowler's "Procedures for Primary Care" Third Edition (or newer) (ISBN 978-0-323-05267-2)</li> <li>• CPS</li> </ul>	<input type="checkbox"/>	
	Last SAV	<input type="checkbox"/>	Date-
	MCRP	<input type="checkbox"/>	Number of weeks this year-

### Medical Stores

	Stock check done, order placed	<input type="checkbox"/>	
	Narcotic and Controlled Drugs register complete	<input type="checkbox"/>	
	The following supplies are on hand for training use during program: <ul style="list-style-type: none"> <li>- iStat consumable supplies:               <ul style="list-style-type: none"> <li>o Controls</li> <li>o Chemistry and Troponin Cartridges</li> <li>o Lavender top blood tubes</li> </ul> </li> <li>- Spare Defib Pads for both AEDs and Defibrillator</li> <li>- IV Pump Infuser Lines</li> <li>- IV lines for Buddy Lite IV warmer</li> </ul>	<input type="checkbox"/>	

	- Spare blankets for Bair Hugger - TALON I/O device (Request Trainer version) x 4	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Equipment Serviceability</b>			
	Ventilator	<input type="checkbox"/>	
	Infusion Pump	<input type="checkbox"/>	
	iStat	<input type="checkbox"/>	
	Monitor/Defibrillator	<input type="checkbox"/>	
	AED	<input type="checkbox"/>	
	Bair Hugger	<input type="checkbox"/>	
	Suction	<input type="checkbox"/>	
	Water testing equipment	<input type="checkbox"/>	
	IV fluid warmer	<input type="checkbox"/>	
	CO Monitor (RAD 50)	<input type="checkbox"/>	
<b>Policy Review</b>			
	Procedural sedation	<input type="checkbox"/>	
	Smoke inhalation (under RCN Surg review)	<input type="checkbox"/>	
	Sexual assault specimen collection	<input type="checkbox"/>	
	Violent Patient "Code White"	<input type="checkbox"/>	
	Chest Pain / STEMI	<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Procedure Review</b>			
	Person overboard	<input type="checkbox"/>	
	Emergency flying stations	<input type="checkbox"/>	
	Environmental Spill with and without casualty	<input type="checkbox"/>	
	Sustained fire in engineering space	<input type="checkbox"/>	
	Isolated Casualty	<input type="checkbox"/>	
		<input type="checkbox"/>	
	Review the management of the following conditions/emergencies : 1. Anaphylaxis; 2. Myocardial Infarction; 3. Burns; 4. Smoke inhalation; 5. Acute Abdomen; 6. Fractures; 7. Closed Head injury; 8. C-Spine; 9. Chest Pain; 10. Stroke; and 11. Seizure.	<input type="checkbox"/>	

Notes: