

EMERGENCY MEDICATION KIT MONTHLY CHECKLIST

MONTH _____ YEAR _____ LOCATION _____

MEDICATIONS

MEDICATION	QTY	EXP DATE	COMMENTS	INITIALS
Diphenhydramine IV 50mg/mL	2			
Methylprednisolone IV 125 mg / 2 mL	2			
Epinephrine Auto-Injector ADULT 0.3mg/0.3mL	2			
Epinephrine Auto-Injector PEDIATRIC 0.15mg/0.3mL	2			
Albuterol Inhaler 90mcg	1			
Albuterol Nebulizer 0.083% 3 mL	5			
Sodium Chloride 0.9% 500mL Bag	2			
Dextrose 25 g / 50 mL (50%) IV 50mL Prefilled Syringe	1			
Nitroglycerin 0.4mg Sublingual Tablets	1			
Epinephrine 0.1mg/mL, 10mL Prefilled Syringe	1			
Atropine IV 1mg/10mL, 10 mL Prefilled Syringe	1			
Glucagon 1mg/1mL Injection	1			
Narcan® Naloxone HCl 4 mg Spray, Single-Dose Device 0.1 mL	1			

IV/INJECTION SUPPLIES

SUPPLY	QTY	EXP DATE	COMMENTS	INITIALS
IV Angiocatheter 24G	2			
IV Angiocatheter 22G	2			
IV Angiocatheter 20G	2			
IV Angiocatheter 18G	2			
Sodium Chloride 0.9% 10mL Flush	10			
IV Extension Tubing	2			
Alcohol Swabs	10			
Tourniquet	2			
Tegaderm	2			
3mL Luer Lock Syringe	4			
18G Needle	4			
IV Tubing, 92"	1			

RESPIRATORY SUPPLIES

Adult Non-rebreather Mask	1			
Adult Nasal Cannula	1			
Adult Nebulizer	1			
Pediatric Non-rebreather Mask	1			
Pediatric Nasal Cannula	1			
Pediatric Nebulizer	1			

NAME: _____ SIGNATURE: _____ DATE: _____