



**CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM**

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EQUIPMENT AND MEDICATION LIST – CRITICAL CARE

AGENCY: _____ VEHICLE NUMBER: _____

VIN: _____ LICENSE PLATE: _____

INSPECTION TYPE: _____ DATE: ____/____/____

INSPECTION PASS / FAIL: _____

INSPECTION PERFORMED BY: _____

INSPECTOR SIGNATURE: _____

AGENCY REP: _____

AGENCY REP SIGNATURE: _____

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
AIRWAY				
ENDOTRACHEAL TUBES	3.0MM UNCUFFED	2 EACH		
	3.5MM UNCUFFED	2 EACH		
	4.0MM UNCUFFED	2 EACH		
	4.5MM UNCUFFED	2 EACH		
	5.0MM CUFFED	2 EACH		
	5.5MM CUFFED	2 EACH		
	6.0MM CUFFED	2 EACH		
	6.5MM CUFFED	2 EACH		
	7.0MM CUFFED	2 EACH		
	7.5MM CUFFED	2 EACH		
ENDOTRACHEAL TUBE HOLDER	ADULT, COMMERCIAL DEVICE	1 EACH		
	PEDIATRIC, COMMERCIAL DEVICE	1 EACH		
LARYNGOSCOPE HANDLE	ADULT	1 EACH		
	PEDIATRIC	1 EACH		

EQUIPMENT AND MEDICATION LIST – CRITICAL CARE

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
AIRWAY, CONTINUED				
LARYNGOSCOPE BLADES	CURVED: SIZE 2	1 EACH		
	CURVED: SIZE 3	1 EACH		
	CURVED: SIZE 4	1 EACH		
	STRAIGHT: SIZE 0	1 EACH		
	STRAIGHT: SIZE 1	1 EACH		
	STRAIGHT: SIZE 2	1 EACH		
	STRAIGHT: SIZE 3	1 EACH		
	STRAIGHT: SIZE 4	1 EACH		
INTUBATION CAMERA / VIDEO LARYNGOSCOPE	MACGRATH® AND/OR GLIDESCOPE®	1 EACH		
BATTERIES	SIZE AA: 2 IN HANDLE	2 EACH		
	SIZE AA: 2 EXTRA	2 EACH		
	SIZE C: 2 IN HANDLE	2 EACH		
	SIZE C: 2 EXTRA	2 EACH		
	SIZE AA: 2 IN HANDLE	2 EACH		
RIGID STYLET	ADULT 14FR	1 EACH		
	PEDIATRIC 6FR	1 EACH		
10ML SYRINGE	NEEDLELESS	1 EACH		
BOUGIE	GUM-ELASTIC ENDOTRACHEAL TUBE INTRODUCER	1 EACH		
LUBRICANT	PACKETS OR TUBE; WATER-SOLUBLE, STERILE	4 EACH		
MAGILL FORCEPS	ADULT	1 EACH		
	PEDIATRIC	1 EACH		
HAND-HELD NEBULIZER	FULL KIT	3 EACH		
IN-LINE NEBULIZER	FULL KIT	1 EACH		
CRICOTHYROTOMY KIT	14GA 2" ANGIOCATH	1 EACH		
	3.5MM ETT ADAPTER	1 EACH		
	CURVED HEMOSTAT	1 EACH		
	CHLORAPREP® OR BETADINE SWAB	1 EACH		
	SCALPEL	1 EACH		

EQUIPMENT AND MEDICATION LIST – CRITICAL CARE

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
AIRWAY, CONTINUED				
WAVEFORM CAPNOGRAPHY	NASAL CANNULA / NON-INVASIVE; ADULT	2 EACH		
	NASAL CANNULA / NON-INVASIVE; PEDIATRIC	2 EACH		
	INTUBATED / INVASIVE; ADULT	2 EACH		
	INTUBATED / INVASIVE; PEDIATRIC	2 EACH		
SPO2 SENSOR	ADULT; NON-DISPOSABLE	1 EACH		
	PEDIATRIC; NON-DISPOSABLE	1 EACH		
CPAP / NIPPV	FLWSAFE II-EZ® WITH SIZE LARGE FACEMASK	1 EACH		
I-GEL SUPRAGLOTTIC AIRWAY	RESUSPACK® SIZE 3	1 EACH		
	RESUSPACK® SIZE 4	1 EACH		
	RESUSPACK® SIZE 5	1 EACH		
SALEM SUMP GASTRIC TUBE	6 FR	1 EACH		
	8 FR	1 EACH		
	10 FR	1 EACH		
	12 FR	1 EACH		
	14 FR	1 EACH		
	16 FR	1 EACH		
	18 FR	1 EACH		
VENTILATOR TUBING	ADULT	2 EACH		
VENTILATOR HEAT/MOISTURE EXCHANGER		2 EACH		
PATIENT ASSESSMENT				
THERMOMETER	ORAL OR TEMPORAL	1 EACH		
BLOOD GLUCOSE MONITOR	DEVICE	1 EACH		
	LANCETS	10 EACH ≥		
	≥ 10 TEST STRIPS	10 EACH ≥		
	ALCOHOL PREP PADS	10 EACH ≥		
POINT-OF-CARE TESTING	EPOC DEVICE	1 EACH		
	HEMOCHRON	1 EACH		
	TEST STRIPS / CARTRIDGES	3 EACH		

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ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
PEDIATRIC EQUIPMENT				
MECONIUM ASPIRATOR	PLACED WITH OB KIT OR IN INTUBATION KIT	1 EACH		
INFANT CAR SEAT	BUILT-IN OR STAND-ALONE, ABLE TO SECURE 4 – 40LBS CHILD	1 EACH		
INTRAVENOUS ADMINISTRATION EQUIPMENT				
INFUSION FILTER	0.22 MICRON FILTER SET	2 EACH		
INFUSION SET	10 – 20 GTTS/ML (MACRODRIP)	6 EACH		
	60 GTTS/ML (MICRODRIP)	4 EACH		
	BLOOD ADMINISTRATION SET	2 EACH		
INTRAVENOUS CATHETERS	14GA	3 EACH		
	16GA	3 EACH		
	18GA	3 EACH		
	20GA	3 EACH		
	22GA	3 EACH		
	24GA	3 EACH		
IV EXTENSION TUBING	6-INCH EXTENSION SET (“J-LOOP”)	2 EACH		
IV INFUSION PUMP	CONTROL MODULE	2 EACH		
	CHANNEL	4 EACH		
MEDICATION LABELS		5 EACH		
IV START KIT	COMMERCIAL START KIT	5 EACH		
EZ-IO®	DRILL	1 EACH		
	EZ CONNECT TUBING;	1 EACH		
	15GA 15MM (RED) NEEDLE	1 EACH		
	15GA 25MM (BLUE) NEEDLE	1 EACH		
	15GA 45MM (YELLOW) NEEDLE	1 EACH		
IV FLUID WARMER / COOLER	BAGS MUST BE LABELED TO ENSURE FLUID ROTATION AND TWO WEEK MAXIMUM WARMING TIME	1 EACH		
PNEUMATIC PRESSURE INFUSER	1000ML DISPOSABLE PNEUMATIC DEVICE	1 EACH		

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ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
CARDIAC EQUIPMENT				
ECG ELECTRODES	ADULT	30 EACH		
	PEDIATRIC	10 EACH		
CARDIAC MONITOR	DEFIBRILLATION, PACING, 3 – 4 LEAD MONITORING, 12-LEAD ACQUISITION & TRANSMISSION; NIBP, SPO2, ETCO2	1 EACH		
MULTI-FUNCTION PADS	MONITOR SPECIFIC; ADULT	2 EACH		
	MONITOR SPECIFIC; PEDIATRIC	2 EACH		
ECG PRINTER PAPER	MONITOR SPECIFIC; 1 IN MONITOR, 1 EXTRA (2 TOTAL)	2 EACH		
RAZOR		1 EACH		
DOPPLER		1 EACH		
TRAUMA / DISASTER				
SMART TRIAGE TAGS	SET OF 10	SET OF 10		
CAT II TOURNIQUET		2 EACH		
PLEURAL DECOMPRESSION NEEDLES	14GA 3.25 INCH	2 EACH		
RING CUTTER	DISPOSABLE OR NON-DISPOSABLE	1 EACH		
HEAD IMMOBILIZATION DEVICE	APPROVED DEVICE; ADULT	2 EACH		
	APPROVED DEVICE; PEDIATRIC	2 EACH		
PELVIC BINDER	COMMERCIAL DEVICE	1 EACH		
PAPER FORMS				
AMBULANCE RUN REPORT	PAPER BACK-UP	10 EACH		
REFUSAL / RELEASE FORMS	PAPER BACK-UP	5 EACH		
BUS ACCIDENT FORMS	PAPER BACK-UP	3 EACH		
CURRENT SYSTEM SMO'S	PRINTED COPY	1 COPY		
CURRENT SYSTEM POLICIES	PRINTED COPY	1 COPY		
MEDICATION DELIVERY / ADMINISTRATION				
1 ML LUER LOCK SYRINGE	NEEDLELESS	6 EACH		
3 ML LUER LOCK SYRINGE	NEEDLELESS	6 EACH		
5 ML LUER LOCK SYRINGE	NEEDLELESS	6 EACH		
10 ML LUER LOCK SYRINGE	NEEDLELESS	6 EACH		

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
MEDICATION DELIVERY / ADMINISTRATION, CONTINUED				
20 ML LUER LOCK SYRINGE	NEEDLELESS	6 EACH		
60 ML LUER LOCK SYRINGE	NEEDLELESS	3 EACH		
60 ML BLUNT-TIP SYRINGE		2 EACH		
3-WAY STOPCOCK		2 EACH		
IM ADMINISTRATION NEEDLES	21 – 22GA, 1 ½ INCH	4 EACH		
FILTER NEEDLES		2 EACH		
MUCOSAL ATOMIZATION DEVICE (MAD)		2 EACH		
MEDICATIONS				
ADENOSINE (ADENOCARD®)	6 MG / 2 ML	1 EACH		
	12 MG / 4 ML	2 EACH		
ALBUTEROL (PROVENTIL® / VENTOLIN®)	2.5 MG / 3 ML	6 EACH		
AMIODARONE (CORDARONE®)	150 MG VIAL (450MG TOTAL)	3 EACH		
ASPIRIN	81 MG CHEWABLE TABLET	8 TABLETS		
ATROPINE	1 MG / 10 ML	3 EACH		
BENZOCAINE SPRAY (HURRICAIN®)	SPRAY CAN WITH APPLICATOR STRAWS	1 CAN		
CALCIUM GLUCONATE	1 G TOTAL	1 EACH		
DEXTROSE 10%	25 G / 250 ML	2 EACH		
DEXTROSE 50%	25 G	1 EACH		
DILTIAZEM (CARDIZEM®)	50 MG	1 EACH		
DIPHENHYDRAMINE (BENADRYL®)	50 MG	2 EACH		
DOBUTAMINE (DOBUTREX®)	400 MG PRE-MIX	1 EACH		
DOPAMINE (INTROPIN®)	400 MG PRE-MIX	1 EACH		
EPINEPHRINE 1:10,000	1 MG / 10 ML	8 EACH		
EPINEPHRINE 1:1,000	1 MG	4 EACH		
ETOMIDATE (AMIDATE®)	40 MG	1 EACH		
FENTANYL (SUBLIMAZE®)	100 MCG	3 EACH		
FOSPHENYTOIN (CEREBYX®)	500 PE / 10 ML	5 EACH		

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MEDICATIONS, CONTINUED				
FUROSEMIDE (LASIX®)	40 MG / 5 ML	1 EACH		
GLUCAGON (GLUCAGEN®)	1 MG KIT	2 KITS		
GLUCOSE GEL	24 – 25 G FOR ORAL USE WITH 2 TONGUE BLADES	1 TUBE		
HEPARIN	10,000 UNITS TOTAL	1 EACH		
HYDRALAZINE (APRESOLINE®)	100 MG / 10 ML	2 EACH		
INSULIN, HUMAN REGULAR (NOVOLIN®, HUMULIN®)	200 UNITS	1 EACH		
KETAMINE (KETALAR®)	500 MG / 10 ML	2 EACH		
LABETALOL (NORMODYNE®)	100 MG / 10 ML	3 EACH		
LIDOCAINE HYDROCHLORIDE	100 MG / 10 ML	1 EACH		
LORAZEPAM (ATIVAN®)	10 MG TOTAL	1 EACH		
MAGNESIUM SULFATE	2 G / 50 ML PREMIX	2 EACH		
MANNITOL (OSMITROL®)	100 G	2 EACH		
METHYLPREDNISOLONE SODIUM (SOLU-MEDROL®)	125 MG	4 EACH		
METOPROLOL (LOPRESSOR®)	5 MG	3 EACH		
MIDAZOLAM (VERSED®)	5 MG / 5 ML X 4 VIALS AND/ OR 5 MG / 1 ML X 4 VIALS	30 MG TOTAL		
NALOXONE (NARCAN®)	2 MG	6 EACH		
NICARDIPINE (CARDENE®)	50MG TOTAL	50 MG TOTAL		
NITROGLYCERIN IV (TRIDIL®)	25 MG	1 EACH		
NITROGLYCERIN SUBLINGUAL	0.4 MG SPRAY OR TABLETS	1 EACH		
NOREPINEPHRINE (LEVOPHED®)	4 MG / 4 ML	4 EACH		
NORMAL SALINE	1000 ML	5 EACH		
	250 ML	2 EACH		
	100 ML	2 EACH		
	50 ML	2 EACH		
ONDANSETRON (ZOFTRAN®)	4 MG IV	2 EACH		
	4 MG ODT	2 EACH		

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MEDICATIONS, CONTINUED				
PROPOFOL (DIPRIVAN®)	1000 MG TOTAL	1 EACH		
PROTHROMBIN COMPLEX CONCENTRATE (KCENTRA®)	5000 UNITS TOTAL	1 EACH		
RESPIRATORY SALINE	15 ML PRE-FILL AMPULE	4 EACH		
ROCURONIUM (ZEMURON®)	100 MG / 10 ML	2 EACH		
SALINE PRE-FILLED SYRINGES (IV FLUSH)	10 ML	4 EACH		
SODIUM BICARBONATE 8.4%	50 MEQ	2 EACH		
SUCCINYLCHOLINE (ANECTINE®)	200 MG	2 EACH		
TETRACAINE (ALTACAINE®)	0.5% EYE DROPS	1 EACH		
TISSUE PLASMINOGEN ACTIVATOR (TPA) (ALTEPLASE®, ACTIVASE®)	100 MG	2 EACH		
VASOPRESSIN (PITRESSIN®)	40 UNITS	2 EACH		
VECURONIUM (NORCURON®)	20 MG	1 EACH		
VITAMIN K (AQUAMEPHYTON®)	2 MG TOTAL	2 EACH		
THE FOLLOWING MEDICATIONS ARE FOR USE DURING CRITICAL SHORTAGES WITH SYSTEM APPROVAL ONLY				
ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
DEXTROSE 25%	12.5 G	2 EACH		
LIDOCAINE HYDROCHLORIDE	100 MG / 10 ML	1 EACH		
KETOROLAC (TORADOL®)	30 MG / 1 ML	1 EACH		
MORPHINE SULFATE	10 MG / 2 ML	2 EACH		

Inspection Notes:

THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) INSPECTION FORM CAN BE FOUND AT:
<http://www.dph.illinois.gov/sites/default/files/forms/ems-ambulance-inspection.pdf>