



**CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM**

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EQUIPMENT AND MEDICATION LIST – ALS NON-TRANSPORT

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	1 EACH		
	3.5MM UNCUFFED	1 EACH		
	4.0MM UNCUFFED	1 EACH		
	4.5MM UNCUFFED	1 EACH		
	5.0MM CUFFED	1 EACH		
	5.5MM CUFFED	1 EACH		
	6.0MM CUFFED	1 EACH		
	6.5MM CUFFED	1 EACH		
	7.0MM CUFFED	1 EACH		
	7.5MM CUFFED	1 EACH		
8.0MM CUFFED	1 EACH			
ENDOTRACHEAL TUBE HOLDER	ADULT, COMMERCIAL DEVICE	1 EACH		
	PEDIATRIC, COMMERCIAL DEVICE	1 EACH		
LARYNGOSCOPE HANDLE	ADULT	1 EACH		
	PEDIATRIC	1 EACH		

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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 KING VISION®	OPTIONAL		
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		
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	2 EACH		
MAGILL FORCEPS	ADULT	1 EACH		
	PEDIATRIC	1 EACH		
HAND-HELD NEBULIZER	FULL KIT	1 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		

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ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
AIRWAY, CONTINUED				
WAVEFORM CAPNOGRAPHY	NASAL CANNULA / NON-INVASIVE; ADULT	1 EACH		
	NASAL CANNULA / NON-INVASIVE; PEDIATRIC	*OPTIONAL*		
	INTUBATED / INVASIVE; ADULT	1 EACH		
	INTUBATED / INVASIVE; PEDIATRIC	*OPTIONAL*		
ETCO ₂ DETECTOR	COLORMETRIC EASYCAP II ®	1 EACH UNLESS WAVEFORM AVAILABLE		
	COLORMETRIC PEDICAP ®			
SPO ₂ 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 4	1 EACH *OPTIONAL*		
SALEM SUMP GASTRIC TUBE	12FR FOR I-GEL	1 EACH *OPTIONAL*		
PATIENT ASSESSMENT				
THERMOMETER	ORAL OR TEMPORAL	1 EACH *OPTIONAL*		
BLOOD GLUCOSE MONITOR	DEVICE	1 EACH		
	LANCETS	10 EACH ≥		
	≥ 10 TEST STRIPS	10 EACH ≥		
	ALCOHOL PREP PADS	10 EACH ≥		
PEDIATRIC EQUIPMENT				
MECONIUM ASPIRATOR	PLACED WITH OB KIT OR IN INTUBATION KIT	1 EACH		
INTRAVENOUS ADMINISTRATION EQUIPMENT				
INFUSION SET	10 – 20 GTTS/ML (MACRODRIP)	2 EACH		
	60 GTTS/ML (MICRODRIP)	1 EACH		
INTRAVENOUS CATHETERS	14GA	2 EACH		
	16GA	2 EACH		
	18GA	2 EACH		
	20GA	2 EACH		
	22GA	2 EACH		
	24GA	2 EACH		

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ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
INTRAVENOUS ADMINISTRATION EQUIPMENT, CONTINUED				
IV EXTENSION TUBING	6-INCH EXTENSION SET ("J-LOOP")	2 EACH		
IV START KIT	COMMERCIAL START KIT	2 EACH		
EZ-IO® KIT	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		
PNEUMATIC PRESSURE INFUSER	1000ML DISPOSABLE PNEUMATIC DEVICE	1 EACH		
CARDIAC EQUIPMENT				
ECG ELECTRODES	ADULT	15 EACH		
	PEDIATRIC	5 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)	1 EACH		
RAZOR		1 EACH		
MECHANICAL COMPRESSION DEVICE	SYSTEM-APPROVED DEVICE	1 EACH *OPTIONAL*		
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		
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		

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
MEDICATION DELIVERY / ADMINISTRATION				
1 ML LUER LOCK SYRINGE	NEEDLELESS	2 EACH		
3 ML LUER LOCK SYRINGE	NEEDLELESS	2 EACH		
5 ML LUER LOCK SYRINGE	NEEDLELESS	2 EACH		
10 ML LUER LOCK SYRINGE	NEEDLELESS	2 EACH		
20 ML LUER LOCK SYRINGE	NEEDLELESS	2 EACH		
IM ADMINISTRATION NEEDLES	21 – 22GA, 1 ½ INCH	2 EACH		
FILTER NEEDLES		1 EACH		
MUCOSAL ATOMIZATION DEVICE (MAD)		1 EACH		
MEDICATIONS				
ADENOSINE (ADENOCARD®)	6 MG / 2 ML	1 EACH		
	12 MG / 4 ML	1 EACH		
ALBUTEROL (PROVENTIL® / VENTOLIN®)	2.5 MG / 3 ML	2 EACH		
AMIODARONE (CORDARONE®)	150 MG VIAL (450MG TOTAL)	3 EACH		
ASPIRIN	81 MG CHEWABLE TABLET	8 TABLETS		
ATROPINE	1 MG / 10 ML	2 EACH		
DEXTROSE 10%	25 G / 250 ML	1 EACH		
DIPHENHYDRAMINE (BENADRYL®)	50 MG	1 EACH		
EPINEPHRINE 1:10,000	1 MG / 10 ML	4 EACH		
EPINEPHRINE 1:1,000	1 MG	2 EACH		
ETOMIDATE (AMIDATE®)	40 MG	1 EACH		
FENTANYL (SUBLIMAZE®)	100 MCG	2 EACH		
GLUCAGON (GLUCAGEN®)	1 MG KIT	1 KIT		
GLUCOSE GEL	24 – 25 G FOR ORAL USE WITH 2 TONGUE BLADE	1 TUBE		
KETAMINE (KETALAR®)	500 MG / 10 ML	1 EACH		
MIDAZOLAM (VERSED®)	5 MG / 5 ML X 4 VIALS AND/ OR 5 MG / 1 ML X 4 VIALS	20 MG TOTAL		
NALOXONE (NARCAN®)	2 MG	4 EACH		
NITROGLYCERIN SUBLINGUAL	0.4 MG SPRAY OR TABLETS	1 EACH		

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
MEDICATIONS, CONTINUED				
NORMAL SALINE	1000 ML	2 EACH		
	100 ML	1 EACH *OPTIONAL*		
ONDANSETRON (ZOFRAN®)	4 MG IV	1 EACH		
	4 MG ODT	1 EACH		
RESPIRATORY SALINE	15 ML PRE-FILL AMPULE	1 EACH		
SALINE PRE-FILLED SYRINGES (IV FLUSH)	10 ML	2 EACH		
THE FOLLOWING MEDICATIONS ARE FOR USE DURING CRITICAL SHORTAGES WITH SYSTEM APPROVAL ONLY				
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>