



**CENTRAL DUPAGE HOSPITAL  
EMERGENCY MEDICAL SERVICES SYSTEM**

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WINFIELD, IL 60190

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**EQUIPMENT AND MEDICATION LIST – ALS AMBULANCE**

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
<b>AIRWAY</b>				
<b>ENDOTRACHEAL TUBES</b>	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		
8.0MM CUFFED	2 EACH			
<b>ENDOTRACHEAL TUBE HOLDER</b>	ADULT COMMERCIAL DEVICE	1 EACH		
	PEDIATRIC COMMERCIAL DEVICE	1 EACH		
<b>LARYNGOSCOPE HANDLE</b>	ADULT	1 EACH		
	PEDIATRIC	1 EACH		

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ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
<b>AIRWAY, CONTINUED</b>				
<b>LARYNGOSCOPE BLADES</b>	CURVED: SIZE 2, 3, & 4	1 FULL SET		
	STRAIGHT: SIZE 0, 1, 2, 3, & 4	1 FULL SET		
<b>INTUBATION CAMERA / VIDEO LARYNGOSCOPE</b>	MACGRATH® AND/OR KING VISION (911 ONLY)	1 EACH		
<b>BATTERIES</b>	SIZE AA: 2 IN HANDLE, 2 EXTRA (4 TOTAL)	4 EACH		
	SIZE C: 2 IN HANDLE, 2 EXTRA (4 TOTAL)	4 EACH		
<b>RIGID STYLET</b>	ADULT 14FR	1 EACH		
	PEDIATRIC 6FR	1 EACH		
<b>10ML SYRINGE</b>	NEEDLELESS	1 EACH		
<b>BOUGIE</b>	GUM-ELASTIC ENDOTRACHEAL TUBE INTRODUCER	1 EACH		
<b>LUBRICANT</b>	PACKETS OR TUBE; WATER-SOLUBLE, STERILE	4 EACH		
<b>MAGILL FORCEPS</b>	ADULT	1 EACH		
	PEDIATRIC	1 EACH		
<b>HAND-HELD NEBULIZER</b>	FULL KIT	2 EACH		
<b>IN-LINE NEBULIZER</b>	FULL KIT	1 EACH		
<b>CRICOTHYROTOMY KIT</b>	14GA 2" ANGIOCATH	1 EACH		
	3.5MM ETT ADAPTER	1 EACH		
	CURVED HEMOSTAT	1 EACH		
	CHLORAPREP® OR BETADINE SWAB	1 EACH		
	SCALPEL	1 EACH		
<b>WAVEFORM CAPNOGRAPHY</b>	NASAL CANNULA / NON-INVASIVE; ADULT	2 EACH		
	NASAL CANNULA / NON-INVASIVE; PEDIATRIC	2 EACH		
	INTUBATED / INVASIVE; ADULT	2 EACH		
	INTUBATED / INVASIVE; PEDIATRIC	2 EACH		
<b>SPO2 SENSOR</b>	ADULT AND PEDIATRIC; NON-DISPOSABLE	1 EACH		
	PEDIATRIC; NON-DISPOSABLE	1 EACH		
<b>CPAP / NIPPV</b>	FLOWSAFE II-EZ® WITH SIZE LARGE FACEMASK	1 EACH		

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
<b>AIRWAY, CONTINUED</b>				
I-GEL SUPRAGLOTTIC AIRWAY	RESUSPACK® SIZE 3	1 EACH		
	RESUSPACK® SIZE 4	1 EACH		
	RESUSPACK® SIZE 5	1 EACH		
SALEM SUMP GASTRIC TUBE	12F FOR I-GEL	1 EACH		
<b>PATIENT ASSESSMENT</b>				
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 ≥		
N95 RESPIRATOR MASK	SIZE REGULAR	4 EACH		
	SIZE SMALL	4 EACH		
<b>PEDIATRIC EQUIPMENT</b>				
MECONIUM ASPIRATOR	PLACED WITH OB KIT OR IN INTUBATION KIT	1 EACH		
INFANT CAR SEAT(S)	BUILT-IN OR STAND-ALONE, ABLE TO SECURE 4 – 100LBS CHILD	1 EACH		
<b>INTRAVENOUS ADMINISTRATION EQUIPMENT</b>				
INFUSION SET	10 – 20 GTTS/ML (MACRODRIP)	4 EACH		
	60 GTTS/ML (MICRODRIP)	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 START KIT	COMMERCIAL START KIT	4 EACH		

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<b>INTRAVENOUS ADMINISTRATION EQUIPMENT, CONTINUED</b>				
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		
<b>PNEUMATIC PRESSURE INFUSER</b>	1000ML DISPOSABLE PNEUMATIC DEVICE	1 EACH		
<b>IV FLUID WARMER / COOLER</b>	BAGS MUST BE LABELED TO ENSURE FLUID ROTATION AND TWO WEEK MAXIMUM WARMING TIME	1 EACH		
<b>CARDIAC EQUIPMENT</b>				
<b>ECG ELECTRODES</b>	ADULT	30 EACH		
	PEDIATRIC	10 EACH		
<b>CARDIAC MONITOR</b>	DEFIBRILLATION, PACING, 3 – 4 LEAD MONITORING, 12-LEAD ACQUISITION & TRANSMISSION; NIBP, SPO2, ETCO2	1 EACH		
<b>MULTI-FUNCTION PADS</b>	MONITOR SPECIFIC; ADULT	2 EACH		
	MONITOR SPECIFIC; PEDIATRIC	2 EACH		
<b>ECG PRINTER PAPER</b>	MONITOR SPECIFIC; 1 IN MONITOR, 1 EXTRA (2 TOTAL)	2 EACH		
<b>RAZOR</b>		1 EACH		
<b>MECHANICAL COMPRESSION DEVICE</b>	SYSTEM-APPROVED DEVICE	1 EACH *OPTIONAL*		
<b>TRAUMA / DISASTER</b>				
<b>SMART TRIAGE TAGS</b>	SET OF 10	SET OF 10		
<b>CAT II TOURNIQUET</b>		2 EACH		
<b>PLEURAL DECOMPRESSION NEEDLES</b>	14GA 3.25 INCH	2 EACH		
<b>RING CUTTER</b>	DISPOSABLE OR NON-DISPOSABLE	1 EACH		
<b>HEAD IMMOBILIZATION DEVICE</b>	APPROVED DEVICE; ADULT & PEDIATRIC	2 EACH		
	APPROVED DEVICE; PEDIATRIC	2 EACH		
<b>PELVIC BINDER</b>	COMMERCIAL DEVICE	1 EACH		

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ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
<b>PAPER FORMS</b>				
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		
<b>MEDICATION DELIVERY / ADMINISTRATION</b>				
1 ML LUER LOCK SYRINGE	NEEDLELESS	4 EACH		
3 ML LUER LOCK SYRINGE	NEEDLELESS	4 EACH		
5 ML LUER LOCK SYRINGE	NEEDLELESS	4 EACH		
10 ML LUER LOCK SYRINGE	NEEDLELESS	4 EACH		
20 ML LUER LOCK SYRINGE	NEEDLELESS	2 EACH		
3-WAY STOPCOCK		2 EACH		
IM ADMINISTRATION NEEDLES	21 – 22GA, 1 ½ INCH	4 EACH		
FILTER NEEDLES		1 EACH		
MUCOSAL ATOMIZATION DEVICE (MAD)		2 EACH		
<b>MEDICATIONS</b>				
ADENOSINE (ADENOCARD®)	6 MG / 2 ML	1 EACH		
	12 MG / 4 ML	2 EACH		
ALBUTEROL (PROVENTIL® / VENTOLIN®)	2.5 MG / 3 ML	4 EACH		
AMIODARONE (CORDARONE®)	150 MG VIAL (450MG TOTAL)	3 EACH		
ASPIRIN	81 MG CHEWABLE TABLET	8 TABLETS		
ATROPINE	1 MG / 10 ML	3 EACH		
DEXTROSE 10%	25 G / 250 ML	2 EACH		
DIPHENHYDRAMINE (BENADRYL®)	50 MG	2 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	3 EACH		

ITEM	DESCRIPTION	PAR LEVEL	AT PAR?	QTY ON HAND
<b>MEDICATIONS, CONTINUED</b>				
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 BLADES	1 TUBE		
KETAMINE (KETALAR®)	500 MG / 10 ML	2 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	6 EACH		
NITROGLYCERIN SUBLINGUAL	0.4 MG SPRAY OR TABLETS	1 EACH		
NORMAL SALINE	1000 ML	4 EACH		
	100 ML	2 EACH *OPTIONAL*		
ONDANSETRON (ZOFRAN®)	4 MG IV	2 EACH		
	4 MG ODT	2 EACH		
RESPIRATORY SALINE	15 ML PRE-FILL AMPULE	4 EACH		
SALINE PRE-FILLED SYRINGES (IV FLUSH)	10 ML	4 EACH		
SODIUM BICARBONATE 8.4%	50 MEQ	2 EACH		
TETRACAINE (ALTACAINE®)	0.5% EYE DROPS	1 EACH		
<b>**THE FOLLOWING MEDICATIONS ARE FOR USE DURING CRITICAL SHORTAGES WITH SYSTEM APPROVAL ONLY**</b>				
DEXTROSE 50%	25 G	2 EACH		
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>