



Site Tour Equipment Checklist Level IV



Review Date:

Hospital:

Reviewer:

Emergency Department

Equipment	Yes	No	Adult* Child Infant	Notes
Airway control & ventilation equipment				
Pulse oximetry				
Suction devices				
Cardiac monitor/defibrillator/pacer				
Standard IV fluids and administration sets				
IV fluid infusion pumps				
Large bore IV catheters				
IO sets				
Supplies for surgical airway				
Supplies for thoracostomy				
Drugs necessary for emergency care				
Central line				
Nasal & oral gastric tubes				
Pediatric length-based resuscitation tape				
Thermal control for patients & fluids/blood				
Waveform capnography				
Splints/pelvic wrap/tourniquets				
EMS Compliant Communication: A. Which of the following recorded communication systems do you have? <input type="checkbox"/> VHF <input type="checkbox"/> UHF <input type="checkbox"/> 800 MHz <input type="checkbox"/> Phone Line How many recorded radios do you have? _____				

Laboratory Services

Equipment	Yes	No	Notes
Standard analysis of blood, urine and other body fluids (including micro-sampling when appropriate)			
Blood typing and cross matching			

* Check yes or no and for the "Adult, Child, Infant" column, put "A" for adult, "C" for child, and "I" for infant. If the equipment pertains to all three, put "ACI."