

Winchester Fire EMS: Monthly EC Unit Inventory

Date: _____ EC Unit: _____ Provider 1: _____ Provider 2: _____ SHIFT _____

Section 1: Compartments					
Item Name	Expiration Date				
Adenosine					
Amiodarone					
Albuterol					
Ancef					
Aspirin					
Atropine					
Benadryl					
Calcium Chloride					
Control-Cric					
D10					
D5W					
Dopamine					
DuoNeb					
Epi 1:1,000					
Epi 1:10,000					
Glucagon					
Ipratropium					
Ketorolac (Toradol)					
Labetalol					
Lactated Ringers					
Lidocaine					
Magnesium					
Metoprolol					
Narcan					
Nitroglycerin					
Normal Saline					
OB Kits					
Oral Glucose					
Sodium Bicarbonate					
Solu-Medrol					
Sterile Water					
Thiamine					
TXA					
Zofran/Ondansetron					

Check Dates for DEFIB Adult/Ped Pads Initial: _____

Check Dates for EZ-IO Needles Initial: _____

Check Dates for Glucometer Test Strips Initial: _____

Check Dates for iGELS all sizes Initial: _____

Check Dates Trauma Cabinet Dressings/Supplies Initial: _____

Check Dates for Albuterol Initial: _____

Check IV Cath dates. Initial: _____

Check Dates on Narcotics Initial: _____

Notes:

Section 2: HandTevy Pediatric Bag

Item Name	Expiration Dates				
Adenosine					
Amiodarone					
Atropine					
Benadryl					
D10					
Epi 1:1,000					
Epi 1:10,000					
Lidocaine Jelly					
Narcan					
Normal Saline					

Check IV Cath/flush expiration Initial: _____

Section 3: MCI Bags

Chest Seals					
Decompression Needle					

Check Dates for all other Gauze and Bandaging in bag Initial: _____

Check Dates on NPA's Initial: _____

Section 4: Adult Bag

Adenosine					
Amiodarone					
Aspirin					
Atropine					
Benadryl					
D10					
Decompression needle					
Epi 1:1,000					
Epi 1:10,000					
EZ-IO needles					
Glucagon					
Lidocaine					
Magnesium Sulfate					
Narcan					
Normal Saline (NS)					
NS					
Oral Glucose					

Check dates for ETT Tubes and Endotrols Initial: _____

Check Dates for Glucometer Test Strips Initial: _____

Check IV Cath dates Initial: _____

Section 5: O2 Bag

Albuterol					
Narcan (IV + Atomizer)					

Check Dates for iGELS all sizes Initial: _____

Notes:

I certify that I have conducted a full inventory and inspection of this EC Unit:

Provider 1: _____

Provider 2: _____