Resus Monthly Checks

**These checks are to be completed on the 1st of every month**

**If not completed need escalating to NIC & Lead Nurse.**

**Expiry dates MUST be checked that they will not expire within the next month.**

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| **Month** | **Jan** | **Feb** | **March** | **April** | **May** | **June** |
| **Adult Transfer bag** |  |  |  |  |  |  |
| Adult Ambubag  x1 |  |  |  |  |  |  |
| Cuffed ETT sizes 7, 8 & 9  One of each |  |  |  |  |  |  |
| LMA size 3,4,5  *One of each* |  |  |  |  |  |  |
| Guedel OPA sizes 3,4 & 5  *One of each* |  |  |  |  |  |  |
| Nasopharyngeal airways sizes 6 & 7  *One of each* |  |  |  |  |  |  |
| Catheter Mount  x1 |  |  |  |  |  |  |
| ETT tie 1m length  X1 |  |  |  |  |  |  |
| Scissors  x1 |  |  |  |  |  |  |
| Magills Forceps  x1 |  |  |  |  |  |  |
| Lubricating Jelly Sachets  x2 |  |  |  |  |  |  |
| Intubation bougie  X1 |  |  |  |  |  |  |
| Laryngoscope handles  X2 |  |  |  |  |  |  |
| MAC 3 laryngoscope blade  x1 |  |  |  |  |  |  |
| 10ml syringe  x1 |  |  |  |  |  |  |
| 20ml syringe  x1 |  |  |  |  |  |  |
| Size C batteries  x2 |  |  |  |  |  |  |
| Stethoscope |  |  |  |  |  |  |
| Yankeur  x2 |  |  |  |  |  |  |
| 12ch suction catheter  x 4 |  |  |  |  |  |  |
| Capnography device x1 |  |  |  |  |  |  |
| Adult face mask size 4 & 5  One of each |  |  |  |  |  |  |
| Non-rebreathe mask  X1 |  |  |  |  |  |  |
| Cannula pack  x2 |  |  |  |  |  |  |
| Selection of blood tubes  *One of each* |  |  |  |  |  |  |
| Monovette adapter for cannula  x2 |  |  |  |  |  |  |
| Sterile gauze  x2 |  |  |  |  |  |  |
| Disposable tourniquet  x2 |  |  |  |  |  |  |
| Blunt needles  x4 |  |  |  |  |  |  |
| Green needles  x2 |  |  |  |  |  |  |
| 16g cannulas  x2 |  |  |  |  |  |  |
| 18g cannulas  x2 |  |  |  |  |  |  |
| 20g cannulas  x2 |  |  |  |  |  |  |
| Saline flush  x2 |  |  |  |  |  |  |
| NaCL 0.9% 500ml  x2 |  |  |  |  |  |  |
| IV giving set  x2 |  |  |  |  |  |  |
| Adrenaline prefilled syringe 1:10000  X4 |  |  |  |  |  |  |
| Amiodarone pre filled syringe 300mg  X2 |  |  |  |  |  |  |
| Atropine pre filled syringe 1mg  x3 |  |  |  |  |  |  |

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| **Month** | **Jan** | **Feb** | **March** | **April** | **May** | **June** |
| **Paediatric Transfer Bag** |  |  |  |  |  |  |
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| MAC 4 laryngoscope blade x1 |  |  |  |  |  |  |
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