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 & 9One 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 lengthX1 |  |  |  |  |  |  |
| Scissorsx1 |  |  |  |  |  |  |
| Magills Forcepsx1 |  |  |  |  |  |  |
| Lubricating Jelly Sachets x2 |  |  |  |  |  |  |
| Intubation bougieX1 |  |  |  |  |  |  |
| Laryngoscope handlesX2 |  |  |  |  |  |  |
| MAC 3 laryngoscope bladex1 |  |  |  |  |  |  |
| 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 & 5One of each |  |  |  |  |  |  |
| Non-rebreathe maskX1 |  |  |  |  |  |  |
| 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 flushx2 |  |  |  |  |  |  |
| NaCL 0.9% 500ml x2 |  |  |  |  |  |  |
| IV giving set x2 |  |  |  |  |  |  |
| Adrenaline prefilled syringe 1:10000X4 |  |  |  |  |  |  |
| Amiodarone pre filled syringe 300mgX2 |  |  |  |  |  |  |
| 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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