**Appendix H**

### Emergency Bag – Weekly/After Use Checklist

Ward: ……………………… Location: ………………………………… Year ……………………

Please verify that the emergency bag contains the following items, in date & full working order.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Adult Non-rebreathing 100% Oxygen masks Single use | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Individual oxygen tubing  Single use | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | 2 x Oropharyngeal airway Size 4 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Oropharyngeal airway Size 3 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Oropharyngeal airway Size 2 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Vitalograph Emergency Aspirator | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Single use bag, valve and mask  (with Oxygen reservoir)  Single use | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Single use pocket mask  Single use | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Tough-cut Scissors | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Naso-pharyngeal Airway (Size 6mm) | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Lubricating Jelly (sachet) | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Lightweight Portable Oxygen Cylinder | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Ligature Cutter    Sharpen after use | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| **4 (pairs) x** Gloves | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Pulse oximeter | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| **Doctors Box** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 x Cannula Size 16g – 45mm GREY | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Cannula Size 18g – 45mm GREEN | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Cannula Size 20g – 32mm PINK | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Cannula Size 22g – 25mm BLUE | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 2 x Niko-Fix (fixation device for IV cannula) | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 1 x Micropore tape (2.5cm) - roll | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 3 x Pre-filled syringes - Adrenaline 1:10,000 10mls = 1mg | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| **Emergency Drug Tray** (may be kept separate to bag but should be readily available near the bag)  Syringes - 1ml, 3ml, 5ml, 10ml (2 of each)  Needles – blue and green (2 of each) | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Initials of person inspecting | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| **Team Manager 4 weekly Check**  **Date:** | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |
| Findings: | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |
| Team Manager Signature: | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |

Please √ if equipment is present, clean and useable

Please insert: 1= soiled – if able to please replace/clean if appropriate

2= unavailable/on order

Please report any issues to Resuscitation Officer by email: resus@shsc.nhs.uk