

# Multi-County Ambulance Inspection Basic Life Support Checklist

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sticker Number: \_\_\_\_\_  
 Previous Sticker Number: \_\_\_\_\_

Based in the following counties:

- Adams     Arapahoe     Broomfield     Douglas     Elbert     Jefferson

Unit No.: \_\_\_\_\_ VIN: \_\_\_\_\_ Lic #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Ambulance Make: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_ Odometer: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Basic Life Support (BLS)     Basic Life Support with Advanced Life Support Capabilities (BLS/ALS)     Advanced Life Support (ALS)  
 Reserve Vehicle (Will be fully stocked according to this Inspection list before going into service.)

## Basic Life Support Check List

### Emergency Systems:

- Ambulance Service Medical Treatment Protocols (Current)  Computerized  Printed
- Running Lights
- Emergency Lights  Siren  Opticom
- Wipers
- Communications appropriate for jurisdiction served.
  - cell phone  Portable Radio
- Dispatched by: \_\_\_\_\_
- A set of 3 warning reflectors or devices. \_\_\_\_\_
- Spare Tire  Fleet  Road side service
- Fire Ext. (ABC 5-10 lbs) - vehicle exterior  
Due Date: \_\_\_\_\_
- Oxygen (house supply)
- Two (2) Flash lights or lanterns
- Crew Reflective Vests

- AED-Automatic External Defibrillator Serial No \_\_\_\_\_
- Adult Pads  Pediatric Pads
- Passed Self-Test Date: \_\_\_\_\_
- Date of Last Service: \_\_\_\_\_

### Dressings and Bandages:

- ABD Pads
- Bandages, roller type, self-adhesive
- Multi Trauma Dressing (10 x 36)
- Sterile Burn Sheets
- Occlusive Dressing
- Triangular bandages (2)
- Trauma Tourniquet
- Sterile 4 x 4's
- Adhesive Tape  2"  1"
- Adhesive Bandages
- Hemastatic Gauze\*

### Splints and Immobilization Equipment:

- Spine board (long) with straps
- Spine board (short) with straps  KED
- Patient extrication device  Pediatric board
- Scoop stretcher with straps
- Cervical collars – rigid – adults and peds.
- Head immobilization devices adult and peds.  
Type: \_\_\_\_\_
- Assorted splints and arm boards, adult & peds.
- Traction splint (lower extremity) with ankle
- Child safety seat (per state guidelines)
- Adjustable gurney (4-6 wheels) with holder
- Blankets (4)
- Pelvic Splint  Commercial  Other
- Stair Chair\*

### Ventilation and Airway Equipment:

- Suction Units:  House  Portable
- Rigid Suction Tips Covered
- Soft Catheter Fr. 6, 8, 10, 12, 14, other \_\_\_\_\_
- Bulb suction  Mushroom Suction
- Two (2) Portable Oxygen with regulators
- Nasopharyngeal Airway: Adult: 24,26,28,30,32
- Oropharyngeal Airway: Infant, Child, Small Adult, Adult, Large Adult
- Nasal Cannula:  Adult  Pediatric
- NRB with Transparent Oxygen Masks:
  - Adult  Child
- Bag Valve Mask O<sub>2</sub> Resuscitators
  - 500cc  750cc  1000cc \_\_\_\_\_
  - with transparent masks, oxygen reservoir, and standard fittings 15mm – 21 mm
- \*Supraglottic Airway  IGELS  Kings  Combitube
- Atomizer

### Diagnostic Equipment:

- Blood Pressure Cuffs
- Large adult  Reg. Adult  Child  Infant
- Stethoscope
- Diagnostic Pen Light (pupil gauge)
- Thermometer - adult and pediatric.
- Pulse Oximeter
- Electronic Glucose measuring device

NOTES:

**Intravenous and Irrigation Equipment:**

- Sterile Irrigation
- IV solution volume expander,  1000mL  500mL
- Heated storage:  Yes  No \*
- IV Arm boards,  Adult  Pediatric
- Constricting bands
- Alcohol Wipes  Other: \_\_\_\_\_
- IV administration sets:  Micro  Macro
- Blood pumps  Other: \_\_\_\_\_
- IV venipuncture needles: sizes: \_\_\_\_\_ thru \_\_\_\_\_  
(If required by Medical Director or company.)
- \*Blood specimen equipment

**Obstetrical Equipment:**

- Sterile OB kit to include towels, 4x4's,
- ABD pads, umbilical tape or cord clamps, scissors
- or scalpel, bulb syringe, sterile gloves, drapes,
- blanket, or thermal absorbent blanket, stocking
- cap, heat source: \_\_\_\_\_
- Meconium/mucous trap/mushroom suction

**Body Substance Isolation (BSI):**

- Protective eyewear
- Sterile Gloves
- Non-sterile Latex Free Gloves
- N95 masks which can be universal of size
- Sharps containers for the appropriate disposal
- \*Masks, non-sterile surgical

- and storage of medical waste and biohazards
- Sharps container in Jump Kit

**Safety Equipment:**

- Fire Ext. (ABC 5-10 lbs) - vehicle interior
- Due Date: \_\_\_\_\_
- No smoking sign (patient compartment)
- Shears, heavy duty (Trauma)
- Ring cutter \*
- Safety seat belts, including squad bench
- Restraining devices for all equip. in Pt. Comp.

**Additional Equipment and Supplies:**

- Appropriate cleaning supplies including:  
disinfectant cleaner. \_\_\_\_\_
- \_\_\_\_\_
- Trash Bags (biohazard). Disposed at: \_\_\_\_\_
- \_\_\_\_\_
- Vehicle cleanliness:  Cab  Patient Compartment
- Storage Cupboards
- Triage tags
- Extrication Equipment \*  Yes  No
- All Equipment on the ambulance is properly secured
- Supplies are maintained and stored according to the  
manufacturer's recommendations and requirements

NOTES:

Medical Director: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

<input type="checkbox"/> <b>Approved Basic Life Support (BLS)</b>  <b>Inspection Expires:</b> _____	<input type="checkbox"/> <b>Not Approved. - Re-inspection required.</b>  <b>Date of Re-inspection:</b> _____
Please <b>print</b> Ambulance Service Representative's Name: _____	
Ambulance Service Representative Signature _____	Date _____
Mona Fellers, Multi-County Ambulance Inspector	Date _____

# Multi-County Ambulance Inspection Advanced Life Support Checklist

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sticker Number: \_\_\_\_\_ Unit Number \_\_\_\_\_  
 Medical Director: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

## Advanced Life Support Checklist:

### Ventilation Equipment:

- Chest Decompression: Commercial  Self Kit
- Angiotech: 10g  Other: \_\_\_\_\_
- Cricothyrotomy Tray: Commercial  or Self-Kit
- Including betadine \_\_\_\_\_
- Laryngoscope and Blades, straight and/or curved sizes: Straight: 0, 1, 2, 3, 4, Curved: 0, 1, 2, 3, 4
- \*Video Scope
- Endotracheal Tubes (1 each uncuffed & 2 each cuffed)
- Uncuffed:  2.5  3  3.5  4  4.5  5  5.5
- Cuffed:  6  6.5  7  7.5  8  8.5  \*9
- Stylets  Adult  Pedi  PP  \*Bougie
- End Tidal CO<sub>2</sub>, capnography or alternative device, FDA approved to determine endotracheal tube placement
- CAP  Colormetric
- Endotracheal Tube Holder
- \*BAM
- Curved Forceps  Adult  Pediatric
- Nebulizer  Adult  Pediatric  Mask Adapt
- Nasogastric Tube \*  Size 16  Size 18
- CPAP

### Patient Assessment Equipment:

- Monitor/Defibrillator Operational Check:
- Make and Model: \_\_\_\_\_
- Monitor Serial No. \_\_\_\_\_
- Patient Cables:
- Limb Leads
- 12 –AED, PACE, CV, Defib.
- Pulse OX, BP, ET-CO<sub>2</sub> \*
- Adult Paddles or Combi-Pads
- Pediatric Paddles or Combi-Pads
- Presentation
- Recorder and Paper
- Date of last service: \_\_\_\_\_
- Passed Self-Test

### Miscellaneous Equipment:

- Pediatric “length-based” device for sizing drug dosage calculation and sizing equipment
- Type: \_\_\_\_\_ Date: \_\_\_\_\_

### IV Fluids and Equipment:

- Soluset \_\_\_\_\_
- D5W or NaCL,  \*10 mL Flush  50mL or  100mL
- NaCL or LR,  500mL or 1,000 ml bags
- \*D5W 250 ml bags
- IO \_\_\_\_\_
- Betadine \_\_\_\_\_

### Medications:

- Denver Protocols Medication List (attached).

\*Optional

### NOTES:

<input type="checkbox"/> Approved ALS <input type="checkbox"/> Approved BLS with ALS capabilities <input type="checkbox"/> Approved BLS with CDPHE Waivers <input type="checkbox"/> Approved BLS (ALS Checklist N/A) <b>Inspection Expires:</b> _____	<input type="checkbox"/> Approved BLS with ALS capabilities – <b>SHARED EQUIPMENT</b> with Units _____ _____ _____	<input type="checkbox"/> <b>Not Approved</b>  <b>Re-inspection required</b>  <b>Date of Re-inspection:</b> _____
Please <b>print</b> Ambulance Service Representative’s Name: _____		
Ambulance Service Representative’s Signature		Date
Mona Fellers, Multi-County Ambulance Inspector		Date

# Multi-County Ambulance Inspection Advanced Life Support Checklist

## Denver Metro Paramedic Protocols, Section VI

### DRUG PROTOCOLS

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sticker Number: \_\_\_\_\_ Unit Number \_\_\_\_\_

Medical Director: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

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#### Drug Available on the Ambulance

- Acetamethaphine
- Adenosine (Adenocard)
- Albuterol Sulfate
- Amiodarone
- Aspirin (ASA)
- Atropine Sulfate
- Calcium
- Dextrose 50% \_\_\_\_\_ D25% \_\_\_\_\_ D10%
- Diphenhydramine (Benadryl)
- Dopamine (Intropin)
- Epinephrine \_\_ 1:1 AMP \_\_ 1:1 MDV \_\_ 1:10 M
- Furosemide (Lasix)
- Glucagon
- Haloperidol (Haldol)
- Ibuprofen
- Ipratropium Bromide (Atrovent)
- IV Solutions
- Lidocaine: \_\_ Vicous/Jelly \_\_ 2%
- Magnesium Sulfate
- Mark I Nerve Agent Antidote Kit
- Methylprednisolone (Solu-Medrol)
- Metoclopramide (Reglan)
- Naloxone Hydrochloride (Narcan)
- Nitroglycerine: \_\_ Tabs \_\_ Patch \_\_ Spray
- Ondansetron: \_\_ Tabs \_\_ IV
- Oral Glucose
- Oxygen
- Phenylephrine (Intranasal)
- Promethazine
- Racemic Epinephrine (Vaponephrine)
- Sodium Bicarbonate: \_\_ 8.4 \_\_ 4.2
- Topical Ophthalmic Anesthetics
- CI = crew issued
  - Ativan \_\_ Fentanyl Citrate \_\_ Diazepam (Valium) \_\_ Dilaudid \_\_ Ketamine
  - Midazolam (Versed) \_\_ Morphine Sulfate

NOTES: