

قرار وزاري رقم (31) لسنة 2024م

بشأن معايير عربية الطوارئ

وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

على القانون الاتحادي رقم (1) لسنة 1972م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
وعلى القانون الاتحادي رقم (4) لسنة 2015م في شأن المنشآت الصحية الخاصة ولائحته التنفيذية،
وعلى القانون الاتحادي رقم (5) لسنة 2019م في شأن تنظيم مزاوله مهنة الطب البشري ولائحته التنفيذية،
وعلى القانون الاتحادي رقم (6) لسنة 2023م بشأن مزاوله غير الأطباء والصيادلة لبعض المهن الصحية،
وعلى قرار مجلس الوزراء رقم (11) لسنة 2021م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

وبناء على مقتضيات المصلحة العامة،،،

قَرَر ما يلي:

المادة (1):

تعتمد معايير عربية الطوارئ الواردة بمرفق هذا القرار.

المادة (2):

تلتزم المنشآت الصحية التي تقدم خدمات الطوارئ والتي يتم ترخيصها من وزارة الصحة
ووقاية المجتمع بتطبيق معايير عربية الطوارئ المرفقة بهذا القرار.

المادة (3):

ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

عبد الرحمن بن محمد العويس
وزير الصحة ووقاية المجتمع

صدر بتاريخ : 2024 / 02 / 26

مرفق القرار الوزاري رقم (31) لسنة 2024م
بشأن معايير عربة الطوارئ

Crash Cart Management Standards

Ministry of Health and Prevention

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Purpose

- 1.1. To assure availability of life saving medications, equipment, and supplies necessary to initiate advanced life-support measures and assure standardization of Crash Carts.
- 1.2. Guide and familiarize staff on crash cart usage and functions.

Scope

- 2.1. This Standard applies to:
 - 2.1.1. All Healthcare Facilities licensed by Ministry of Health and Prevention provides emergency services.

Definitions

- 3.1. **Crash Cart** - is a dedicated trolley equipped with life-saving items e.g. equipment, medication etc. located in clinical areas of the hospital and is utilized during crisis situations by qualified licensed and trained staff to save patients.
- 3.2. **Basic Life Support Provider**: qualified person who can use the items outside the crash cart.
- 3.3. **Advanced Life Support Provider**: qualified person who can use the items inside and outside of the crash cart.
- 3.4. **Pediatric Advanced Life Support Provider**: qualified person who can use the items inside and outside of the crash cart.
- 3.5. **Pounds per Square Inch**: is a unit of pressure expressed in pounds of force per square inch of area. It stands for Pounds per Square Inch.

Abbreviations

BLS Provider: Basic Life Support Provider.

ACLS Provider; Advanced Life Support Provider.

PALS: Pediatric Advanced Life Support.

MOHAP: Ministry of Health and Prevention.

AHA: American Heart Association.

PPM: Periodic Preventive Maintenance.

LASA: Look Alike and Sound Alike Drugs.

ICU: Intensive Care Unit.

CCU: Cardiac Care Unit.

NICU: Neonatal Intensive Care Unit.

SCBU: Special Care Baby Unit.

NRP: Neonatal Resuscitation Program.

AED: Automated External Defibrillator.

ED: Emergency Department.

PSI: Pounds per Square Inch.

PACU: Post anesthesia care unit.

Introduction

- 5.1.** Concerned healthcare professional in hospitals shall ensure the availability of the crash-carts in their clinical units to meet patient's emergency needs, basic life support emergency needs immediately and advanced life support in less than five minutes.
- 5.2.** Healthcare professional shall ensure that the access to emergency medication in the crash-carts does not require a specific individual or keys to unlock their emergency carts, a plastic breakable seal may be used.
- 5.3.** Concerned healthcare professional shall be familiar and trained on the appropriate use of the crash cart.
- 5.4.** Healthcare professional in hospitals shall adopt a risk-based approach to improve patient's safety and the outcome of care in relation to crash-cart management by using separate adult and pediatric and neonate carts or when using one cart, the medication and equipment are stored in separate adult and pediatric and neonatal drawers in a standardized manner throughout the hospital. Keep a designated separate emergency box for pediatric in where pediatric age group maybe present (OT, GYN, ED).
- 5.5.** The Nursing Unit head shall be responsible and accountable for overall maintenance of the crash cart by assigning a licensed nurse for:
 - 5.5.1.** Maintaining a fully stocked crash cart at all times in patient care areas including stocking a new crash cart.
 - 5.5.2.** Restocking crash cart to the unit within maximum 60 minutes upon use and notifying concerned and verify.
 - 5.5.3.** Verifying contents of cart in as per the Inventory list.
 - 5.5.4.** Ensuring the Co-signing of the crash cart log by pharmacist for drugs and expiration date.
 - 5.5.5.** Placing numbered seal on cart by Nurse and Pharmacist.
 - 5.5.6.** Verifying the presence and expiration date of all items on carts.
- 5.6.** Pharmacy shall be responsible for:
 - 5.6.1.** Maintaining the drug drawer on all crash carts.
 - 5.6.2.** The earliest expiration date/ near expiry date of any medication shall be documented on the log (Appendix 1) in this standard.

5.7. Healthcare Providers shall be trained to use the crash cart in their clinical units as appropriate to their scope of practice

Crash Cart Locations

- 6.1. Crash Carts are maintained in these locations within the departments, in all patient care areas:
 - 6.1.1. Radiology.
 - 6.1.2. Outpatient Units.
 - 6.1.3. Inpatient wards.
 - 6.1.4. Critical care areas (ICU, CCU, NICU, PICU, HCU, SCBU).
 - 6.1.5. Emergency room.
 - 6.1.6. Operation Theatre.
- 6.2. Each facility needs to establish a process for managing Code Blue/ emergency situations in non-clinical areas. There needs to be an emergency kit bag and portable AED shall be readily available in an identified and well communicated area, to meet any emergencies in non-patient care areas such as roof top, parking area and similar areas. Each facility is responsible to perform an assessment to determine the number of AEDs required for non-clinical areas, purchase and fix these AEDs in the identified nearest non-clinical areas.
- 6.3. The crash carts shall be located in the designated "Crash Cart Bay", plugged into the electrical outlet at all times.

Crash Cart Content

- 7.1. The crash cart shall be arranged as per AHA Guidelines this standard:
 - 7.1.1. **External:** Shall be checked and verification documented at least every 24 hours by Registered Nurse. All items which can be used by BLS Provider / primary responder shall be placed external to the crash cart (Top and side). The empty resuscitation record shall be placed on the cart for readiness to use during Code Blue. (Appendix 2). Ambu Bags should be checked to ensure that they are functioning correctly and not just that they are present on the cart.

7.1.2. Internal: All items needed for advanced cardiac life support /Secondary Responder shall be stored in clearly labelled drawers, which is secured at all times and checked monthly wither in the first or last week of the month and whenever the seal is broken. (Appendix 3). All the hospital departments shall ensure that the contents of the drawers are standardized in the same facility in all of their crash carts as per the approved inventory list according to its scope of service.

7.1.3. Drawers: If the hospital/center has different numbers of drawers in the crash cart, they have to adjust the contents of items as per the number of the drawers. The hospital/center shall ensure the contents of their drawers are standardized in all of their crash carts as per an internal list of these contents.

Crash Cart Checking

8.1.All external contents of cart, including the lock shall be checked every night shift (for inpatient departments and in out-patient department shall be checked Daily in the beginning of day shift of working day every working days) & documented in the checklist.

8.2.The defibrillator and cardiac monitor shall be checked for functionality & workability on both battery and electrical current at least daily for every operational working day. The defibrillator test strip shall be filed or retrieved from the machine memory.

8.3.The potable Suction machine shall be checked for functionality & workability on both battery and electrical current at least daily for every operational working day.

8.4.The Internal Contents of the crash cart shall be checked once in a month and whenever the seal is broken.

Integrity & Security of the Crash Carts

9.1. Crash carts will be kept locked at all times when not in use.

9.2. An Occurrence Variance Report shall be completed after any unauthorized access to the cart, when routine supplies are missing from the cart or when this standard is violated.

9.3. The in-charge shall be notified in such cases.

Cleaning of Crash Cart

10.1 The crash cart and items shall be cleaned and disinfected as per the organization's infection prevention and control policy/Manufacture guidelines.

Maintenance of Crash Cart

11.1. The Biomedical Department shall be responsible for the periodic preventive maintenance of the equipment's of the crash cart. Biomedical department shall ensure that the PPM schedule is strictly monitored and performed in all crash cart locations. Corrective maintenance shall be done as per the need, and a fully functional equipment / crash cart shall be replaced in case of any repair or maintenance work.

Labeling of the Crash Cart:

- 12.1.** The crash cart bay signage is posted in appropriate location.
- 12.2.** The medications are labeled as per the related organization policies. (Example: High Alert Medication). Medications that are available as prefilled syringes are to be used to decrease the risk of injury to staff during medication preparation and risks of not giving the full dose of medication. The use of prefilled syringes optimizes administration time.
- 12.3.** All drawers of the crash cart are labeled with list of contents as per ACLS/PALS/NRP.
- 12.4.** PPM Labels are affixed on equipment's as per policy.
- 12.5.** Crash cart devices which are required to be used during patient's resuscitation and they are the category of "Single Use" are required to be checked for its functionality just prior to the use by the healthcare provider during patient's resuscitation time. In case any of the devices was found defected, another device will be picked up immediately.
- 12.6.** Nursing staff shall ensure the availability of at least 2 stock in the crash cart for any of the following devices:
 - 12.6.1.** Laryngoscope & blades of appropriate size.

12.6.2. Ambu Bags.

Auditing

13.1. Each facility is responsible to identify a team to conduct audits on all crash carts (checking that the content aligns with what is documented on the checklist) at least every 6 months to ensure that the Crash Carts are correctly stocked and maintained. Feedback is to be given to the clinical areas and action plans developed to address deficits identified. The clinical area with the deficit is responsible to communicate updates to the auditing team until all deficits are closed.

Procedure and Responsibility:

Procedure sequence		Responsibilities
14.1.	CRASH CART	
14.1.1.	Inspect/ audit the External and Internal contents of crash cart.	Pharmacist/Unit In-charge/Assigned Nurse
14.1.2.	Furnish crash carts with medication, equipment and supplies as indicated in Crash Cart Checklist, inclusive of adults, pediatric and neonatal sizes.	Pharmacist/Unit In-charge/Assigned Nurse
14.1.3.	Report any problems with medication, equipment and supplies to the Unit In-charge and complete an incident report.	Pharmacist/Unit In-charge/Assigned Nurse/Biomedical Engineers
14.1.4.	Clean and disinfect the Crash Cart outer surface daily when not used, and after each use. Laryngoscope – as per organization guidelines Bag and Mask – as per organization guidelines	Nurse

	Disposable items – as per organization guidelines	
14.1.5.	The staff should affix his/her name & signature in the checklist after opening, refilling and locking of the crash cart.	Nurse
14.1.6.	Label items appropriately	Nurse
14.2.	DEFIBRILLATOR	
14.2.1.	Ensure the availability of the Procedure manual closer to the defibrillator location to aid in functional testing.	Maintenance and Biomedical Engineer
14.2.2.	The functionality of the defibrillator and cardiac monitor shall be checked and appropriately documented for performance on both battery and electrical current once every 24 hours /every operational working day (Outpatient department) according to manufacturer guidelines.	Nurse
14.2.3.	The defibrillator will remain plugged into an electrical outlet at all times, except during battery testing. The Biomedical Department will be contacted immediately when a defibrillator problem is detected.	Nurse Biomedical Engineer
14.3.	AED	
14.3.1.	AEDs in non-clinical areas to be checked and maintained according to manufacturer guidelines by Biomedical Department.	Biomedical Engineer
14.4.	LARYNGOSCOPE	
14.4.1.	The laryngoscopes (disposable and reusable) shall be checked for functionality, - locking of the blades and the light. Only the end that is attached to the handle should be exposed from the packaging during the checking. The blades shall be kept in the	Nurse

	package to protect them from dust as they do not need to be sterile but clean.	
14.5.	OXYGEN Cylinder	
14.5.1.	Check oxygen cylinder level at least every 24 hours. Request for replacement if the level is below as per organization policy, call maintenance department to exchange it.	Nurse
14.5.2.	Notify Maintenance and Biomedical Engineering Department immediately for any problem in using the oxygen cylinder.	Nurse
14.6.	SUPPLIES AND MEDICINES	
14.6.1.	<ul style="list-style-type: none"> • Pharmacy will check emergency carts for proper drug storage, availability, quality, quantity, expiry of medications and will replace medications as per the inventory that will expire within the month (last week of the month) & after each use. • Pharmacy shall maintain the log for expiry of medications. The same process shall be applied in other areas where emergency medications are stored. High Alert medications shall be dealt as per the related organization policies. • Replenish used medications immediately upon receiving information on items used. • All emergency medications shall be monitored and the data shall be shared with the concerned unit for improvement. 	Pharmacist/Unit In charge/Assigned Nurse
14.6.2.	Sterile items will be checked for package integrity and expiration date. Items with expiration dates expiring within the month will be replaced.	Unit In-charge/Assigned Nurse

14.6.3.	Once all items have been replaced, the cart will be locked with a new numbered lock. The new lock number will be recorded on the crash cart checklist.	Pharmacist/Unit In-charge/Assigned Nurse
14.6.4.	<p>Portable suction machine (check at least every 24 hours for inpatient units and daily in outpatient department during operational days)</p> <ul style="list-style-type: none"> • Unplug the machine. • Power on the machine. • Apply pressure to the suction tubing and test the negative pressure gauge. • Turn off the machine. • Plug the machine again and make sure that its charging. • Record in suction machine monitoring sheet. ((included with external checklist)) • Notify Maintenance and Biomedical Engineering Department immediately for any problem 	Assigned Nurse

Appendices

- 15.1. **Appendix (1):** External and Side Items Expiry Checklist.
- 15.2. **Appendix (2):** External Crash Cart Items Checklist (Adult & Pediatric).
- 15.3. **Appendix (3):** Internal Crash Cart Items Checklist (Adult & Pediatric).
- 15.4. **Appendix (4):** Crash Cart / Oxygen Cylinder Checklist.
- 15.5. **Appendix (5):** Pediatric Emergency Kit.
- 15.6. **Appendix (6):** Crash Cart Integrity Record.

Appendix (1): External and Side Items Expiry Checklist

Hospital Name: _____ Unit / Department _____ Month/Year _____

External and Side Items Expiry Checklist			
S.N.	External and Side Items	Manufacturing Date	Expiry Date
1	ECG electrodes (Adult)		
2	ECG electrodes (Pediatric)		
3	ECG electrodes (Neonate)		
4	Multifunction electrodes pads (Adult and children >10 Kg)		
5	Multifunction electrodes pads (Neonate and children < 10 Kg)		
6	Suction catheter sizes 6		
7	Suction catheter sizes 8		
8	Suction catheter sizes 10		
9	Suction catheter sizes 12		
10	Suction catheter sizes 14		
11	Suction catheter sizes 16		
12	Yanker Suction tube Adult and Pediatric		
13	KY jelly sachets for single use		
14	Defibrillating gel		

Checked by:

ID number:

Signature:

Note: To be checked monthly in the last week of the month and after each use.

Appendix (3): Internal Crash Cart Items Checklist

For Adult

Hospital Name:

Unit/Department _____

Month/Year _____

First Drawer: (ACLS/PALS Medication)					
This department scope serves: <input type="radio"/> Adult \ Working Hours: <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Weekend					
S.N.	Medication	Strength	QTY	Availability	Expiry Date
1	ADENOSINE	6MG/2ML	6		
2	ATROPINE SULPHATE	0.5MG/1ML	10		
3	AMIODARONE	150mg/3ml	5		
4	CALCIUM GLUCONATE	10 %/ 10ML	4		
5	CHLORPHENIRAMINE MALEATE	10MG/2ML	2		
6	DOPAMINE	200 MG/5ML	4		
7	DOBUTAMINE	250MG/20ML	2		
8	EPINEPHRINE (Adrenaline)	1/10000 1MG/10ML	10		
9	FLUMAZENIL	0.5MG/5ML	2		
10	HYDROCORTISONE	250MG/2ML	2		
11	MAGNESIUM SULPHATE	10 %, 16mEq/20ML	2		
12	NALOXON	0.4MG/ML	2		
13	NITROGLYCERINE (Glyceryltrinitrate)	50MG/10ML	2		
14	NOREPINEPHRINE	4MG/4ML	8		
15	SODIUM BICARBONATE	8.4 %, 50 ML	5		
16	VERAPAMIL	5MG/2ML	2		
17	DIAZEPAM	10MG/2ML	2		
18	FRUSEMIDE	20MG/ 2 ML	10		
19	LABETALOL	100MG/20ML	2		
20	LIDOCAINE INJECTION	2%	2		
21	Calcium chloride	1.36meq/ml	2		
Second Drawer: (Airway and Breathing Items)					
S.N.	Items	QTY	Availability	Expiry Date	
1	Oro-pharyngeal airways sizes 1	2			
2	Oro-pharyngeal airways sizes 2	2			

3	Oro-pharyngeal airways sizes 3	2		
4	Oro-pharyngeal airways sizes 4	2		
5	Nasopharyngeal airway 7	2		
6	Nasopharyngeal airway 6	2		
7	Laryngeal Mask Airway size 3	2		
8	Laryngeal Mask Airway size 4	2		
9	Laryngeal Mask Airway size 5	2		
10	10 cc syringe	2		
11	GAUZE 4 X 4	2		
12	Add KY sachets	2		
13	Adhesive tape ½ inch	1		
14	Scissors	1		
15	One-inch tape or endotracheal tube securing device	1 roll		

Third Drawer: (Intubation Items)

S.N.	Items	QTY	Availability	Expiry date
1	ETT size 8.5	2		
2	ETT SIZE 8 (Adult size)	2		
3	ETT SIZE 7.5 (Adult size)	2		
4	ETT SIZE 7 (Adult size)	2		
5	ETT SIZE 6.5 (Adult size)	2		
6	ETT SIZE 6 (Adult size)	2		
7	ETT holder (Adult)	2		
8	Stylet sizes adult	1		
9	Bougie	1		
10	Magill forceps	1		
11	10 cc syringe	2		
12	5 cc syringe	2		
13	GAUZE 10X10	2		
14	KY jelly Sachets	2		

Fourth Drawer: (Intubation, Airway and Breathing Items (Neonate))

S.N.	Items	QTY	Availability	Expiry Date
1	Cannula G 16	3		
2	Cannula G 18	3		
3	Cannula G 20	3		
4	Cannula G 22	3		
5	Cannula G 24	3		
6	Syringe 60 cc	2		
7	Syringe 10 cc	5		
8	Syringe 5 cc	5		
9	Syringe 3 cc	5		
10	Syringe 1 cc	5		
11	Needle G22	5		
12	Needle G23	5		
13	Alcohol swab	10		
14	Band aid	5		
15	Tourniquet	1		
16	IV dressing (Tegaderm adult)	3		
17	3-way adaptor	2		
18	Bandage 5cm * 4.5	1		
19	Extension tube	2		
20	SODIUM CHLORIDE (Prefilled syringe) 0.9 %, 10ML	10		
21	Multi adaptor	5		
Fifth Drawer: (IV Tubing and Solutions)				
S.N.	Items	QTY	Availability	Expiry Date
1	IV set (macro-dripper)	2		
2	IV set (micro-dripper)	2		
3	IV Burette set	2		

4	SODIUM CHLORIDE 0.9% 500 ml	3		
5	DEXTROSE 5 %WATER 500 ml	2		
6	DEXTROSE 50 % in water 500ml	1		
Sixth Drawer: (Procedure Items and Miscellaneous)				
S.N.	Items	QTY	Availability	Expiry Date
1	Surgical Gloves size 6	2		
2	Surgical Gloves size 6.5	2		
3	Surgical Gloves size 7	2		
4	Surgical Gloves size 7.5	2		
5	Surgical gown (medium)	1		
6	Suture silk 2-0	2		
7	Suture silk 3-0	2		
8	Scissors	1		
9	Needle holder	1		
10	Tissue forceps	1		
11	CV line set 7	1		
12	NGT Fr. 18	1		
13	NGT Fr. 16	1		
14	NGT Fr. 14	1		
15	NGT Fr. 12	1		
16	Syringe with catheter tip 60ml	1		
17	Pacing Pads (Extra)	1		
18	Disposable Gloves	1 Box		
19	Surgical Mask	1 Box		

Checked by (Pharmacist): _____

ID number: _____

Signature: _____

Checked by (Nurse): _____

ID number: _____

Signature: _____

Date: _____

Appendix (3): Crash Cart Internal Checklist

For Pediatric

Hospital Name:

Unit/Department _____

Month/Year _____

First Drawer: (ACLS/PALS Medication)

This department scope serves: pediatric \ Working Hours: Day Night Weekend

S.N.	Medication	Strength	QTY	Availability	Expiry Date
1	ADENOSINE	6MG/2ML	6		
2	ATROPINE SULPHATE	0.5MG/1ML	10		
3	AMIODARONE	150mg/3ml	5		
4	CALCIUM GLUCONATE	10 %/ 10ML	4		
5	CHLORPHENIRAMINE MALEATE	10MG/2ML	2		
6	DOPAMINE	200 MG/5ML	4		
7	DOBUTAMINE	250MG/20ML	2		
8	EPINEPHRINE (Adrenaline)	1/10000 1MG/10ML	10		
9	FLUMAZENIL	0.5MG/5ML	2		
10	HYDROCORTISONE	250MG/2ML	2		
11	MAGNESIUM SULPHATE	10 %, 16mEq/20ML	2		
12	NALOXON	0.4MG/ML	2		
13	NITROGLYCERINE (Glyceryltrinitrate)	50MG/10ML	2		
14	NOREPINEPHRINE	4MG/4ML	8		
15	SODIUM BICARBONATE	8.4 %, 50 ML	5		
16	VERAPAMIL	5MG/2ML	2		
17	DIAZEPAM	10MG/2ML	2		
18	FRUSEMIDE	20MG/ 2 ML	10		
19	LABETALOL	100MG/20ML	2		
20	LIDOCAINE INJECTION	2%	2		
21	Calcium chloride	1.36meq/ml	2		

Second Drawer: (Airway and Breathing Items)

S.N.	Items	QTY	Availability	Expiry Date
1	Oro-pharyngeal airways (size 00)	2		
2	Oro-pharyngeal airways (size 0)	2		
3	Oro-pharyngeal airways (size 1)	2		

4	Oro-pharyngeal airways (size 2)	2		
5	Nasopharyngeal airway 3	2		
6	Nasopharyngeal airway 4	2		
7	Laryngeal Mask Airway size (1)	2		
8	Laryngeal Mask Airway size (1.5)	2		
9	Laryngeal Mask Airway size (2)	2		
10	Laryngeal Mask Airway size (2.5)	2		
11	10 cc syringe	2		
12	GAUZE 4 X 4	2		
13	KY Sachets	2		
14	Adhesive tape ½ inch	1		
15	Scissors	1		
16	One-inch tape or endotracheal tube securing device	1 roll		
Third Drawer: (Intubation Items)				
S.N.	Items	QTY	Availability	Expiry date
1	ETT size 5.5 mm (pediatric size)	2		
2	ETT size 5 mm (pediatric size)	2		
3	ETT SIZE 4 (Neonatal size)	2		
4	ETT SIZE 3.5 (Neonatal size)	2		
5	ETT SIZE 3 (Neonatal size)	2		
6	ETT holder (pediatric)	2		
7	Stylet sizes pediatric	1		
8	Bougie	1		
9	Magill forceps	1		
10	10 cc syringe	2		
11	5 cc syringe	2		
12	GAUZE 10X10	2		
13	KY Jelly Sachets	2		
Fourth Drawer: (Intubation, Airway and Breathing Items (Neonate))				
S.N.	Items	QTY	Availability	Expiry Date
1	Cannula G 18	3		

2	Cannula G 20	3		
3	Cannula G 22	3		
4	Cannula G 24	3		
5	Cannula G 26	3		
6	Syringe 60 cc	2		
7	Syringe 10 cc	5		
8	Syringe 5 cc	5		
9	Syringe 3 cc	5		
10	Syringe 1 cc	5		
11	Needle G22	5		
12	Needle G23	5		
13	Alcohol swab	10		
14	Band aid	5		
15	Tourniquet	1		
16	IV dressing (Tegaderm pediatric)	3		
17	3-way adaptor	2		
18	Bandage 5cm * 4.5	1		
19	Extension tube	2		
20	SODIUM CHLORIDE (Prefilled syringe) 0.9 %, 10ML	10		
21	Multi adaptor	5		
22	Arm Board if applicable to the scope	2		

Fifth Drawer: (IV Tubing and Solutions)				
S.N.	Items	QTY	Availability	Expiry Date
1	IV set (macro-dripper)	2		
2	IV set (micro-dripper)	2		

3	IV Burette set	2		
4	SODIUM CHLORIDE 0.9% 500 ml	3		
5	DEXTROSE 5 %WATER 500 ml	2		
6	DEXTROSE in water 50 % 500ml	1		
Sixth Drawer: (Procedure Items and Miscellaneous)				
S.N.	Items	QTY	Availability	Expiry Date
1	Surgical Gloves size 6	2		
2	Surgical Gloves size 6.5	2		
3	Surgical Gloves size 7	2		
4	Surgical Gloves size 7.5	2		
5	Surgical gown (medium)	1		
6	Suture silk 2-0	2		
7	Suture silk 3-0	2		
8	Scissors	1		
9	Needle holder	1		
10	Tissue forceps	1		
11	CV line set 7	1		
12	NGT Fr. 14	1		
13	NGT Fr. 12	1		
14	NGT Fr. 8	1		
15	NGT Fr. 6	1		
16	Syringe with catheter tip 60ml	1		
17	Pacing Pads (Extra)pediatric	1		
18	Disposable Gloves	1 Box		
19	Surgical Mask	1 Box		

Checked by (Pharmacist): _____
ID number: _____
Signature: _____
Checked by (Nurse): _____
ID number: _____
Signature: _____
Date: _____

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Note:

- 1. Oxygen flow meter to be check daily.**
- 2. In case of oxygen level below as per organization policy send for refilling.**

Appendix (5): Pediatric Emergency Kit

Pediatric Emergency Kit				
S.N.	Items	QTY	Availability	Expiry Date
1	Oro-pharyngeal airways sizes 0	2		
2	Oro-pharyngeal airways sizes 1	2		
3	Nasopharyngeal airway Ped.	1		
4	Laryngeal Mask Airway size 1	1		
5	Laryngeal Mask Airway size 2	1		
6	ETT 4 Cuffed	1		
7	ETT 4.5 Cuffed	1		
8	ETT 5 Cuffed	1		
9	ETT 5.5 Cuffed	1		
10	ETT 6 Cuffed	1		
11	10 cc Syringe	2		
12	Cannula G22	2		
13	Cannula G24	2		
14	Alcohol swab	2		
15	Band Aid	2		
16	Tourniquet	1		
17	IV Dressing (Tegaderm Ped.)	1		
18	Broselow tape	1		
19	Inter osseous needle	2		

Checked by (Pharmacist): _____
ID number: _____
Signature: _____
Checked by (Nurse): _____
ID number: _____
Signature: _____
Date: _____

