East Ce	ntral Illinois	EMS - EMR Minimum Equipment List		T		
Service:			Date:			
Unit #:			Comple	eted By:		
	Minimum Quantity Required	Description			Earliest Exp Date	Comments
Adult Ai	rway Mana	gement Equipment				
	1 ea.	Blind Insertion Airway Device (Igel), sizes 3,4,	5			
	2	Nebulizer kits				
	1	Pulse Oximeter w/adult and pediatric sensors				
Medicat	ions					
	4	Aspirin, 81mg				
	2	DuoNeb				
	2	Naloxone 2mg/2ml syringe				
	2	Oral glucose				
AED Su	pplies					
	1	AED				
	2	Adult defibrillation pads				
	1	Pediatric defibrillation pads				
	1	Extra AED battery				
Other Ed	quipment				_	
	1	Glucometer w/ test strips				
	1	Atomizer (MAD)				
	2	Trauma tourniquet - CAT or SOFT-T				
	2	Hemostatic gauze, Z fold				
	10	Triage tags				
	5	Run report forms				

Jan-22

Comments:

5

Refusal forms