

Pre-Hospital Provider & Unit Member:		Run Number:	
<b><i>The following items are to be replaced on a one-to-one basis for what has been used on the above run.</i></b>			
<b>ITEM</b>			<b>No. Issued</b>
Alcohol Swabs			
Iodine Swabs			
Tape			
Tegaderm			
Tourniquet			
IV – Start Kit			
Catheter-Over-Needle (Jelco, Angiocath) up to 3 based on MCA IV attempt protocol <b><i>(must be documented on EMS Run Form)</i></b>			
Intraosseous Needles			
Saline Lock			
10cc Prefilled Saline Syringe			
500cc Bag NS			
Macro Drip			
Micro Drip			
Amsino Needleless Extension			
Syringes			
Scalpel			
Needles			
O2 Tubing			
Nasal Cannula			
Non-Rebreather Mask			
Nebulizer			
BVM (disposable)			
Oral Airway			
Endotracheal Tubes			
Cervical Collar – Adjustable (1 Adult, 1 Pediatric)			
Electrodes			
End-Tidal CO2 Detector			
C-PAP Mask			
Dispensed By: Hospital Representative		Received By: Pre-Hospital Provider	