

**EMERGENCY KIT INVENTORY**

YEAR:

Please indicate the day of the month when inventory is monitored, place a check mark for each available item, and enter initials of the staff completing the inventory. All assigned staff shall print, sign & initial below. Keep all inventory logs for a minimum of 3 years.

ITEMS	Month Day	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Epinephrine 1:1000 (SC)													
Benadryl 25 mg (PO or 50 mg/ml (IM)													
Naloxone													
Chewable Aspirin 81 mg (at least 4 tabs)													
Nitroglycerine spray/tablet													
Nebulizer or metered dose inhaler													
Glucose (gel/tab)													
SubQ Safety Needle/Syringes (1/2" - 5/8" needle)													
IM Safety Needle/Syringes (1" - 1 1/2" needle)													
Alcohol Wipes													
Ambu bag w/ mask (PEDS & ADULTS)													
Masks or Nasal Canula & Tubing (PEDS & ADULTS)													
Bulb Syringe PEDS													
Oxygen Tank (at least 3/4 full)													
<b>STAFF INITIALS:</b>													

D Perlas Rev 1-23-20

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Initials

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Initials