

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__
- Angiocath: 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 CO₂, 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-CO₂ *
- __ 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) Inspection Expires: _____	<input type="checkbox"/> Approved BLS with ALS capabilities – SHARED EQUIPMENT with Units _____ _____ _____ _____	<input type="checkbox"/> Not Approved Re-inspection required Date of Re-inspection: _____
Please print 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: _____

TABLE OF CONTENTS

Drug Available on the Ambulance

- Acetaminophen
- 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: