

MCHENRY WESTERN LAKE COUNTY EMS SYSTEM

APPARATUS STANDARDS INVENTORY

ALS RESPONSE VEHICLE NON TRANSPORT

DEPARTMENT: _____ STATE #: _____ DATE: _____

TYPE OF VEHICLE: _____

MEDICATIONS	Required Stock	IV SOLUTIONS & TUBING & CATHETERS	Required Stock
*Adenosine 6mg/2ml vials	1	0.9 NaCl 1000cc	2
Albuterol Sulfate Inhalation Solution 0.083% 2.5ml/3ml	2		
		Saline Flushes	2
Aspirin 81 mg tablets	4	Pressure Infuser	1
*Atropine (preload) 1mg/10ml	1	Macro Drip Tubing	2
D10/250ml	1	Blood Tubing	1
Dipenhydramine 50mg/2 ml vial 25mg tablets	1 2	Hep Locks w/J-Loop	2
Epinephrine (ampules) 1:1000 1mg/1ml	1	IV Start Kits	2
Epinephrine (preload) 1:10,000 0.1mg/ml	2	14 gauge Angio Cath 3.25" 16 gauge Angio	2 2
*Etomidate 40mg/20ml	1	18 gauge Angio Cath or Nexiva	2
Fentanyl 100mcg/2ml	1	20 gauge Angio Cath or Nexiva	2
Glucagon 1mg/1ml vial	3	22 gauge Ango Cath or Nexiva	2
Glucose Gel 40% 37.5gm	1	21 or 22 gauge 1-1 1/2" needles	1
Ipratropium Bromide Inhalation Solution 0.02% 0.5mg/vial	2	23 gauge X 1 inch needles	1
*Ketamine (vial) 500mg	1	MAD Device	2
*Lidocaine (preload) 100ml/5ml	1	1cc X27 gauge TB syringe w/needle	2
		3cc syringe	2
		10 or 12cc syringe	2
Narcan 2mg/2ml	4	EZ IO- needles 2 each size- 15mm (pink)/25mm(blue)/45mm(yellow)	optional
Nitroglycerine (bottle) 0.4mg tablet	1	HHN Nebulizer Kits	1
	1	Inline Nebulizer Elbow	1
	2	ResQPod	1
Tetracaine Ophthalmic 1ml	1	CPAP w/Nebulizer	1
		IGEL 1.5/2/3/4/5 1 each size	
*Verapamil 10mg/4ml	1	Glucometer	1
*Versed 10mg/2ml (10 mg no KV)	2	Smart Triage Tags	
Zofran 4mg ODT 4mg/2ml vials	2 2	2022 SOP's	1

- With Cardiac Monitor Only

Equipment	Required Stock		
Cardiac Monitor/12 Lead	1	OR AED w/ 3 Lead	
Defib Pads	1		
Extra EKG Paper	2		
Capnography Adult & Peds & Inline	1 each		
Advanced Airway OPTIONAL			
Air Traq Laryngoscope	1		
Air Traq Blade	1		
Ducanto Suction	1		
Bougie	1		
Magils Forceps	1		
Batteries			
ET Tube Holder	1		
ET Tube size 7.0	2		
ET Tube size 8.0	2		
Laryngoscope w/ Peds Blade	1		
BVM Filter	1		
Needle Cric Kit	1		

BLS Equipment according to IDPH standards.

I certify that this EMS vehicle contains the above required stock.

Department Representative _____

EMS Representative _____