Emergency #:

- Peds RRT, Adult ERT, DART – 410-955-4444
- NICU – 410-955-5255
- BAT or HAT – 410-955-9444

L&D OR EQUIPMENT CHECKLIST

Labor & Delivery Operating Room (Zayed 8E) Use a ✔ to indicate agreement with the statement		Check for presence of cables; Power cord plugged into wall AC power and charging.	Postpartum Hemorrhage (PPH) Cart: present, lock intact	Incubator Temp (36˚F – 36.5˚F); Oxygen Supply (PSI ~1800); Air Supply (PSI ~1800)	Cardiac monitor plugged into outlet and charging in each OR & back OR hallway ECG whip; TenderTrode Plus™ ECG electrodes; SpO2 cable and sensors; Blue BP cable	*Infant warmer present set in Pre-warm Mode; *Air and oxygen cable connected to gas source; *Stethoscope: Present/Clean; *Temp Probe: Present/Clean; *Baby hat, bulb syringe, cord clamp & pulse oximeter present; *Peds ambu bag, mask, oxygen tubing, T-piece resuscitator present; *Transwarmer not expired; *#6 & #8 Fr suction catheters (2); *Infant warmer drawers stocked; *NeoLog Form present	*Cystoscopy scopes/camera (2); *D&E Instruments/dilators (2); *Cystosheath accessory pans (2); *Exploratory Lap C-Hys sets (3); *Bookwalter set (3) & rings; *C-section pans (4); *Ligasure & Bakri in each OR (Central Sterile: call 443-287-9242)	Assure kit is present and not expired Location: Top of Emergency Blood Refrigerator	
Date	Time	Adult Transport (Cardiac) Monitor	PPH Cart	Infant Transporter (Incubator)	PEDS NICU Cardiac Monitor	Infant Warmers (in each OR)	OR Sterile Instrument Sets	Malignant Hyperthermia Kit	Initials

Name _____ Title _____ Initial _____ Name _____ Title _____ Initial _____ Name _____ Title _____ Initial _____

Name _____ Title _____ Initial _____ Name _____ Title _____ Initial _____ Name _____ Title _____ Initial _____

Name _____ Title _____ Initial _____ Name _____ Title _____ Initial _____ Name _____ Title _____ Initial _____

Directions: Read directions under each column. Unless otherwise indicated, use a ✔ to indicate agreement with the statement. Keep completed checklist for one month on the unit (e.g., clipboard, binder), then give completed checklists to Nurse Manager for storage for 7 years on Adult units and 23 years on Pediatric units. Refer to Emergency Equipment Inventory and Defibrillator Check Procedure (GEN322).