## Emergency #:

• Peds RRT, Adult ERT, DART - 410-955-4444

• NICU – 410-955-5255

• BAT or HAT – 410-955-9444

## L&D PACU EQUIPMENT CHECKLIST

			present. scitator present; catheters (2); Suction tub Yankauer, Oral Airway Oxygen flo Christmas Non-Rebre	ing, /,	Birth out of asepsis (BOA) Precipitous Birth: Kit present (4)	Lock intact, not expired (assess once a week) Location: Equipment Room				
Date	Time	Infant Warmer	Head	of Bed	BOA Kits	Emergency Yellow Box		Comments		Initials
				plies		Tellow Box				
							_			
							_			
Name		Title Initial Nar	ne	Title	Initial	Name		 Title	Initial	
Name		Title Initial Nar	me	Title	Initial	Name		 Title	Initial	
Name		Title Initial Nar	ne	Title	Initial	Name		Title	Initial	

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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).