## Emergency #:

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

## INPATIENT OB EQUIPMENT CHECKLIST

| Inpatient Perinatal (Zayed 8W) Use a v to indicate agreement with the statement |      | Postpartum<br>Hemorrhage<br>(PPH) Cart:<br>present,<br>lock intact | Birth out of asepsis (BOA)  Kit present (1) |                                    |      |      |  |       |         |      |  |  |               |   |          |
|---|------|--|---|------------------------------------|------|------|--|-------|---------|------|--|--|---------------|---|----------|
| Date  | Time | PPH Cart   |   | Portable<br>Oxygen<br>(in carrier) |      |      |  |       |         |      |  |  | Comments      | s | Initials |
|   |      |  |   | (iii cairiei)                      |      |      |  |       |         |      |  |  |               |   |          |
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| Name  |      | Title  |   | Initial                            | Name |      |  | Title | Initial | Name |  |  | Title Initial |   |          |
| Name  |      | Т  | itle  | _Initial                           |      |      |  | Title |         |      |  |  |               |   |          |
| Name  |      |  |   | _Initial                           |      | Name |  |       |         |      |  |  | TitleInitial  |   |          |