

Adult Emergency Trolley Checklist

Month _____ Year _____ Location _____

(Defib type: Zoll AED 3)	Time <i>(MUST be day shift)</i>	Whole Trolley Clean	Portable suction checked/ready to use	Defibrillator inspected, Green tick present on indicator	1x sealed set pads (connected to device)	1 x Spare set pads	Oxygen >3/4 full Valve left ON/Flowmeter to ZERO	BVM	Bougie/introducer (loose item)	Spare Yankeur Sucker	Suction Tubing (Spare sealed pack)	Size 3 mask	Size 4 mask	Non rebreath mask	Suction Catheters	Sharps Bin	Gloves	Basic Airway Tray	IV Access Tray	Advanced Airway Tray	Blue Drugs Box	Red Drugs Box (if applicable)	Missing/Expired Items Replaced	Initial	Print Name / Comments <small>NOTE: annotate here if any equipment is replaced following routine check or emergency and re-sign to confirm trolley is ready for use</small>		
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CHECK MUST BE PERFORMED AFTER 0730hrs DAILY

(Additional forms available through resuscitation service website, Look under 'R' on the intranet directory and follow the links to 'equipment').

Please print a new form each month (do not stockpile - forms are updated regularly)

Resuscitation Service - updated Dec 2020

← Scan on Phone for Defibrillator User Guide

