

BRIGHTON VOLUNTEER AMBULANCE

CARDIAC MONITOR CHECKLIST

<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center; padding: 5px;">GLUCOMETER</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">LANCETS (6) ____</td> <td style="padding: 5px;">ALCOHOL PREP (6) ____</td> </tr> <tr> <td style="padding: 5px;">2X2 (6) ____</td> <td style="padding: 5px;">BAND AIDS (6) ____</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">BG TEST STRIPS (> 4) ____</td> </tr> </tbody> </table>	GLUCOMETER		LANCETS (6) ____	ALCOHOL PREP (6) ____	2X2 (6) ____	BAND AIDS (6) ____	BG TEST STRIPS (> 4) ____		ROLL OF PAPER (1) ____ NASAL ETCO2 (2) ____	BACK POUCH				
GLUCOMETER														
LANCETS (6) ____	ALCOHOL PREP (6) ____													
2X2 (6) ____	BAND AIDS (6) ____													
BG TEST STRIPS (> 4) ____														
SPARE BATTERY (1) ____ INFANT BP CUFF (1) ____ INFANT SPO2 (1) ____	RAZORS (2) ____ PEDIATRIC BP CUFF (1) ____ PEDIATRIC ETCO2 (1) ____	TOP POUCH	PROVIDER NAME _____ DATE _____											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 50%; padding: 5px;">LEFT ZIPPER POUCH</th> <th style="width: 50%; padding: 5px;">LEFT VELCRO POUCH</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">ADULT BP CUFF (1) ____</td> <td style="padding: 5px;">PHYSIO MODEM (1) ____</td> </tr> <tr> <td style="padding: 5px;">ECG LIMB LEADS (1) ____</td> <td></td> </tr> <tr> <td style="padding: 5px;">PULSE OXIMETER (1) ____</td> <td></td> </tr> </tbody> </table>	LEFT ZIPPER POUCH	LEFT VELCRO POUCH	ADULT BP CUFF (1) ____	PHYSIO MODEM (1) ____	ECG LIMB LEADS (1) ____		PULSE OXIMETER (1) ____		LEFT SIDE	VEHICLE _____ MONITOR NUMBER _____				
LEFT ZIPPER POUCH	LEFT VELCRO POUCH													
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