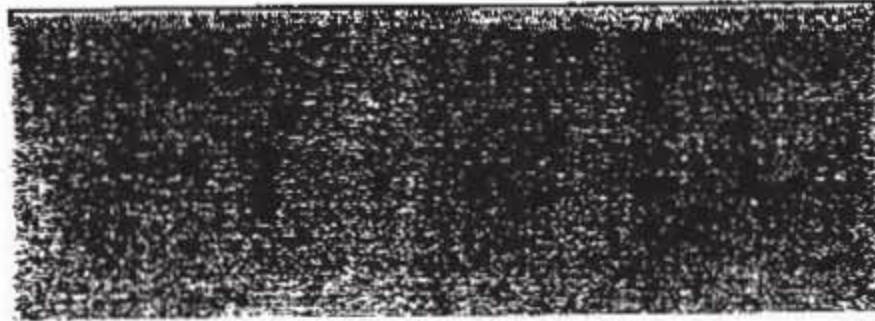


MEMORIAL HOSPITAL

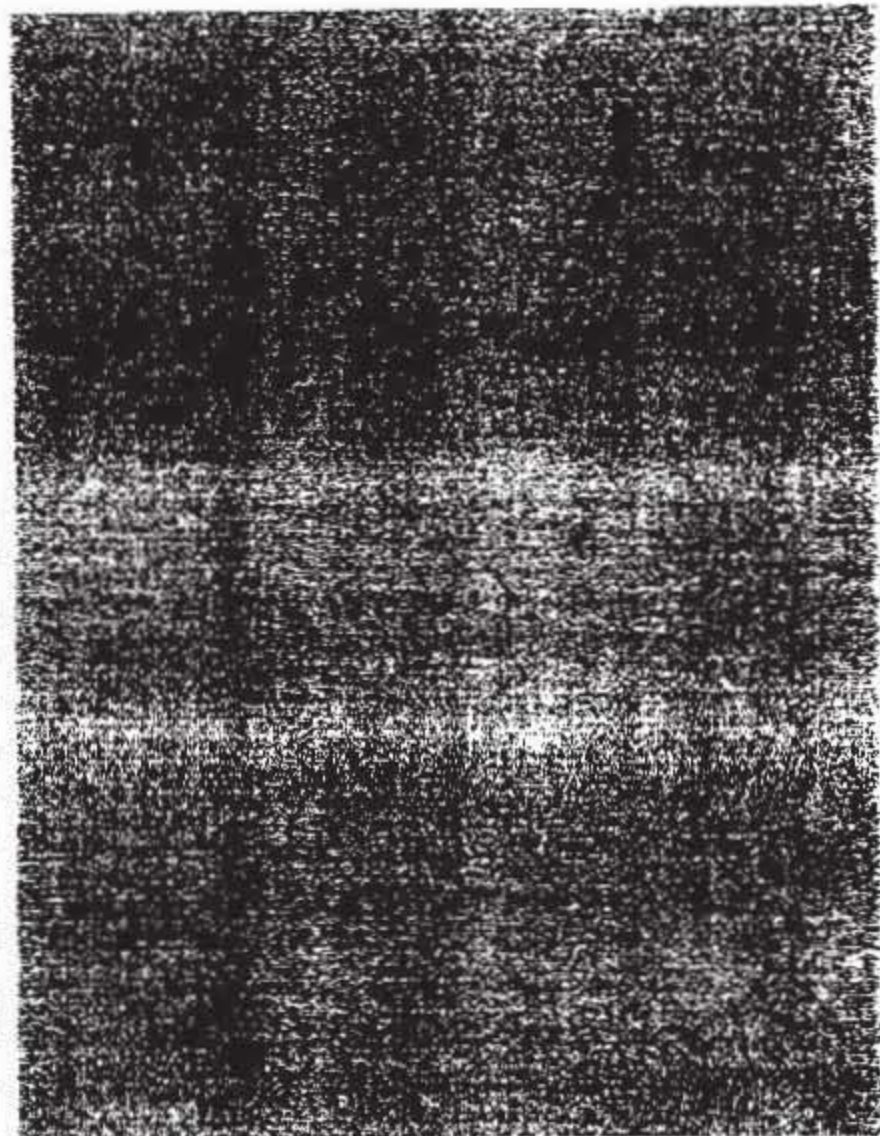
NURSING EQUIPMENT USAGE RECORD



Unit _____
Date of Service: _____

EQUIPMENT IN USE ITEM QUANTITY

PCA Pump			
Epidural Pump (used < 12 hours)			
Epidural Pump (used > 12 hours)			
Syringe Pump			
Kids Pump			
Trilogy Pump			
Kangaroo Feed Pump			
Oxygen Tank (transport)			
Cardiac Monitors			
Cont. Pulse Oximetry			
Spot Check: Pulse Ox.			



EQUIPMENT IN USE NIGHT DAY EVENING TOTAL
ITEM QUANTITY ITEM QUANTITY ITEM QUANTITY QUANTITY

Glucose Testing				
Oxygen Per Shift				
Aerosol Treatments				
Peak Flow				
Hematocrit				

COMPLETED BY: _____ DATE: _____

ENTERED BY: _____ DATE: _____

REVISED 5/19/98

TOP SHEET TO CENTRAL SUPPLY

BOTTOM SHEET TO PATIENT'S MEDICAL RECORD