

**University Medical Center
Code Cart Checklist**

(All medical devices stocked on Code Cart must be Latex Free if available)

| DATE: | | | | CODE: | | | | ROUTINE CHECK: | | | |
|---|-----|----|----------|-------------------------------|-----|----|----------|---------------------------------------|-----|----|----------|
| Top of Cart | Yes | No | Replaced | Top of Cart | Yes | No | Replaced | Top of Cart | Yes | No | Replaced |
| Portable Monitor with Defibrillator/AED | | | Tested | Electrode Package (1 package) | | | | C.P.R. Board / I.V. Pole / ACLS cards | | | |
| Pacing Pads | | | * | Tourniquets (4) | | | | Notebook: Checklist | | | |
| Defib Pads | | | * | Resuscitation Record | | | | Oxygen Tank | | | |
| Patient Cable (1) | | | | | | | | | | | |
| Syringe Container | | | | | | | | | | | |
| Readout Paper (2 rolls) | | | | | | | | | | | |

DRAWER #1 – MEDICATION TRAY* – EXPIRATION DATE _____ SEAL INTACT YES If no, replaced

DRAWER #2 – SYRINGES AND EXTRA MEDICATIONS*

| Item | Amt | Yes | No | Repl. | Item | Amt | Yes | No | Repl. |
|--------------------------|-----|-----|----|-------|--------------------------------|-----|-----|----|-------|
| Normal Saline 10 cc vial | 2 | | | * | Needles: (Safety Sharp) | | | | |
| Syringes: (Safety Sharp) | | | | | 18 gauge / 21 gauge / 22 gauge | 10 | | | * |
| 3 cc / 5 cc | 7 | | | * | Needlelock | 6 | | | |
| 10 cc / 20 cc | 5 | | | * | Lever Lock | 6 | | | |
| 60 cc Catheter Tip | 1 | | | * | Blunt Tip | 10 | | | |
| 10 cc Saline Flush | 10 | | | * | Safety Straw Filter | 5 | | | * |
| | | | | | Spinal Needle 20 g 3½ | 2 | | | * |
| Salem Sump tube 18 FR | 1 | | | | Twin Pak | 5 | | | * |
| Labels | 12 | | | | IV Injection Caps | 5 | | | * |
| Alcohol Wipes | 12 | | | | Surgilube | 1 | | | * |
| | | | | | Doppler Gel | 1 | | | * |

DRAWER #3 – Respiratory Equipment

| Item | Amt | Yes | No | Repl. |
|----------------------------------|-----|-----|----|-------|
| 100% Rebreather Mask c Tubing | 1 | | | |
| Suction Kits: # 14 | 2 | | | * |
| # 16 | 2 | | | * |
| Xylocaine Jelly 2% | | | | * |
| Suction Connecting Tube | 2 | | | |
| C Batteries | 2 | | | |
| Laryngoscope Handle | 1 | | | |
| Laryngoscope Blades: MAC #3 - #4 | 1 | | | |
| Miller #2 - #3 | 1 | | | |
| Endotracheal Tubes: 7.0 | 1 | | | |
| 7.5 / 8.0 | 2 | | | |
| 8.5 / 9.0 | 1 | | | |
| Disposable Guides | 3 | | | |

DRAWER #4 – Additional Respiratory Equipment Med / Surg

| Item | Amt | Yes | No | Repl. |
|-----------------------------------|-----|-----|----|-------|
| CO ₂ Sensory Detectors | 2 | | | |
| Laryngoscope Light | 1 | | | |
| Cetacaine Spray | 1 | | | * |
| Blood Gas Kits | 3 | | | * |
| #11 Scalpel Blade Safety Sharp | 1 | | | * |
| Dressing Set | 1 | | | * |
| Chest Tube #32 fr. | 1 | | | * |
| Airways: Small – Medium – Large | 1 | | | |
| Trachostomy Tubes: # 6 - # 8 | 1 | | | |
| Yankauer | 1 | | | |
| McGill Forceps | 1 | | | |
| Twill Tape | 1 | | | |
| Goggles | 1 | | | |

CRITICAL CARE ONLY

DRAWER #4 – PACEMAKER*

| Item | Amt | Yes | No | Repl. | Item | Amt | Yes | No | Repl. |
|----------------------------------|-----|-----|----|-------|----------------------------|-----|-----|----|-------|
| Balloon Tipped TVP Electrode 4Fr | 2 | | | | 4 x 4s | 6 | | | * |
| Balloon Tipped TVP Electrode 5Fr | 2 | | | | 2 x 2s | 6 | | | * |
| Battery 9 volt | 2 | | | | Latex Free Sterile Gloves | | | | |
| Pacemaker with cables | 1 | | | * | Small – 6½ | 2 | | | * |
| Xylocaine Amps | 2 | | | * | Med. – 7½ | 2 | | | * |
| Sterile Towels | 4 | | | * | Lge. – 8 | 2 | | | * |
| Betadine Solution | 1 | | | * | Sutures: 3.0 Silk Straight | 1 | | | |

* Check expiration date or condition statement where applicable.

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CRITICAL CARE ONLY

INTUBATION BOX

| Item | Amt | Yes | No | Repl. |
|----------------------------------|-----|-----|----|-------|
| Laryngoscope Handle | 1 | | | |
| Laryngoscope Blades: MAC #3 | 1 | | | |
| MAC #4 | 1 | | | |
| Miller #2 | 1 | | | |
| Miller #3 | 1 | | | |
| Disposable Guide | 1 | | | |
| Twill Tape | 1 | | | |
| CO ₂ Sensory Detector | 1 | | | |
| Xylocaine Jelly 2% | 1 | | | * |
| Dressing Set | 1 | | | * |
| Cetacaine Spray | 1 | | | * |

Lock # _____

| Item | Amt | Yes | No | Repl. |
|---------------------------------|-----|-----|----|-------|
| Endotracheal Tubes | | | | |
| Size 7.0 | 1 | | | * |
| 7.5 | 2 | | | * |
| 8.0 | 2 | | | * |
| 8.5 | 1 | | | * |
| 9.0 | 1 | | | * |
| Airways: Small – Medium – Large | 1 | | | |
| Syringe 10 cc | 1 | | | |

DRAWER #5 – INTRAVENOUS EQUIPMENT

| Item | Amt | Yes | No | Repl. |
|---|-----|-----|----|-------|
| I.V. Solutions | | | | |
| 1000 cc 0.9 NS | 1 | | | * |
| 250 cc D ₅ W | 2 | | | * |
| 500 cc 0.9 NS | 2 | | | * |
| Lidocaine 1 Gm 250 cc D ₅ W | 1 | | | * |
| Dopamine 400 mg/250 cc D ₅ W | 1 | | | * |
| Angiocaths | | | | |
| #20 gauge | 3 | | | * |
| #18 gauge | 3 | | | * |
| #16 gauge | 3 | | | * |
| Mini Med Tubing | 5 | | | |
| Macrotubing | 3 | | | |
| Microtubing | 3 | | | |
| Armboard | 1 | | | |

| Item | Amt | Yes | No | Repl. |
|-----------------------------|-----|-----|----|-------|
| 4 x 4s | 6 | | | * |
| 2 x 2s | 6 | | | * |
| Sterile Towels | 2 | | | * |
| Latex Free Sterile Gloves | | | | |
| Small – 6½ | 2 | | | * |
| Med. – 7½ | 2 | | | * |
| Lge. – 8 | 2 | | | * |
| Tape: 1" Silk Roll | 1 | | | |
| 2" Silk Roll | 1 | | | |
| Suture: 3.0 Silk Straight | 2 | | | |
| Needlelock | 6 | | | |
| Lever Lock | 6 | | | |
| I.V. Catheter Extension Set | 4 | | | |
| Betadine Solution | 1 | | | * |

BOTTOM SHELF

| Item | Amt | Yes | No | Repl. |
|-------------------------------|-----|-----|----|-------|
| Suction Apparatus | 1 | | | |
| Suction Tubing Standard | 1 | | | |
| 100% Ambu Bag & Mask c Tubing | 1 | | | |
| Triple Lumen Catheter 7 Fr. | 2 | | | |
| Saline Bullets | 5 | | | * |

| Item | Amt | Yes | No | Repl. |
|----------------------------------|-----|-----|----|-------|
| Saline Bottle | 1 | | | * |
| Flow Meter with Christmas Tree | 1 | | | |
| Chest Tube Drainage System | 1 | | | * |
| O ₂ Connecting Tubing | 1 | | | |

Top Lock # _____
 Weekly Routine Check

Bottom Lock # _____
 Recheck – Cart Opened

* Check expiration date or condition statement where applicable.

All Laryngoscope Blades and Handles have been tested. Place clean blades in re-sealable bags.

All expiration dates have been validated and replaced if necessary.

Name: _____, RN Date: _____