

University Medical Center  
Department of Patient Care

Daily Defibrillator Check

TEST DATE: \_\_\_/\_\_\_/\_\_\_

MED EXP DATE: \_\_\_/\_\_\_/\_\_\_

WEEKLY ROUTINE REMINDER:

- ✓ Complete the *Code Cart Checklist* document every Monday.

ATTACH 11-7 PACEMAKER TEST STRIP HERE

ATTACH 11-7 MANUAL DEFIB TEST STRIP HERE

ATTACH 11-7 AED TEST STRIP HERE

SHIFT: 11-7    LOCKS: TOP #: \_\_\_\_\_ BOTTOM #: \_\_\_\_\_    SIGNATURE: \_\_\_\_\_ RN\*

ATTACH 7-3 MANUAL DEFIB TEST STRIP HERE

ATTACH 7-3 AED TEST STRIP HERE

SHIFT: 7-3    LOCKS: TOP #: \_\_\_\_\_ BOTTOM #: \_\_\_\_\_    SIGNATURE: \_\_\_\_\_ RN\*

ATTACH 3-11 MANUAL DEFIB TEST STRIP HERE

ATTACH 3-11 AED TEST STRIP HERE

SHIFT: 3-11    LOCKS: TOP #: \_\_\_\_\_ BOTTOM #: \_\_\_\_\_    SIGNATURE: \_\_\_\_\_ RN\*

\* Signature verifies external equipment / supplies of code cart intact.

TEST DATE: \_\_\_/\_\_\_/\_\_\_

MED EXP DATE: \_\_\_/\_\_\_/\_\_\_

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ATTACH **7-3 MANUAL DEFIB** TEST STRIP HERE

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ATTACH **3-11 MANUAL DEFIB** TEST STRIP HERE

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