

## Anesthesia Equipment and Supplies Checklist (To be kept in log book)

Date:	Checked-out by:	Location:
O Oxygen pipeline i	oressure or primary source	pounds per square inch
O Oxygen tank pressure (second source)		pounds per square inch
O Back-up power	,	
O Defibrillator and o	crash cart available	
O Anesthesia cart s	upplies checked, i.e., intravenou	us equipment, anesthetics, stethoscope
O Suction equipmen	nt tested	
O Ambu bag tested		
<ul> <li>Electrocardiogran</li> </ul>		
<ul><li>Pulse oximeter op</li></ul>		
O Capnometer oper		
O Blood pressure m		
O Back-up blood pr	essure cuff	
O Atropine		
O Epinephrine		
O Ephedrine		
O Lidocaine	disations as in disated	
	medications as indicated	
<ul> <li>Endotracheal equ</li> </ul>	ilpment, airways	
If general anesthesia	a is planned:Anesthesia machin	e no
O Leak test and oth	er tests performed as indicated	
O Oxygen analyzer		
O Capnometer con		
O Temperature mor		
O Emergency airways available, i.e., laryngeal mask airway, combitube, or cricothyrotomy kit		
<ul> <li>Succinylcholine</li> </ul>		
O Dantrolene		
O Other anesthesia	medications as indicated	
Note (if problem):		
Follow-up (who, wha	at):	