KENT COUNTY EMERGENCY MEDICAL SERVICES

IV Pack Content List

Number: IV.O.2
Date: 7/7/03
Page: 1 of 1

INV	Replace		Right Lower Inner Pouch
		6	Alcohol Pads
		2	Bandaids
		2	18 or 19 ga 1 ½" syringe needles

INV	Replace		Lower Rear Pouch (Zipper)
		1	Basswood Arm boards (9" x 3")
		2	Tourniquets (18" latex rubber or Penrose drain)

INV	Replace		Main Compartment
		1	No-Stick Box (HCL 7389-10)
		2	Sodium Chloride 0.9% 1000ml (Baxter or Abbott 7983-09)
		1	Macrodrip Set (Baxter 100" 2C5427S or Abbott 11540-58)
		1	Extension Set 20" with 3 way stopcock (Medex #412) or (Abbott #1834)
		1	Blood Y Set w/Pump (Abbott 12730-65)

INV	Replace		Front Lower Pouch
		2	10-12cc syringe
		1	20-35cc syringe
		1	Roll ½ - 1" clear tape

INV	Replace		Upper Rear Pouch
		2	14 ga 1 ¾" Insyte AutoGuard Catheter (381467)
		4	16 ga 1 ¼" or 1 ½" Insyte AutoGuard Catheter (381454)
		4	18 ga 1 ¼" or 1 ½" Insyte AutoGuard Catheter (381444)
		2	20 ga 1 ¼" or 1 ½" Insyte AutoGuard Catheter (381434)
		2	22 ga 1 ¼" or 1 ½" Insyte AutoGuard Catheter (381423)
		2	24 ga 1 ¼" or 1 ½" Insyte AutoGuard Catheter (381412)
		1	15 ga JAMSHIDI 3/8 – 1 7/8" intraosseous (DIN1515)

INV	Replace		Front Upper Elastic
		2	Injection Sites (SafSite Reflux Valve Saline Lock RV1000 Burron or Abbott LifeShield 11521-01)
		2	Sodium Chloride 10ml PF

Replace **Sticker Outside of Bag** (taped on)

Should include:
Hospital Name
Return to pharmacy for replacement of expired med_____(insert name)
By this date: _____

Refilled by: _____ (initials) Date:_____

Date _____ Patient Name _____ DOB _____

Filled By _____ RE# _____