

Major Medical Bag Check-Off

Date: ____/____/____

Unit: _____

YELLOW POCKET Seal#: _____

MAIN POUCH Seal #: _____

- Intubation Kit
- Bougie Stylet
- Pertrach
- Airtraq (Optional)
- IV Kit and Supplies
- EZ IO Kit
- CPAP Kit (Optional)

- Ascherman Chest Seal(2)
- Needle Decompression Kit (2)
 - o Needle
 - o Gauze
- Quick Clot Gauze
- MAT Tourniquet

RED POCKET Seal #: _____

Top Pouch Left

- Oral Airways
- Nasal Airways

- #3 King Airway
- #4 King Airway
- #5 King Airway

GREEN POCKET Seal #: _____

Top Pouch Right

- ET tube holders
- ETCO2 Qualitative Connector
- ETCO2 Capnography Connector (Optional)
- ResQPOD
- Esophageal Detector

- Needles
 - o Filter Needles
 - o Blunt Needles
 - o 22 G Needles
 - o 24 G Needles
- Syringes
 - o 3 CC
 - o 5 CC
 - o 10 CC
 - o 20 CC

FRONT POUCH- RED Seal #: _____

- Adult BVM
- Hand Held Suction

All Items in Date: **Y or N**

BLACK POCKET : NOT SEALED

- Adult BP Cuff
- Large BP Cuff

Name: _____

Signature: _____

This is to be completed whenever the seal(s) are broken on any of the pockets on the Major Medical Bag. The completed check off should be signed and dated. This sheet should then be placed in the bag then the bag sealed up. Everything on this sheet should be present in the Major Medical Bag before sealed.

YOU ARE RESPONSIBLE FOR THE ITEMS ON THIS SHEET.