ADULT CARDIAC ARREST TROLLEY/GRAB BAG/DEFIBRILLATOR CHECKLIST

MUST BE COMPLETED EVERY SHIFT

Immediate action must be taken to rectify any missing or expired equipment



WARD / DEPARTMENT/ AREA.....

An intact coded seal must be in place and used to lock either the cardiac arrest trolley or the grab bag. Staff must check the code against the previous record and indicate findings in the spaces provided below as appropriate. If a defibrillator is present in your area, ensure that it is tested and working correctly on a shift-by-shift basis. All defibrillator test strips must be attached to the back of this document. Any loose equipment on top of the trolley (e.g.) gloves, must be checked each shift to ensure equipment is not missing.

If the cardiac arrest trolley/grab bag seal is broken, missing, the codes do not correspond, or the trolley has been used then a full cardiac arrest trolley/grab bag and pump bag check must be completed and documented on the checklist.

A full trolley check must be completed and documented at the end of each month during one of the highlighted dates.

During this check the blue emergency drugs box, red emergency drugs box, adrenaline 1:1,000, intravenous fluids and any other equipment governed by an expiry date must be checked to ensure that it will remain in date up until the next monthly check is carried out.

No additional equipment must be stored in/on the cardiac arrest trolley/grab bag without prior agreement with the Resuscitation Committee

Ensure the following are completed before documenting on the checklist:

Defibrillator

- 1/ The AC power cable is connected to the defibrillator and the battery charge light/sign is illuminated on screen (if appropriate: refer to manufacturers instructions)
- 2/ The electrodes (fast patch or quick combo) are sealed and within expiry date they are to be attached to the patient therapy cable ready for use,
- 3/ The defibrillator test must be completed (refer to manufactures instructions) and attach strip to back of the checking form

Bag Mask and Pocket Mask

The bag mask must be stored in an intact, sealed dust bag and hanging from the drip stand

The pocket mask with oxygen port must be stored in its container with a filter and a one way valve

Drug Box Expiry Date:

Cardiac Arrest Trolley Shift Check. Staff must ensure the following:

The top of the cardiac arrest trolley must be checked to ensure that it is clean, dust free and free of debris or unauthorised equipment.

Pump Bags (only applies to areas who treat paediatric patients)

All pump bags must be checked to ensure that all equipment specified in the cardiopulmonary resuscitation procedure (corp/proc/083) is present

Oxygen

The oxygen cylinder (size E) must be in an 'on' or 'open' position and the flow meter working

Sharps Bin

The sharps bin must be secured to cardiac arrest trolley, to ensure stability when moved

Gloves

One box of 9999x free gloves: size small, medium and large, must be present on the top of the trolley

Laminated Sign

A laminated sign must be present stating the cardiac arrest telephone number and the location of the nearest pacing defibrillator, red drug arrhythmia box and CVP line **Folder**

A folder containing the current ALS algorithm, adult cardiac arrest trolley contents list, the checklist/checking form, the resuscitation policy and procedure, investigation request cards and paediatric pump bag contents list (if appropriate) must be present

Month:			

Date	Coded seal number	to COF	ck must comply (appendix 3) RP/PROC/083	If yes, state new tag number	Defibrillator check completed	trolley check completed - oxygen,	Bag masks checked and ready	Print name	Signature
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Date	Coded seal number	to	ck must comply (appendix 3) RP/PROC/083	If yes, state new tag number	Defibrillator check completed	Top of cardiac arrest trolley check completed - oxygen,	Bag masks checked and ready	Print name	Signature
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Date	Coded seal number	to	ck must comply (appendix 3) RP/PROC/083	If yes, state new tag number	Defibrillator check completed	Top of cardiac arrest trolley check completed - oxygen,	Bag masks checked and ready	Print name	Signature
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Date	Coded seal number	Full check must comply to (appendix 3) CORP/PROC/083		If yes, state new tag number	Defibrillator check completed	Top of cardiac arrest trolley check completed - oxygen,	Bag masks checked and ready	Print name	Signature
		yes/no	reason			gloves, sharps bin etc	for use		
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Date	Coded	Full che	ck must comply	If yes,	Defibrillator		Bag masks	Print name	Signature
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PLEASE ATTACH DEFIBRILLATOR TEST STRIPS ON THIS PAGE



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