

BEDFORD MEMORIAL HOSPITAL BREMS- SUPPLY REQUISITION FORM

<u>QUANTITY</u>	<u>IV SUPPLIES</u>	<u>QUANTITY</u>	<u>ADDITIONAL SUPPLIES</u>
	ARMBOARD, CHILD		COLLAR, NECK ADULT ADJUSTABLE
	ADAPTER, RPN/PRM W/ LOCK LUER		COLLAR, NECK PEDIATRIC ADJUSTABLE
	BANDAID 1X3		DEFIB, ZOLL PADS, ADULT
	CATH, IV 14G*3		DEFIB, ZOLL PADS, PEDIATRIC
	CATH, IV 14G* 1.75" INSYTE AUTOGUARD		NACL, 0.9% INJ BACT 30 ML
	CATH, IV 16G* 1.16" INSYTE AUTOGUARD		NDL, 20G* 1.5"
	CATH, IV 18G* 1.16" INSYTE AUTOGUARD		NDL, FILTER 19G* 1.5"
	CATH, IV 20G* 1.16" INSYTE AUTOGUARD		SYRINGE, 10ML
	CATH, IV 22G* 1" INSYTE AUTOGUARD		SYRINGE, 1ML TB
	CATH, IV 24G* .75" INSYTE AUTOGUARD		SYRINGE, 3ML
	D5W, INJ 100ML		SYRINGE, 3ML WITH NDL, 20G* 1.5"
	DRESSING, COVER STER 3*4 (2/PK)		SYRINGE, 5ML
	DRESSING, GAUZE STER 2*2		SYRINGE, 20ML
	DRESSING IV 6*7 TEGADERM		SYRINGE, 30ML
	MAD (MUCOSAL ATOMIZATION DEVICE)		SYRINGE, 60ML
	NDL, EZ-IO NEEDLE (BLUE TOP)		
	NDL, EZ-IO NEEDLE (PINK TOP)		
	NDL, EZ-IO NEEDLE (BARIATRIC)		
	NACL, 0.9% INJ 10 ML PRE-FILLED SYRINGE		
	NACL, 0.9% INJ 1000 ML		
	PRESSURE INFUSION BAG (EZ-IO INFUSIONS)		
	SET, IV PRIMARY		
	SET, VEIN 23G* .75" BUTTERFLY		
	SET, MACROBORE EXT CLAVE		
	SWAB, ALCOHOL PREP		
	SWAB, IODINE PREP		
	TAPE, 1"		
	TOURNIQUET, IV		

<u>QUANTITY</u>	<u>AIRWAY SUPPLIES</u>
	BAG, RESUSCITATION ADULT
	BAG, RESUSCITATION INFANT
	BAG, RESUSCITATION PEDIATRIC
	CANNULA, NASAL ADULT
	CANNULA, NASAL PEDIATRIC
	DETECTOR, END TIDAL, CO2 ADULT
	DETECTOR, END TIDAL, CO2 PEDIATRIC
	MASK, BOUSSIGNAC CPAP DEVICE
	MASK, NON REBREATHER, ADULT
	MASK, NON REBREATHER, PEDIATRIC
	MASK, KING AIRWAY SZ 3
	MASK, KING AIRWAY SZ 4
	MASK, KING AIRWAY SZ 5
	NEBULIZER, W/ 6" FLEX TUBE AEROSOL
	SUCTION, TUBING CONNECT
	SUCTION, SZ FRENCH TIP (6, 8, 10, 12)
	SUCTION, TONSILAR YANKAUER W/O CONTROL
	TUBE, ENDOTRACH SZ 6.5
	TUBE, ENDOTRACH SZ 7.0
	TUBE, ENDOTRACH SZ 7.5
	TUBE, ENDOTRACH SZ 8.0

<u>INSTRUCTIONS</u>
<ul style="list-style-type: none"> Fill in the blanks to the left of each item indicating the number of items to be replaced. Record the date and full name of the EMS person at the time of exchange. Place a patient sticker on the bottom of this form. Go to Med Comm to receive items. <p>NOTE: Requests for solutions MUST be accompanied by a PROPERLY SIGNED PPCR / RUN REPORT.</p>

DATE: _____ AGENCY: _____ EMS PERSONNEL: _____ EMS PERSONNEL STATE CERT. # _____ BMH PERSONEL: _____ PHYSICIAN SIGNATURE: _____
--

PLACE PATIENT STICKER HERE

Notify BREMS of any changes

Updated November 2010