

**LYNCHBURG GENERAL HOSPITAL
BREMS – ACUDOSE SUPPLY TOWER REQUISITION FORM**

QUANTITY	CANNULA, NASAL	QUANTITY	COLLAR, NECK ADULT ADJUSTABLE
	DETECTOR, END TIDAL, CO2, ADULT		COLLAR, NECK PEDIATRIC ADJUSTABLE
	NEBULIZER, W/6" FLEX TUBE AEROSOL		DEFIB, ZOLL PADS, ADULT / PEDS
			BAG, RESUSCITATION ADULT
QUANTITY			MASK, BOUSSIGNAC CPAP DEVICE
	MASK, NON-REBREATHER		NDL/SYRINGE SAFETYGLIDE 3M
	TUBE, ENDOTRACH SZ 6.5		
	TUBE, ENDOTRACH SZ 7.0	QUANTITY	
	TUBE, ENDOTRACH SZ 7.5		AUTOPULSE LIFEBAND
	TUBE, ENDOTRACH SZ 8.0		BAG, RESUSCITATION INFANT
			BAG, RESUSCITATION PEDIATRIC
QUANTITY			CANNULA, NASAL PEDIATRIC
	NACL, 0.9% INJ 1000ML		DEFIB, ZOLL PADS, PEDIATRIC
	NACL, 0.9% INJ 100ML		EZ-IO STABILIZER
	LACTATED RINGERS, 1000ML		MASK, iGEL, SZ 3
	SET, IV PRIMARY		MASK, iGEL, SZ 4
			MASK, iGEL, SZ 5
QUANTITY			MASK, NON-REBREATHER PEDIATRIC
	MUCOSAL ATOMIZATION DEVICE (MAD)		NDL, EZ-IO NEEDLE (BLUE TOP)
	KIT, IV START W/ CHOROPREP		NDL, EZ-IO NEEDLE (PINK TOP)
	NACL, 0.9% INJ 10 ML PRE-FILLED SYRINGE		NDL, EZ-IO NEEDLE (BARIATRIC)
	SET, MACROBORE EXT CLAVE		PRESSURE INFUSION BAG (<i>EZ-IO INFUSIONS ONLY</i>)
	SET, MACROBORE EXT CLAVE W/ "T"		SUCTION, CANISTER
	SET, VENOSET PB MACRO		SUCTION, TUBING CONNECT
			SUCTION, SZ FRENCH TIP 10
			SUCTION, SZ FRENCH TIP 12
QUANTITY			SUCTION, TONSILAR YANKAUER W/O CONTROL
	ELECTRODE, ECG FOAM		SYRINGE, 10ML
	CATH, IV 14G*3		SYRINGE, 1ML TB
	CATH, IV 14G* 1.75" INSYTE AUTOGUARD		SYRINGE, 3ML
	CATH, IV 16G* 1.16" INSYTE AUTOGUARD		CAVI WIPES
	CATH, IV 18G* 1.16" INSYTE AUTOGUARD		PATIENT BELONGING BAGS
	CATH, IV 20G* 1.16" INSYTE AUTOGUARD		RECTANGLE BASINS
	CATH, IV 22G* 1" INSYTE AUTOGUARD		DETECTOR EASY CAP 2 END-TIDAL
	CATH, IV 24G* .75" INSYTE AUTOGUARD		CANNULA CO2 NASAL TRULINK W/O2 ADULT

INSTRUCTIONS

- 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.

NOTE: Requests for solutions MUST be accompanied by a PROPERLY SIGNED PPCR / RUN REPORT

DATE: _____

AGENCY: _____

EMS PERSONNEL: _____

EMS PERSONNEL STATE CERT: _____

PLACE PATIENT STICKER HERE