

2025

RESUSCITATION MERT BAG

Tagged bag check sheet
(ADULT WARDS; excluding CHCMH, MBU & EHCC)

ADULT EMERGENCY EQUIPMENT LIST AND SIGNING SHEET
TO BE CHECKED DAILY BY A REGISTERED MEMBER OF STAFF - ENTER ACTUAL QUANTITY INTO EACH BOX: DO NOT TICK

Entire contents **MUST BE** checked after use or after replacing any item, and main compartment sealed with a new security seal

WEEKS COMMENCING _____ WARD _____

Please note that all items must be stored in its packaging

Section 1: Daily checks

Qty Req	Item	M	T	W	T	F	S	S	M	T	W	T	F	S	S
	TOP FRONT POUCH Date →														
1	Red bag: ELFT drugs (sealed & in date)														
	BOTTOM FRONT POUCH														
1	Defibrillator (AED) – Ready light flashing														
1	Spare Hands Free Defibrillator Pads (<i>compatible with AED & in date</i>)														
1	Spare defibrillator battery (<i>compatible with AED & in date</i>)														
1	Electronic Blood Pressure Machine (<i>Batteries installed and working</i>)														
1	Large BP cuff (<i>compatible with above</i>): Not required (N/A) with Omron M6														
1	Blood glucose monitor (<i>calibrated daily. See Clinical Room Daily Checks</i>)														
1	Fingertip pulse oximeter (<i>Batteries installed and working</i>)														
1	Pen torch														
1	Stethoscope														
2	Razors														
	GENERIC BAG CHECKS														
	Is the main compartment security seal intact Y/N?														
	Does the security seal number match this paperwork (<i>see below</i>) Y/N?														
	Is the next item due to expire in main compartment still in date (<i>see below</i>) Y/N?														
	Clean external surfaces daily														
	ADDITIONAL EQUIPMENT CHECKS														
1	Spare CD oxygen cylinder in the treatment /clinical room is full Y/N?														
1	Suction unit (LSU) (<i>suction tubing connected; do not connect Yankaeur</i>)														
	Checked by →														

Resuscitation MERT Bag Contents List and Signing Sheet (ADULT WARDS; excluding CHCMH, MBU & EHCC)

Valid from 01/01/2025 until 31/12/2025.

Any item(s) not on this list **MUST** be removed

2025

WARD _____

ENTER ACTUAL QUANTITY INTO EACH BOX: DO NOT TICK

Section 2: Main compartment pre-tagging check

Qty Req	Item	Qty	Expiry Date	Qty	Expiry Date	Qty	Expiry Date
MAIN COMPARTMENT - AIRWAY SECTION							
1	Yankaeur suction catheter						
1	Oropharyngeal airway size 2						
1	Oropharyngeal airway size 3						
1	Oropharyngeal airway size 4						
1	Nasopharyngeal airway size 6						
1	Nasopharyngeal airway size 7						
1	I-Gel Supraglottic Airway size 3						
1	I-Gel Supraglottic Airway size 4						
1	I-Gel Supraglottic Airway size 5						
1	Adult bacterial/viral filter + HME						
2	Sachets water based lubricant jelly						
1	Magill's forceps						

MAIN COMPARTMENT - CIRCULATION SECTION							
2	IV Cannula 16G (Grey)						
2	IV Cannula 18G (Green)						
2	IV Cannula 20G (Pink)						
4	Syringe 10ml						
4	Syringe 2ml						
4	Syringe 1ml						
4	Sodium Chloride 0.9% ampoule or pre-filled syringe 10ml, for injection						
2	IV Fluid administration (giving) set						
1	Sodium Chloride 0.9% intravenous infusion 1000mL bag						
2	IV dressing						
10	Chlorohexidine wipes						
4	Blunt fill needles						
4	Needles 21G (green)						
2	Three-way Tap						
1	Disposable tourniquet or disposable tourniquet roll		N/A		N/A		N/A

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Qty Req	Item	Qty	Expiry Date	Qty	Expiry Date	Qty	Expiry Date
MAIN COMPARTMENT – BOTTOM SECTION							
1	Oxygen Cylinder (full)						
1	Bag Valve Mask with reservoir bag and tubing						
1	Adult oxygen face mask with reservoir bag and tubing						
1	Adult nebuliser face mask with pot and tubing						
1	Sharps Bin (empty)		N/A		N/A		N/A
2 packs	Gauze Swabs						
1	Roll of Micropore or Transpore tape		N/A		N/A		N/A
1	Ligature cutter		N/A		N/A		N/A
1	Tuff cut scissors		N/A		N/A		N/A
1	Burns dressing						
1	Large wound dressing						
6	Pair non-sterile gloves						
6	Goggles						
6	Aprons						
Checked by →							

Clean internal surfaces before sealing			
Enter expiry date of next item to expire			
State next item to expire			
Enter security seal unique number			

Section 3: Weekly check Ward Managers Band 7 or Deputy Band 6 must check and sign on a weekly basis to confirm that all checks have been undertaken.	Print name:	Print name:
	Signature:	Signature:
	Date:	Date:

Completion of this form indicates that all equipment is present, clean functional and in date.
Any problems must be highlighted on the issues sheet and reported immediately to the Nurse in Charge or the DSN

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Section 4: Resuscitation Checklist Issues

Day & Date	Highlighted issue (e.g. post 999 call, equipment problem.)	Action Taken	Reported by	Outcome of action taken

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