

2025

RESUSCITATION TROLLEY

Tagged trolley check sheet
(EAST HAM CARE CENTRE WARDS ONLY)

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 items, and the draws 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 OF TROLLEY Date →														
1	Sharps Bin (empty)														
1	Defibrillator (AED) – Ready light flashing														
1	Blood glucose monitor (<i>calibrated daily. See Clinical Room Daily Checks</i>)														
1	Portable Suction Machine- <i>suction tubing connected; do not connect Yankaeur</i>														
	REAR & SIDE														
1	Oxygen Cylinder (<i>minimum 3/4 full</i>)														
	GENERIC TROLLEY 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 CHECKS														
1	Spare CD oxygen cylinder in the treatment /clinical room is full Y/N?														
	Checked by →														

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

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WARD _____

ENTER ACTUAL QUANTITY INTO EACH BOX: DO NOT TICK

Section 2: Main draws pre-tagging check

Qty Req	Item	Qty	Expiry Date	Qty	Expiry Date	Qty	Expiry Date
	UNDER LID KEPT EMPTY						
	DRAWER 1: AIRWAY						
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						
2	Sachets water based lubricant jelly						
	DRAWER 2: BREATHING						
1	Bag Valve Mask with reservoir bag and tubing						
1	Adult bacterial/viral filter + HME						
1	Adult oxygen face mask with reservoir bag and tubing						
1	Adult nebuliser face mask with pot and tubing						
2	Yankaeur suction catheter						
1	Magill's forceps						
1	Stethoscope		N/A		N/A		N/A
1	Fingertip pulse oximeter (<i>Batteries installed and working</i>)		N/A		N/A		N/A
1	Tuff cut scissors		N/A		N/A		N/A

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	DRAWER 3: CIRCULATION						
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						
2	Three-way Tap						
1	Disposable tourniquet or disposable tourniquet roll		N/A		N/A		N/A
4	Blunt fill needles						
4	Needles 21G (green)						
1	Red bag: ELFT drugs (sealed)						
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						
2 packs	Gauze Swabs						
2	Razors		N/A		N/A		N/A
1	Roll of Micropore or Transpore tape		N/A		N/A		N/A
1	Pen torch		N/A		N/A		N/A

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DRAWER 4: PPE AED SPARES							
6	Pair non-sterile gloves		N/A		N/A		N/A
6	Goggles		N/A		N/A		N/A
6	Aprons		N/A		N/A		N/A
1	Burns dressing						
1	Spare defibrillator battery <i>(compatible with AED)</i>						
1	Hands free defibrillator pads <i>(compatible with AED)</i>						
1	Ligature cutter		N/A		N/A		N/A
1	Large wound dressing						
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: 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 2222 call, equipment problem.)	Action Taken	Reported by	Outcome of action taken

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