

PEDIATRIC AIR AMBULANCE

Name of Agency:

Agency License or Designation Number:

(All Agencies' Self Inspections require two licensed personnel to complete an inspection per vehicle)

Inspector 1:

Inspector 2:

Is this vehicle currently listed in your ImageTrend Agency License? Yes No Unknown

Date of Inspection:

Type of Inspection: Self Inspection New Vehicle

Vehicle Information

	Vehicle 1	Vehicle 2
Aircraft tail Number		
VIN Number		
Year of Aircraft		
Active Aircraft or Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve
Type of Inspection (Annual, or New Aircraft)	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle
Monitor Serial Number		

Equipment on this list may be stored on the aircraft or carried on individual persons as required by agency policy.

KEY:

P: Passed

Proper quantity & all equipment and supplies within expiration dates.

W: Waiver

Requires Bureau of Emergency Medical Services and Preparedness approval.

N/C: Non Compliant

Missing, damaged, or expired equipment and medications or insufficient quantity of supplies.

NA: Not Applicable

*Not a required item or for medications that have alternative options.

General Equipment		
	vehicle 1	vehicle 2
1 FAA approved Patient litter or stretcher with restraints	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Set of patient linens	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Emesis basin or bag	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Flashlight & two extra batteries	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Child safety restraint	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Warming device	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 Sets crew biohazard protection, i.e. goggles, gloves, masks	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Waterless hand cleaner	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Pair bandage scissors	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Temperature and ventilation system for the patient treatment area	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Overhead or dome lighting of at least 40-foot candle at the patient level	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sufficient patient isolated from the cockpit to minimize in-flight distractions and interference with flight safety	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
"No smoking" signs shall be prominently displayed inside	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Controlled Substance lockup system if to be left unattended	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Survival gear appropriate to service area and number of occupants	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Airway Equipment		
Ventilator immediately Available & must have: Independent oxygen supply, all adapters necessary to connect all ventilation equipment and patient, capable of providing positive pressure and intermittent ventilation for all pediatric patients.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Bulb syringe	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Suction apparatus with wide bore tubing and rigid pharyngeal suction tip, one must be portable. Suction Catheters 6,8,&10 French	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Bag valve mask ventilation unit, 500 cc with adult, child, & infant size masks.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Mask with reservoir, Pediatric size	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Simple mask, Pediatric size	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Nasal cannulas, Pediatric and infant sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Portable oxygen tank with a regulator capable of metered flow and capable of delivering oxygen at a rate of 15 lpm	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Laryngoscope, with curved & straight blades in various sizes for adult, pediatric, & neonatal; spare batteries & bulb.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 each size- Endotracheal tubes, sizes 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6.5, 7 & 8	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Device for securing the endotracheal tube	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2-Gastric tubes, 10F, 16F	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Stylets, Adult & Pediatric sizes.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 Oral airways, one adult, one pediatric, and one infant	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Devices for decompressing of pneumothorax	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Magill forceps, one pediatric and one adult.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Oxygen saturation monitor.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 self-inflating bag valve mask ventilation unit PEEP valve.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Pediatric resuscitation bag	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
End title CO2 monitoring device with all adaptors for infant- peds	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Thoracostomy Kit	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Small volume nebulizer	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
4- sterile surgical gloves in assorted sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Water based lubricant (tube or equivalent)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Cardiac & Vital Sign Equipment		
1 Cardiac monitor/defibrillator/pacer with adult and pediatric capabilities / Waveform Capnography / SPO2 Waveform / BP / 12 lead EKG	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Electronic Doppler device	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Stethoscopes for Adult, peds and infant	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Blood pressure cuffs for adult, peds and infants	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Thermometer	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Oxygen Saturation monitor for Peds and infant	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 glucose monitoring device and all supplies	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Trauma Equipment Dressings & Supplies

2 Rolls of adhesive tape	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
5 Sterile dressing pads.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
4 Bandages, soft roller, self-adhering type, 4"X5 yards or equivalent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Non sterile gloves in assorted sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Occlusive dressings or equivalent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 commercial tourniquets	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Splints	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Traction splint dual size	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Cervical collars, Adult, Peds and infant	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

IV Supplies

10 Alcohol & Providine-iodophor preps	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 each Over-the-needle catheters, sizes 16g, 18g, 20g, 22g, & 24g.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Blood administration sets.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 IV Pressure bags	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 IV tubings with pediatric micro drip chambers	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
10 Syringes, assorted sizes, small to large	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
10 Needles, assorted sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 IV pumps capable of providing & regulating constant intravenous infusions accurate to 1 cc/hour & appropriate tubing for the IV pump appropriate IV pump tubing	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Drug Requirements

3 each 50-100cc mixing solutions for Parenteral Medications	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 each 30cc Normal Saline & 10cc sterile water	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 liters I.V. Fluids	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Adenosine	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-Cholinergic (Ex: Atropine)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Calcium Chloride/Gluconate	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Hypoglycemic Antidote (Ex: D50W)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anticonvulsant (Ex: Phenytoin, Diazepam, Lorazepam. Phenobarbital)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Calcium Channel Blocker	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Adrenergic Agonist (Ex: Dopamine)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Benzodiazepam (Ex: Valium)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antihistamine	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Alpha/Beta Agonist	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sedative for R.S.I	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Diuretic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antiarrhythmics to cover ACLS algorithms for tachydysrhythmias, bradysrhythmias, asystole (Ex : Lidocaine, Magnesium Sulfate, Procainamide, Atropine Sulfate)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Analgesic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Beta Blocker	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-hypertensive (Ex: Nitroprusside, Metoprolol)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Narcotic Antagonist	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-emetic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Alkalinizing Agent (Ex: Sodium Bicarbonate)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Systemic Corticosteroid Agent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sympathomimetic Agent / Bronchodilator (Ex: Albuterol)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-anginal / Vasodilator (Ex: Nitroglycerin)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Neuromuscular Blocker	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Platelet-Aggregation Inhibitor (Ex: Aspirin)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antibiotics	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA