

CLPG14A Appendix 12

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
BABY / INFANT RESUSCITATION BAG / EQUIPMENT WEEKLY
FULL INVENTORY CHECK

To be completed by a member of the nursing team. Each item is to be checked off against the laminated colour checklist accompanying the Resuscitation bag. Date to be entered when the check takes place. This then needs to be signed off by the person checking. At the end of the week the checklist is to be signed off by the Ward Manager before this is forwarded to the **Patient Safety Team** for audit purposes.

Ward/Unit Name:.....

Copy to be retained on the ward for audit purposes

| Ref No: | Equipment Type | No of | Check Date | Expiry Date | TAG NUMBER | COMMENTS |
|---------|--|-------------|------------|-------------|------------|----------|
| 1 | Resus bag Check zip/handles etc. | 1 | | | | |
| 2 | Child (weight 5-10kg) Resuscitator Bag/valve/mask with oxygen tubing | 1 | | | | |
| 3 | Manual Resuscitator (INFANT/PRE TERM weight 0-3kg) with Pressure Limitation Value and Size 0 Round Silicone Face Mask | 2 | | | | |
| 4 | Welch Allyn Flexiport Reusable Blood Pressure Cuff Infant 7 Cuff Small Child 8 Cuff Child 9 Cuff | 1 1 1 | | | | |
| 5 | Medisavers Nitrile Gloves | 5 | | | | |

SAMPLE - DO NOT USE

Checking person's name & signature to be entered in the box

Ward Manager:.....Date:.....