ANESTHESIA EQUIPMENT AND SUPPLIES CHECKLIST
(To be completed daily and kept in a notebook)

Date:_______ Checked-out by:_________ Location: ________________

☐ Oxygen pipeline pressure or primary source _____________ PSI
☐ Oxygen tank pressure (2nd source) __________ PSI
☐ Back-up power
☐ Defibrillator and Crash Cart available
☐ Anesthesia cart supplies checked, i.e., IV equipment, anesthetics, stethoscope
☐ Suction equipment tested
☐ Ambu bag tested
☐ EKG operational
☐ Pulse Oximeter operational
☐ Blood pressure monitor
☐ Back-up BP cuff
☐ Atropine
☐ Epinephrine
☐ Ephedrine
☐ Lidocaine
☐ Other Emergency medications as indicated
☐ Endotracheal equipment, airways

If General Anesthesia is Planned: Anesthesia Machine No. _______________________

☐ Leak test performed and other tests as indicated
☐ Oxygen analyzer ON
☐ Capnometer connected
☐ Temperature monitor available
☐ Emergency airways available, i.e., LMA, Combitube, or Cricothyrotomy kit
☐ Succinylcholine
☐ Dantrolene
☐ Other anesthesia medications as indicated

Note any problems:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Follow-up (who, what):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________