

**Appendix 2. STANDARD LIST OF RESTOCKED ITEMS
WESTERN VIRGINIA EMS – BLUE RIDGE EMS
REGIONAL STANDARD SUPPLY EXCHANGE FORM**

THIS FORM MUST BE COMPLETED AND GIVEN TO THE HOSPITAL AT THE TIME OF EXCHANGE – A COPY MUST BE PROVIDED TO THE AGENCY

* Item	Indicate Quantity and Size Exchanged				
	1. Normal Saline	1000 cc bag	Saline flush		
2. IV Admin Devices	Saline Lock	10 gtt macro	<i>(or other macro set)</i>		
3. IV Prep Kit <i>(tape, alcohol preps, etc.)</i>	Quantity	<i>(indicate 1 quantity per IV started)</i>			
4. Protective IV Catheters <i>Assorted Sizes 14-24 ga</i>	Size(s)	Quantity			
5. Blood Draw Kit	Quantity				
6. Misc. IV Supplies	10 cc Syringe	3 cc Syringe	Saline Lock		
7. Non-Rebreather Masks	Adult	Ped	Infant		
8. Nasal Cannulae	Adult	Ped	Infant		
9. Disp. BVM	Adult	Child	Infant		
10. ET Tubes – <u>Cuffed</u> <i>Assorted sizes</i>	Size	Quantity			
11. ET Tubes – <u>Uncuffed</u> <i>Assorted Sizes</i>	Size	Quantity			
12. Malleable Stylets	Ped	Adult			
13. Oral Airways <i>Assorted Sizes</i>	Size	Quantity			
14. i-gel® Supraglottic Airway	3	4	5		
15. Lubricating Jelly <i>Packet or Tube</i>	Quantity				
16. Nasal Airways <i>Assorted sizes</i>	Size	Quantity			
17. EKG Electrode Pads	Ped	Adult			
18. Extrication Collars <i>Assorted or Adjustable</i>	Size	Quantity			
19. Suction Catheters <i>Assorted Sizes</i>	Size	Quantity			
20. Suction Supplies	Yankeur	Tubing	Canister 800 ml		
21. EZ IO Needle	Size	<i>(ONLY ONE ALLOWED REGARDLESS OF QUANTITY USED)</i>			
22. CPAP Device	Size				
23. CO2 Detector					
24. Linens (Form required only when other supplies are exchanged, or as requested by hospital)	Sheets	Pillow Cases	Blankets	Towels	

Date	/ /	Call Report #	
EMS Provider's Name <i>(Please Print Legibly)</i>			
EMS Agency			
Hospital			
Patient ID <i>(Hospital stamp / label)</i>			