



Appendix F: Policy for Ambulance Restocking by Hospitals

Regional Emergency Department Supply Replacement Form

Patient Not Transported

EMS Agency: _____ Unit #: _____ PPCR #: _____

Please fill in information requested below and return to hospital personnel. Place a in the box next to the item you take. If you take more than one, please insert the number
Failure to properly use this form may result in your not being able to re-stock supplies. Hospital staff may cross reference your patient care report if they have a question about supplies. Not all items listed on this form will be available at all facilities.

Airway:

- Nasal Cannula Adult Ped
- Non Rebreather Adult Ped
- ET Tube Size _____
- Stylette Adult Ped
- Bag Valve Mask Adult Ped
- Suction Catheter 14 French
- Yankauer Suction Catheter
- Suction Tubing
- In line CO2 detector End Tidal Adult (Intubated patient)

Monitoring:

- EKG Electrodes Adult Ped
- Defib/Pacer Pads

First Aid Supplies:

- Non-Sterile 4x4's
- Roller Bandages (Kling) 4" 6"
- Cervical Collar PED ADULT
- Disposable Emesis Bag

Linens:

- Sheets
- Blankets
- Pillowcases
- Towels

Other – EZ-IO:

- EZ-IO Ped (Pink) Needle for Patients < 40 kg
- EZ-IO Adult (Blue) Needle for Patients > 40 kg
- EZ-IO Adult (Yellow) Needle for Large Patients

PLEASE PRINT AND SIGN

EMS Provider Name: _____

EMS Provider Signature: _____

Hospital Staff: _____

Report restocking incidents to TEMS at tidewater@vaems.org or (757) 963-0632