Anesthesia Equipment and Supplies Checklist
(To be kept in log book)

Date: ___________ Checked-out by: ________________ Location: ________________

☐ Oxygen pipeline pressure or primary source ________ pounds per square inch
☐ Oxygen tank pressure (second source) ________ pounds per square inch
☐ Back-up power
☐ Defibrillator and crash cart available
☐ Anesthesia cart supplies checked, i.e., intravenous equipment, anesthetics, stethoscope
☐ Suction equipment tested
☐ Ambu bag tested
☐ Electrocardiogram (ECG) operational
☐ Pulse oximeter operational
☐ Capnometer operational
☐ Blood pressure monitor
☐ Back-up blood pressure cuff
☐ Atropine
☐ Epinephrine
☐ Ephedrine
☐ Lidocaine
☐ Other emergency medications as indicated
☐ Endotracheal equipment, airways

If general anesthesia is planned: Anesthesia machine no.______

☐ Leak test and other tests performed as indicated
☐ Oxygen analyzer is on
☐ Capnometer connected
☐ Temperature monitor available
☐ Emergency airways available, i.e., laryngeal mask airway, Combitube, or cricothyrotomy kit
☐ Succinylcholine
☐ Dantrolene
☐ Other anesthesia medications as indicated

Note (if problem): ________________________________________________________________

__________________________________________________

Follow-up (who, what): ________________________________________________________