

Utah Advanced Air Ambulance

Name of Agency:

Agency License or Designation Number:

(All Agencies' Self Inspections require two licensed personnel to complete an inspection per vehicle)

Inspector 1:

Inspector 2:

Is this vehicle currently listed in your ImageTrend Agency License? Yes No Unknown

Date of Inspection:

Type of Inspection: Self Inspection New Vehicle

Aircraft Information

	Vehicle 1	Vehicle 2
Aircraft tail Number		
VIN Number		
Year of Aircraft		
Active Aircraft or Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve
Type of Inspection (Annual, or New Aircraft)	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle
Monitor Serial Number		

Equipment on this list may be stored on the aircraft or carried on individual persons as required by agency policy.

KEY:

P: Passed

Proper quantity & all equipment and supplies within expiration dates.

W: Waiver

Requires Bureau of Emergency Medical Services and Preparedness approval.

N/C: Non Compliant

Missing, damaged, or expired equipment and medications or insufficient quantity of supplies.

NA: Not Applicable

*Not a required item or for medications that have alternative options.

General Equipment

	Vehicle 1	Vehicle 2
1 FAA approved Patient litter or stretcher with restraints	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Emesis basin or bag	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Flashlight & two extra batteries	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Pair Restraints	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 Sets crew biohazard protection, i.e. goggles, gloves, masks	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Waterless hand cleaner	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Pair bandage scissors	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Temperature and ventilation system for the patient treatment area	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Overhead or dome lighting of at least 40-foot candle at the patient level	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sufficient patient isolated from the cockpit to minimize in-flight distractions and interference with flight safety	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
"No smoking" signs shall be prominently displayed inside	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Controlled Substance lockup system if to be left unattended	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Survival gear appropriate to service area and number of occupants	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Set of patient linens	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sound Suppressors for Patient	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Airway Equipment		
50 or 60cc cath tip syringe	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Suction apparatus with wide bore tubing and rigid pharyngeal suction tip, one must be portable.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Bag valve mask adult, Peds and infant sizes unit 500 cc with adult, child, & infant size masks.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Non-rebreather masks Adult and Pediatric sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Nasal cannulas, Adult and Pediatric sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Portable oxygen tank with a regulator capable of metered flow and capable of delivering oxygen at a rate of 15 lpm	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Laryngoscope, with curved & straight blades in various sizes for adult, pediatric, & neonatal; spare batteries & bulb.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
7 Endotracheal tubes, cuffed sizes 8, 7.5, 7, 6, 5, uncuffed 4, 3	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2-Gastric tubes, various sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 ETCO2 detection device.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Device for securing the endotracheal tube	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Stylets, Adult & Pediatric sizes.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 set Oral airways, adult to infant sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Devices for decompressing of pneumothorax	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Magill forceps, one pediatric and one adult.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Oxygen saturation monitor.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 PEEP valve.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Surgical lubricant	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Small volume nebulizer	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Thoracostomy kit	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Cardiac & Vital Sign Equipment		
Spare ECG Electrodes.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Spare roll of ECG recording paper	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Cardiac monitor/Defibrillator/Pacer/Waveform Capnography / SPO2 Waveform / BP / 12 lead EKG	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
1 Electronic Doppler device or portable ultrasound machine	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Stethoscopes, one adult & one pediatric or combination	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Blood pressure cuffs, adult & pediatric sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Thermometer	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Glucose monitoring device	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Trauma Equipment & Supplies		
2 Rolls of adhesive tape	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
5 Sterile dressing pads.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
4 Bandages, soft roller, self-adhering type, 4"X5 yards curlex or	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 Occlusive sterile dressings or equivalent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Non-Sterile gloves Assorted sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Splints, one arm and one leg size	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Traction splint dual size	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Commercial tourniquets	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Cervical collars or equivalent (adult)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Cervical Collar or equivalent (pediatric/infant)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Required to carry at least one spinal motion restriction device for patient movement.		
Spinal Board (can include Patient litter listed above)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA

Full body vacuum splint	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Scoop Device	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
IV Supplies		
10 Alcohol & Providine-iodophor preps	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Over-the-needle catheters, two each 16g, 18g, 20g, 22g & 24g.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 Sterile Blood administration sets.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 IV Pressure bags	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 IV tubings with pediatric micro drip chambers	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
10 Syringes, assorted sizes, small to large	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
10 Needles, assorted sizes	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Foley catheter set.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Kelly clamp	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
2 Nasal gastric tubes, Adult & Pediatric	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Pick-up forceps	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Portable IV pump apparatus, battery powered, & capable of regulating three IV drips with appropriate IV pump tubing	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Medication Requirements (exact medication to be determined by each agency's medical director)		
3 each 50-100cc mixing solutions for Parenteral Medications	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
30cc Normal Saline. & 3-10cc of sterile water	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
3 liters I.V. Fluids	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Adenosine	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-Cholinergic (Ex: Atropine)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Calcium Chloride/Gluconate	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Hypoglycemic Antidote (Ex: D50W)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anticonvulsant (Ex: Phenytoin, Diazepam, Lorazepam, Phenobarbital)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Calcium Channel Blocker	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Benzodiazepam (Ex: Valium)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antihistamine	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Alpha/Beta Agonist	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Induction Sedative for R.S.I	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Diuretic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antiarrhythmics to cover ACLS algorithms for tachydysrhythmias, bradysrhythmias, asystole (Ex : Lidocaine, Magnesium Sulfate, Procainamide, Atropine Sulfate)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Analgesic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Beta Blocker	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-hypertensive (Ex: Nitroprusside, Metoprolol)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Narcotic Antagonist	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-emetic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sodium Bicarbonate	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Systemic Corticosteroid Agent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Inhaled Bronchodilator (Ex: Albuterol)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-anginal / Vasodilator (Ex: Nitroglycerin)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Platelet-Aggregation Inhibitor (Ex: Aspirin)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Heparin	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antibiotic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA