Revison. 5/2/2026

# Winchester Fire EMS: Monthly EC Unit Inventory

**Date: _____ EC Unit: ____ Provider 1: _____ Provider 2: _____ SHIFT _____**

| Section 1: Compartments | | | | | | |
|---|---|---|---|---|---|---|
| **Item Name** | **Expiration Date** | | | | | |
| **Adenosine** | | | | | | |
| Amiodarone | | | | | | |
| **Albuterol** | | | | | | |
| Ancef | | | | | | |
| **Aspirin** | | | | | | |
| Atropine | | | | | | |
| **Benadryl** | | | | | | |
| Calcium Chloride | | | | | | |
| **Control-Cric** | | | | | | |
| D10 | | | | | | |
| **D5W** | | | | | | |
| Dopamine | | | | | | |
| **DuoNeb** | | | | | | |
| Epi 1:1,000 | | | | | | |
| **Epi 1:10,000** | | | | | | |
| Glucagon | | | | | | |
| **Ipratropium** | | | | | | |
| Ketorolac (Toradol) | | | | | | |
| **Labetalol** | | | | | | |
| Lactated Ringers | | | | | | |
| **Lidocaine** | | | | | | |
| Magnesium | | | | | | |
| **Metoprolol** | | | | | | |
| Narcan | | | | | | |
| **Nitroglycerin** | | | | | | |
| Normal Saline | | | | | | |
| **OB Kits** | | | | | | |
| Oral Glucose | | | | | | |
| **Sodium Bicarbonate** | | | | | | |
| Solu-Medrol | | | | | | |
| **Sterile Water** | | | | | | |
| Thiamine | | | | | | |
| **TXA** | | | | | | |
| Zofran/Ondansetron | | | | | | |

*Check Dates for DEFIB Adult/Ped Pads* *Initail:_____*

*Check Dates for EZ-IO Needles* *Initail:_____*

*Check Dates for Glucometer Test Strips* *Initail:_____*

*Check Dates for iGELS all sizes* *Initail:_____*

*Check Dates Trauma Cabinet Dressings/Supplies* *Initail:_____*

*Check Dates for Albuterol* *Initail:_____*

*Check IV Cath dates.* *Initail:_____*

*Check Dates on Narcotics* *Initail:_____*

*Notes:*

## Section 2: HandTevy Pediatric Bag

| Item Name | Expiration Dates | | | | |
|---|---|---|---|---|---|
| Adenosine | | | | | |
| **Amiodarone** | | | | | |
| Atropine | | | | | |
| **Benadryl** | | | | | |
| D10 | | | | | |
| **Epi 1:1,000** | | | | | |
| Epi 1:10,000 | | | | | |
| **Lidocaine Jelly** | | | | | |
| Narcan | | | | | |
| **Normal Saline** | | | | | |

*Check IV Cath/flush expiration* *Initail:*_____

## Section 3: Adult Bag

| | | | | | |
|---|---|---|---|---|---|
| **Adenosine** | | | | | |
| Amiodarone | | | | | |
| **Ancef** | | | | | |
| Atropine | | | | | |
| **Calcium** | | | | | |
| D10 | | | | | |
| **Epi 1:1,000** | | | | | |
| **Labetelol** | | | | | |
| Lidocaine | | | | | |
| **Metoprolol** | | | | | |
| Narcan | | | | | |
| **Nitro** | | | | | |
| NS | | | | | |
| **Solu-medrol** | | | | | |
| Thiamine | | | | | |
| **Toradol** | | | | | |
| TXA | | | | | |
| **Zofran/Ondansetron** | | | | | |
| Aspirin | | | | | |
| **Benadryl** | | | | | |
| **Epi 1:10,000** | | | | | |
| Glucagon | | | | | |
| **Magnesium Sulfate** | | | | | |
| Normal Saline (NS) | | | | | |
| **Oral Glucose** | | | | | |

Check dates for ETT Tubes and Endotrols *Initail:*_____

*Check Dates for Glucometer Test Strips* *Initail:*_____

Check IV Cath dates *Initail:*_____

## Section 4: O2 Bag

| | | | | | |
|---|---|---|---|---|---|
| Albuterol | | | | | |
| **Narcan (IV + Atomizer)** | | | | | |

Check Dates for iGELS all sizes *Initail:*_____

Notes:

I certifiy that I have conducted a full inventory and inspection of this EC Unit: Provider 1:_____ Provider 2:_____