Code Cart and Emergency Equipment Check Sheet

Unit/Area:

Page 1

Month/Year:

Perform these equipment checks in the Patient Care Area every 24 hours when the area is operational; write CLOSED for non-operational days. Place a 🗹 in the areas below the date to indicate that the equipment checks were performed and are within the noted standards; any deviations should be marked with an * and corrective actions are to be documented in the Comments section.

The following items should be checked in all patient care units (if an item does not apply—mark through entire row and write 'N/A')

Defibrillator(s) - **Shock Test:** R Series ALS Only q Monday; N/A other 6 days. X Series Daily. If indicator readiness is "Red X," follow steps on "Red X Troubleshooting" guide *Shock Test Procedure and Troubleshooting Guide can be found on the Intranet, Resources Tab, Clinical Education page – Zoll Resources folder.

Defibrillator(s) Daily visual check device (R Series ALS & AED 3), (R & X Series) - cables, defibrillation pads (in- date)

One-Step Pads: Verify unopened adult & pediatric pads present/in date based on department and patient population, Capnography Filters. Electrodes. Paper in unit, Spare paper pad available.

Code Cart Lock #: Checkmark each day that it's the same. If different, write new Lock # in that date. **Med Box Lock #** - Checkmark each day that it's the same. If different, write new Lock # in that date. Write N/A if no second lock # for Med drawer. **Oxygen cylinder:** At least 1000 PSI, **Suction**: Verify portable suction (battery operated) is available, plugged in and lit to indicate charging. Second light should be lit indicating "OK".

Day	Time	Defibrillator Shock Test R Series/AED q Mon. X series q day	R- Series /AED: Daily visual check device	O2, Airway Box, Suction, Backboard present	Airway Box sealed and in date; √ or Lock #	One-Step Pads Electrodes, Capnography filter present	Code Cart sealed and in date; V or Lock #	Med Box Lock sealed and in date; √ or Lock #	CORRECTIVE ACTIONS TAKEN (or N/A)	Employee Initials
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Code Cart and Operational Equipment Check Sheet

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Unit/Area:				Month/Year:	1							
Perform these equipment checks in the Patient Care Area every 24 hours when the area is operational; write CLOSED for non-operational days. Place a 🗹 in the areas below the date to indicate that the equipment checks were performed and are within the noted standards; any deviations should be marked with an * and corrective actions are to be documented in the Comments section.												
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Day	Time	Defibrillator	R- Series /AED:	O2, Airway	Airway Box	One-Step Pads	Code Cart	Med Box Lock	CORRECTIVE	Employee		
		Shock Test	Daily visual check		sealed and in	Electrodes,	sealed and in	sealed and in	ACTIONS	Initials		
		R Series/AED q	device	Backboard	date;	Capnography	date;	date;	TAKEN			
		Mon.		present	√ or Lock #	filter	√ or Lock #	√ or Lock #	(or N/A)			
		X series q day										
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