DEMO DOSE BUNDLE

FULL DESCRIPTION: 12 PRODUCTS BY DEMO DOSE BIN #: 2

ORG/DEPT USING EQUIPMENT: _____

CHECK OUT DATE: ____/____/____ CHECK IN DATE: ____/____/____

ITEM	DESCRIPTION	QTY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	Code Drug II Bundle Complete Set	2		_____ | _____	_____ | _____
2	Magnesium Sulfate Injection	6	10 ml	_____ | _____	_____ | _____
3	Simulated IV Fluid - 5% Dextrose and .9% Na CL	10	250 ml	_____ | _____	_____ | _____
4	Morphine - 1 ml	4	10 mg/ml	_____ | _____	_____ | _____
5	Amiodarone - 3 ml	3		_____ | _____	_____ | _____
6	Solu-MEDRL methylprednisolone	1	2 ml/125 mg	_____ | _____	_____ | _____
7	Sublingual Nitroglycerin	1	.4 mg	_____ | _____	_____ | _____
8	Simulated Emergency Medication - Epinephrine	8	10 ml	_____ | _____	_____ | _____
9	Simulated Emergency Medication - Atropine	3	10 ml	_____ | _____	_____ | _____
10	Prefilled Syringe - Lidocaine 2%	3	5 ml	_____ | _____	_____ | _____
11	RSI Kit	1		_____ | _____	_____ | _____
12	Glucagon Kit 1 ml	1	1 mg/ml	_____ | _____	_____ | _____

BORROWER SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

RETURNER SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

Please make sure both the borrowing and receiving parties go through the equipment and initial each item upon borrowing and returning. Please do not remove forms from the binder. Thank you!