

Class B (BLS) - Class C (ALS) - Class D (Ground CCT) - Class E- (Air)
Minimum Medication and Equipment Supply List
07/01/2024

This is the minimum medication and equipment supply list required on dedicated Class B (BLS), Class C (ALS), Class D (ground CCT) or E (air ambulance) EMS Vehicles operated by WVOEMS Licensed EMS Agencies. All supplies must be clean and organized. When applicable, items must be sealed and within current expiration period. Vehicles must have required equipment on-board during EMS response and patient treatment.

Response Classification

B (BLS) Ground Qty	C (ALS) Ground Qty	D (CCT) Ground Qty	E Air Ambulance Qty
--------------------------	--------------------------	--------------------------	---------------------------

A.1 Ambulance Operations Equipment [BLS, ALS, CCT]

Wheeled stretcher, multi-level, with 5-point (over shoulder) patient restraint system: (Antler, Railing, and Cot Safety Hook) or Power Assisted and Track Securing device) or (FAA aircraft approved stretcher system)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Stair chair or suitable substitute	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
Blankets	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Sheets	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>
Pillow, fluid resistant	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	Optional <input type="checkbox"/>
Towels	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Bedpan, disposable	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	Optional <input type="checkbox"/>
Urinal, disposable	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	Optional <input type="checkbox"/>
Emesis Bag; Disposable, splash resistant	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Protocol access appropriate for level of staffing (electronic or paper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC power supply with sufficient output to run all on board portable electric equipment (inverter or generator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A.2 Ambulance Operations - Two-Way Communications [BLS, ALS, CCT]

Mobile Radio; Between vehicle, dispatcher and/or 911 center (if applicable) May utilize Portable Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Radio; Outside of vehicle between EMS Provider, Dispatcher and/or 911 center. (Convelesant Transport ONLY are exempt from this requirement.)	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	N/A

B.1 PPE - Infection Control (Quantity and Sized for entire EMS crew) [BLS, ALS, CCT]

Protective eyewear - full peripheral glasses or goggles or face shield	4 <input type="checkbox"/>	4 <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>
NIOSH N-95 or N-100 face masks	4 <input type="checkbox"/>	4 <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>
Protective gowns or coveralls, shoe covers	4 <input type="checkbox"/>	4 <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>
Disposable exam gloves meeting NFPA 1999 requirements – assorted appropriate sizes, must include hypoallergenic/latex free types (XL, L, M, S)	1 bx ea. <input type="checkbox"/>	1 bx ea. <input type="checkbox"/>	1 bx ea. <input type="checkbox"/>	6 Pair ea. <input type="checkbox"/>
Waterless hand sanitizer	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
Disinfectant for cleaning vehicle interior and equipment	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
Biohazard trash bags	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Fixed and Portable sharps containers	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>

B.2 PPE - Safety Equipment (Quantity and Sized for entire EMS crew) [BLS, ALS, CCT]

Clothing, High visibility, compliant with 23 CFR Part 643 (Federal Highway Worker Visibility Act) meeting ANSI/ISEA 107-2004 class 3 requirements	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>
Eyewear, Protective meeting ANSI Z87.1-2003 standards	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>
Gloves, Protective, extrication-type or heavy-duty leather	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Optional <input type="checkbox"/>
Helmet, Protective meeting ANSI Z89.1-2003 Type II, NFPA 1907-2007 or NFPA 1951-2007 standards OR FAA approved helmets for rotor wing aircraft	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>	Total Crew <input type="checkbox"/>
Chemical light sticks or reflective triangles, etc.	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A

Child occupant protection system	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Emergency Response Guidebook, (ERG - Hazmat) Current DOT	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Fire Extinguisher, 5lb 2A-10BC or FAA approved Fire Extinguisher	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Flashlights	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
B.3 OPTIONAL - PPE - Safety Equipment [BLS, ALS, CCT]				
Soft Restraints; commercially available	1 set <input type="checkbox"/>	1 set <input type="checkbox"/>	1 set <input type="checkbox"/>	N/A
AirMedical Only: Optional Searchlight, 180° and 400,000 cp	N/A	N/A	N/A	<input type="checkbox"/>
AirMedical Only: Optional Light to illuminate tail rotor area (<i>Tel Tail</i> or equivalent)	N/A	N/A	N/A	<input type="checkbox"/>
AirMedical Only: Optional NVG 'night vision goggles' equipped/certified	N/A	N/A	N/A	<input type="checkbox"/>
C.1 Trauma - Immobilization Equipment [BLS, ALS, CCT]				
Cervical collars- Rigid: large, medium, small & child, (OR) adult and pediatric adjustable	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
Head/cervical immobilization devices - towel/blanket rolls are acceptable	2 sets <input type="checkbox"/>	2 sets <input type="checkbox"/>	2 sets <input type="checkbox"/>	1 set <input type="checkbox"/>
Short spinal immobilization device	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
Backboards: radiolucent, fluid impervious and full-length	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	N/A
Backboard patient securing strapping: Four (4) 9-foot straps or equivalent	2 sets <input type="checkbox"/>	2 sets <input type="checkbox"/>	2 sets <input type="checkbox"/>	N/A
Traction splints, adult and child – a single splint is acceptable if adjustable for both	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	N/A
Extremity splints; padded (Cardboard, wire, air, or moldable)	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	N/A
C.2 Trauma - Wound Management [BLS, ALS, CCT]				
Abdominal Pads; Sterile, sized 5" x 9" or 8" x 10"	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Adhesive tape – assorted sizes – 1 roll must be hypoallergenic/latex free	4 rolls <input type="checkbox"/>	4 rolls <input type="checkbox"/>	4 rolls <input type="checkbox"/>	2 rolls <input type="checkbox"/>
Burn Sheet; Sterile	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Gauze; Sterile, sized 4"x 4"	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	12 <input type="checkbox"/>
Gauze; Conforming Stretch Roll bandaging	8 rolls <input type="checkbox"/>	8 rolls <input type="checkbox"/>	8 rolls <input type="checkbox"/>	4 rolls <input type="checkbox"/>
Heavy duty bandage scissors or shears	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Multi-Trauma Dressing; Sterile, sized 10" x 30"	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Occlusive dressings; Sterile, sized 3" x 8", or equivalent	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Triangular Bandages	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	N/A
Tourniquet; Commercial - Mechanical, Extremity	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Sterile Saline or Sterile Water for irrigation, 1000 ml total	1000 mL <input type="checkbox"/>	1000 mL <input type="checkbox"/>	1000 mL <input type="checkbox"/>	N/A
C.3 Trauma - Additional Equipment [BLS, ALS, CCT]				
Body Bag, Impermeable	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
Cold packs	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	Optional <input type="checkbox"/>
Hot packs	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	Optional <input type="checkbox"/>
Triage tags	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	N/A
Triage tape rolls – red, yellow, green, black, and light blue or blue/white striped	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	N/A
C.4 Trauma - OPTIONAL Equipment [BLS, ALS, CCT]				
Bandaging, Elastic wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Hemostatic dressings, impregnated gauze-type hemostatic agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Morgan Lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Pediatric spinal immobilization device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Jewelry/ring cutter or ring breaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Pelvic immobilization device (WVOEMS seeking Grant funding)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
D.1 OB Equipment [BLS, ALS, CCT]				
OB kits, sterile with bulb syringe	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	N/A
Thermal absorbent blanket, head cover and heat-reflective material	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
E.1 Monitoring and Assessment [BLS,* ALS*, CCT*]				

Blood pressure cuff – XL, adult, child & infant	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
Stethoscope, suitable for adult and pediatric use	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Glucometer with supplies (lancets must be single use, fully disposable types)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Pulse oximeter for adult and pediatric use (Portable or ECG monitor module)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	CCT Mon <input type="checkbox"/>	CCT Mon <input type="checkbox"/>
Thermometer, capable of measuring a range of 86°-105° F	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
AED with adult and pediatric defibrillator pads	1 <input type="checkbox"/>	Optional <input type="checkbox"/>	N/A	N/A
ALS ECG / Defibrillator Monitoring System				
• Cardiac Rhythm monitoring	Optional <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
• 12 Lead acquisition, data transmission				
• Defibrillation and Cardioversion				
• Cables and electrode set for ECG monitoring and 12 lead acquisition	Optional <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
• Adult and pediatric defibrillation and transcutaneous pacing cables and pads <i>(A total of 2 is required if pads accommodate both adult and pediatric patients)</i>	Opt: AED mode 2 ea <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
• AC power supply, battery and spare battery	Optional <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
CCT Advanced Monitoring System (additional functionality required)				
• Pulse Oximetry (SpO ₂) monitoring module	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
• Non-Invasive Blood Pressure monitoring module				
• End Tidal CO ₂ continuous waveform capnography module				
• Invasive Pressure monitoring module(s)	N/A	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>
• Tubing and supplies for SpO ₂ and non-invasive BP monitoring	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
• Continuous waveform capnography sampling lines: Inline Airway and Oral-Nasal line	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
• Cables and transducers for each Invasive monitoring module	N/A	N/A	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
Temperature monitoring device for: skin or esophageal or rectal use	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Transvenous pacemaker with adjustable rate and milliamp setting (Battery powered)	N/A	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>
E.2 Optional Monitoring and Assessment Equipment [BLS, ALS, CCT]				
Mechanical Chest Compression Device	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>	N/A
F.1 Airway and Ventilation [BLS, ALS, CCT]				
Fixed suction system, electric powered with disposable collection container, and large bore tubing, assembled and ready for use	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Portable suction unit, assembled and ready for use	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Suction Catheter; Oral, Large bore, Rigid (with internal diameter ≥ 0.25 inches)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Suction Catheter; Flexible (sized: 6 Fr, 10 Fr and 14 Fr)	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
Salem Sump Tubes; (sized 8 Fr, 12 Fr, and 18 Fr)	N/A	1 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
Syringe, 60 cc (irrigation syringe with suction catheter tip) for Salem Sump Tubes	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Suction connectors, (“Y” style connector)	N/A	N/A	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Suction connectors, (5-in-1 connector)	N/A	N/A	2 <input type="checkbox"/>	1 <input type="checkbox"/>
O ₂ Main on-board system: BLS-ALS = (1 “M” cylinder ~3,000 L equiv) with 2 outlets; CCT Ground minimum = (2 M size tanks 6,000 L) or (1 H: 6,900 L)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	6000 L <input type="checkbox"/>	1 <input type="checkbox"/>
O ₂ adjustable liter flow regulators (capable of 15 lpm)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
O ₂ Portable tank (D size or larger):non-gravity dependent flow gauge/regulator (15 lpm)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
O ₂ Full spare portable cylinder (1 D size "350 L" or larger)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
O ₂ connecting tubing – may be stored with BVM or nebulizers	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Nasal Cannula: Adult	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
Nasal cannula: Pediatric	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>
Non-rebreather masks (NRB): Adult	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
Non-rebreather masks (NRB): Pediatric	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>
Nasopharyngeal airways – assorted sizes, 16 Fr – 34 Fr (≥ 5 different sizes)	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
Oropharyngeal airways – sizes 0 through 5	1 set <input type="checkbox"/>	1 set <input type="checkbox"/>	1 set <input type="checkbox"/>	1 set <input type="checkbox"/>
BVM; (bag valve mask, self-filling with O ₂ reservoir) Adult, Child, Infant	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>

BVM Masks, Clear: adult, child, infant, and neonatal (if not pre-packaged with BVM)	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
Supraglottic Airways, (igel® resus kit Adult Sizes 3, 4, and 5) <i>RESUS Kit is required for EMS use</i>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
End-tidal CO2 detector (ADULT) colorimetric / qualitative device (2 ea.) OR Quantitative EtCO2 Monitor system	2 ea. <input type="checkbox"/> or Mon. <input type="checkbox"/>	2 ea. <input type="checkbox"/> or Mon. <input type="checkbox"/>	EtCO ² Mon. <input type="checkbox"/>	EtCO ² Mon. <input type="checkbox"/>
End-tidal CO2 detectors; (PEDIATRIC) colorimetric / qualitative device (2 ea.) OR Quantitative EtCO2 Monitor system	2 ea. <input type="checkbox"/> or Mon. <input type="checkbox"/>	2 ea. <input type="checkbox"/> or Mon. <input type="checkbox"/>	EtCO ² Mon. <input type="checkbox"/>	EtCO ² Mon. <input type="checkbox"/>
CPAP device with 2 masks and tubing circuits	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	Optional <input type="checkbox"/>
F.2 OPTIONAL Airway and Ventilation supplies [BLS*, ALS, CCT]				
Non-invasive vital signs monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pocket mask with one-way valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Supraglottic Airways, (igel® Pediatric Sizes 1, 1.5, 2, and 2.5)	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
G.1 IV and Medication Administration Supplies [BLS, ALS, CCT]				
Length-/weight based pediatric drug-equipment reference, tape, pedi wheel or equivalent	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
IM, SQ, IV site preparation materials – alcohol or povidone pads	10 ea. <input type="checkbox"/>	10 ea. <input type="checkbox"/>	10 ea. <input type="checkbox"/>	10 ea. <input type="checkbox"/>
Medication atomizers, (intranasal Naloxone, etc)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Nebulizer kits, (albuterol and/or ipratropium bromide, etc.)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Syringe, 10 ml	2 <input type="checkbox"/>	2 <input type="checkbox"/>	10 <input type="checkbox"/>	4 <input type="checkbox"/>
Syringe, 1 ml	2 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	2 <input type="checkbox"/>
Needles; hypodermic, various sizes and lengths. IM-SQ medication administration (some must be a minimum of 1.5 inches)	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
H.1 Medications [BLS, ALS, CCT]				
Acetaminophen (Tylenol®), oral suspension, 800 mg (instead of 160mg/5ml)	800 mg <input type="checkbox"/>	800 mg <input type="checkbox"/>	800 mg <input type="checkbox"/>	N/A
Acetaminophen (Tylenol®), Tablets, 500 mg	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>
Albuterol, 2.5 mg	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Albuterol / Ipratropium Bromide (Duo-Neb® or Combivent®), 2.5mg / 0.5mg	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Aspirin, 81 mg chewable tablets	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>	324 mg <input type="checkbox"/>
Diphenhydramine (Benadryl®), Injectable 100 mg total	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>
Epinephrine, 1:1,000, 1 mg	2 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>
Glucagon, 1 mg	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Ipratropium Bromide, 0.5mg	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Naloxone (Narcan®), 2mg/1 ml for total of 4mg	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Nitroglycerin, 0.4mg (1/150) tablets or spray	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>	1 Bottle <input type="checkbox"/>
Ondansetron (Zofran®), 4 mg / tablet ODT	2 tablets <input type="checkbox"/>	2 tablets <input type="checkbox"/>	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>
Oral Glucose, 15 gm	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	N/A
H.2 OPTIONAL Medications and IV Solutions [BLS, ALS, CCT]				
Epi Pen Jr. and Epi Pen Adult	1 each <input type="checkbox"/>	N/A	N/A	N/A
Glucagon Auto Injector - Adult	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A	N/A
Glucagon Auto Injector - Pediatric	1 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A	N/A
Mark 1 Kit	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Tetracaine (0.5%), (Ophthalmic drops) 2 ml total	2 ml <input type="checkbox"/>	2 ml <input type="checkbox"/>	#REF!	#REF!
END OF BLS MEDICATION AND EQUIPMENT LIST				
F.3 Airway and Ventilation [ALS, CCT]				
Laryngoscope handle with extra batteries	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Laryngoscope blades – • 0 & 1 (Miller) straight • 2, 3, 4 (Miller) straight or (Macintosh) curved • Spare bulbs if applicable	N/A	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
ET tubes, sizes:				
• 2.5 cuffed or uncuffed	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>

• 3.0 or 3.5 cuffed or uncuffed	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
• 4.0 or 4.5 cuffed	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
• 5.0 or 5.5 cuffed	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
• 6.0 or 6.5 cuffed	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
• 7.0 or 7.5 cuffed	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
• 8.0 or 8.5 cuffed	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
Malleable ET Tube Introducer; Adult	N/A	Opt 1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Malleable ET Tube Introducer; Pediatric	N/A	Opt 1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Stylets: Adult and Pediatric sizes (if not pre-packaged in ET Tubes)	N/A	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
Magill forceps: Adult and Pediatric size	N/A	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>
Meconium aspirator and adaptor for ET tubes	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Chest decompression large bore needle, • Adult: 14 - 16 gauge minimum of 3.25" length • Child: 16 gauge minimum 1.25" length	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
Video Assisted Laryngoscope - (ALS-RSI Protocol requires this device as standard requirement) (Blade for each pt. age/size that DAI / RSI permitted)	N/A	1 ea. <input type="checkbox"/> <i>Optional based on use of RSI</i>	1 ea. <input type="checkbox"/>	1 ea. <input type="checkbox"/>

F.4 Airway and Ventilation (ALS optional, CCT required, C3IFT Optional)

Ventilator with: • Volume and Pressure control, SIMV, AC, CPAP, pressure support • Adjustable PEEP • Adjustable peak flow • Adjustable FIO ² range of 21% to 100%	N/A	Optional for: C3-IFT 1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Ventilator circuit (tubing) sets: – (total of 2 if circuit does both) • Adult • Pediatric	N/A	Optional for: C3-IFT 1 <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
Ventilator circuit filters: 4 total • HME (Heat & Moisture Exchange) or Bacterial / Viral	N/A	Opt: C3-IFT 2 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
Ventilator: Closed tracheal suction catheters	N/A	Opt: C3-IFT 1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
PEEP valves (use with BVM during exchange, etc.)	N/A	Opt: C3-IFT 1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Doppler stethoscope with gel	N/A	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Pneumothorax kit with one-way valve	N/A	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Surgical cricothyrotomy kit	N/A	Opt: ALS <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Percutaneous Airway Kit - (non-surgical kit)	N/A	Opt: ALS <input type="checkbox"/>	Optional <input type="checkbox"/>	N/A

G.2 IV and Medication Administration Supplies [ALS, CCT]

IV Venous Tourniquets (ALS stated 4 ea.)	N/A	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
IV Catheters, sizes 14g, 16g, 18g, 20g, 22g and 24g	N/A	4 ea. <input type="checkbox"/>	4 ea. <input type="checkbox"/>	4 ea. <input type="checkbox"/>
IV Saline Locks	N/A	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
IV Normal Saline (0.9%) flushes (Luer Lock)	N/A	4 <input type="checkbox"/>	6 <input type="checkbox"/>	2 <input type="checkbox"/>
IV Administration Set, 60gtts/ml Mini-drip. May utilize adjustable 'multi-drip' sets	N/A	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
IV Administration Set, 10 to 15gtts/ml Macro-drip. May utilize adjustable 'multi-drip' sets	N/A	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
IV Extension sets	N/A	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Intraosseous (EZ-IO) Driver (or approved alternative)	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Intraosseous (EZ-IO) Needles – (or approved alternative) • Adult: 15 gauge, 25 mm (Blue) • Bariatric: 15 gauge, 45 mm (Yellow) • Pediatric: 15 gauge, 15 mm (Pink)	N/A	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>	2 ea. <input type="checkbox"/>
Syringe, 3 ml	N/A	2 <input type="checkbox"/>	10 <input type="checkbox"/>	2 <input type="checkbox"/>
Syringe, 20 ml or 30 ml (either size acceptable)	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Syringe, 60 ml Luer Lock tip	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

G.3 IV and Medication Administration Supplies [CCT Required; ALS Optional]

IV infusion pump(s), portable, AC and battery power, capability to provide 6 simultaneous infusions with independent flow settings. (or a combination)	N/A	Optional <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
IV administration sets, IV infusion pump-compatible	N/A	Optional <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
IV fluid warming system	N/A	Optional <input type="checkbox"/>	1 <input type="checkbox"/>	N/A
IV administration set, Blood administration tubing with filter	N/A	Optional <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Pressure infusion bag(s) (For IO infusions)	N/A	Optional <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3-way stopcocks	N/A	Optional <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
Blood sample tubes and supplies	N/A	Optional <input type="checkbox"/>	Optional <input type="checkbox"/>	N/A

H.3 Medications and IV Solutions [ALS, CCT]

Acetaminophen, 100ml bag	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Adenosine (Adenocard®), 18 mg total	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Atropine, 1 mg pre-loaded syringe	N/A	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Amiodarone, Injectable (May substitute with Lidocaine)	N/A	450 mg <input type="checkbox"/>	450 mg <input type="checkbox"/>	450 mg <input type="checkbox"/>
Amiodarone, (0.22 micron IV line filter for infusion)	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Amiodarone for infusion (May substitute with Lidocaine)	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Calcium Chloride, 1 gm	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Cefazolin, 1 gm	N/A	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Dextrose 25 gms (either preloaded D50W syringe) or alternate, i.e.(D10W infusion bag)	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Dexamethasone 10 mg	N/A	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>
Diltiazem (Cardizem®), 100 mg total – ADD-Vantage® system or any combination to total 100 mg (50 mg/10 ml or 25 mg/5 ml)	N/A	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>
Diltiazem IV spike to luer lock adapter if utilizing the Add Vantage admin kit	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Droperidol 2.5 mg/ml or 5 mg/ml	N/A	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>
Epinephrine, 1:10,000, 1 mg pre-loaded syringe	N/A	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Fentanyl (Sublimaze®), (ALS= 200 mcg total) (CCT= 1000 mcg total)	N/A	200 mcg <input type="checkbox"/>	1000 mcg <input type="checkbox"/>	1000 mcg <input type="checkbox"/>
Furosemide (Lasix®) (ALS= 80 mg total) (CCT= 100 mg total)	N/A	80 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>
Heparin, 5,000 unit bolus (CCT can utilize 25,000 units/250 ml bag)	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Ketamine (Ketalar) 320 mg	N/A	320 mg <input type="checkbox"/>	320 mg <input type="checkbox"/>	320 mg <input type="checkbox"/>
Ketorolac (Toradol), 30 mg total	N/A	30 mg <input type="checkbox"/>	30 mg <input type="checkbox"/>	30 mg <input type="checkbox"/>
Labetalol (Trandate) 30 mg total	N/A	30 mg <input type="checkbox"/>	30 mg <input type="checkbox"/>	30 mg <input type="checkbox"/>
Lidocaine (Xylocaine®), 100 mg pre-loaded syringe (May substitute with Amiodarone)	N/A	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Lidocaine (Xylocaine®) for infusion (May substitute with Amiodarone)	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Magnesium Sulfate, 2 gm total (Normal Saline, 100 ml IV bag)	N/A	2 gm <input type="checkbox"/>	2 gm <input type="checkbox"/>	2 gm <input type="checkbox"/>
Midazolam (Versed®), 10 mg total	N/A	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>
Morphine Sulfate, 10 mg total	N/A	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>	10 mg <input type="checkbox"/>
Ondansetron (Zofran®), total 8 mg	N/A	8 mg <input type="checkbox"/>	8 mg <input type="checkbox"/>	8 mg <input type="checkbox"/>
Thiamine, 100 mg	N/A	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>
Sodium Bicarbonate, 100 mEq total	N/A	100 mEq <input type="checkbox"/>	100 mEq <input type="checkbox"/>	100 mEq <input type="checkbox"/>
Sodium Chloride (Normal Saline) (0.9%), (1,000 ml or 500 ml bags) 4000 ml total	N/A	4 L <input type="checkbox"/>	4 L <input type="checkbox"/>	4 L <input type="checkbox"/>
Sodium Chloride (Normal Saline) (0.9%), 100 ml IV bag	N/A	2 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
3% Hypertonic Normal Saline	N/A	500 ml <input type="checkbox"/>	500 ml <input type="checkbox"/>	500 ml <input type="checkbox"/>

H.4 Medications and IV Solutions - CCT and ALS-RSI Required

Etomidate (Amidate), 80 mg total	N/A	ALS-RSI 80 mg <input type="checkbox"/>	80 mg <input type="checkbox"/>	80 mg <input type="checkbox"/>
Succinylcholine (Anectine), 400 mg total	N/A	ALS-RSI 400 mg <input type="checkbox"/>	400 mg <input type="checkbox"/>	400 mg <input type="checkbox"/>
Rocuronium (Zemuron®) 200 mg	N/A	ALS-RSI 200 mg <input type="checkbox"/>	200 mg <input type="checkbox"/>	200 mg <input type="checkbox"/>

H.5 OPTIONAL Medications and IV Solutions

Cyano-Kit	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Tranexamic Acid (TXA) 2 gm total (bolus + drip)	N/A	Opt: 1 gm <input type="checkbox"/>	2 gm <input type="checkbox"/>	2 gm <input type="checkbox"/>
END OF ALS MEDICATION AND EQUIPMENT LIST				
H.6 Medications and IV Solutions [CCT only]				
Calcium gluconate injectable, 2 gm total (or Calcium Chloride if shortage)	N/A	N/A	2 gm <input type="checkbox"/>	2 gm <input type="checkbox"/>
Clopidogrel (<i>Plavix</i>), tablets, 300 mg total	N/A	N/A	300 mg <input type="checkbox"/>	300 mg <input type="checkbox"/>
H2 Inhibitor injectable; Cimetidine 300 mg total (OR) Famotidine 20 mg total	N/A	N/A	300 mg <input type="checkbox"/> 20 mg <input type="checkbox"/>	300 mg <input type="checkbox"/> 20 mg <input type="checkbox"/>
Lorazepam (<i>Ativan</i>) 6 mg total	N/A	N/A	6 mg <input type="checkbox"/>	6 mg <input type="checkbox"/>
Methylprednisolone (<i>Solu-Medrol</i>), 125 mg	N/A	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Metoprolol (<i>Lopressor</i>), 15 mg total	N/A	N/A	15 mg <input type="checkbox"/>	15 mg <input type="checkbox"/>
Norepinephrine (<i>Levophed</i>), 4 mg (dilute in D5W 250 ml IV solution)	N/A	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Racemic epinephrine, 2.25% / 0.5 ml OR (Epi 1:1,000 2.5 mg in 4 mL NS > 4 yrs)	N/A	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>
D ⁵ W, 250 ml bags	N/A	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Normal saline (0.9%), 250 ml bags	N/A	N/A	4 <input type="checkbox"/>	2 <input type="checkbox"/>
Ringer's Lactate, 1,000 ml bags	N/A	N/A	2 <input type="checkbox"/>	2 <input type="checkbox"/>
H.7 OPTIONAL: Medications and IV Solutions [CCT only, OPTIONAL]				
Bumetanide (<i>Bumex</i>), 4 mg	N/A	N/A	4 mg <input type="checkbox"/>	4 mg <input type="checkbox"/>
Calcium Chloride, 1 gm (may replace Calcium Gluconate)	N/A	N/A	1 gm <input type="checkbox"/>	1 gm <input type="checkbox"/>
Captopril 25 mg	N/A	N/A	25 mg <input type="checkbox"/>	25 mg <input type="checkbox"/>
Flumazenil (<i>Romazicon</i>), 1 mg Total	N/A	N/A	1 mg <input type="checkbox"/>	1 mg <input type="checkbox"/>
Foley catheters, sizes: 12 fr, 14 fr, 16 fr, 18 fr	N/A	N/A	1 ea. <input type="checkbox"/>	N/A
Insulin, Humulin R	N/A	N/A	1 vial <input type="checkbox"/>	N/A
Syringe, insulin specific syringe required if carrying insulin	N/A	N/A	2 <input type="checkbox"/>	N/A
Ketorolac (<i>Toradol</i>), additional 30 mg	N/A	N/A	30 mg <input type="checkbox"/>	30 mg <input type="checkbox"/>
Lanoxin (<i>Digoxin</i>). 0.5 mg	N/A	N/A	0.5 mg <input type="checkbox"/>	0.5 mg <input type="checkbox"/>
Mannitol (<i>Osmitol</i>), 100 gm (Must have a 5 micron IV filter also if mannitol is carried)	N/A	N/A	100 gm <input type="checkbox"/>	100 gm <input type="checkbox"/>
Needle, non-coring, subcutaneous IV port access	N/A	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Nitroprusside (<i>Nitride</i>), 50 mg	N/A	N/A	50 mg <input type="checkbox"/>	50 mg <input type="checkbox"/>
Phenytoin (<i>Dilantin</i>), 250 mg	N/A	N/A	250 mg <input type="checkbox"/>	250 mg <input type="checkbox"/>
Potassium Chloride, 20 meq	N/A	N/A	20 meq <input type="checkbox"/>	20 meq <input type="checkbox"/>
PRBC (Packed Red Blood Cells) (requires specific IV blood administration set)	N/A	N/A	1 unit <input type="checkbox"/>	1 unit <input type="checkbox"/>
Vasopressin (<i>Pitressin</i>), 20 u	N/A	N/A	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Balanced Crystalloid Solutions (i.e. Plasma-lyte or Normosol-R) 2 liters total	N/A	N/A	2 L <input type="checkbox"/>	2 L <input type="checkbox"/>
Hydralazine 40 mg	N/A	N/A	40 mg <input type="checkbox"/>	40 mg <input type="checkbox"/>
Nicardipine (Cardene) 500 mg	N/A	N/A	500 mg <input type="checkbox"/>	500 mg <input type="checkbox"/>
Promethazine (Phenergan) 50 mg	N/A	N/A	50 mg <input type="checkbox"/>	50 mg <input type="checkbox"/>
Solucortef 100 mg	N/A	N/A	100 mg <input type="checkbox"/>	100 mg <input type="checkbox"/>
Precedex 200 mcg	N/A	N/A	200 mcg <input type="checkbox"/>	200 mcg <input type="checkbox"/>
Vasotec (Enalapril) 2.5 mg	N/A	N/A	2.5 mg <input type="checkbox"/>	2.5 mg <input type="checkbox"/>