

Testing Room Safety Checklist

ENDOCRINE DEPARTMENT

Date:										
Time:										
O ₂										
Suction										
Suction Catheter / Yankeur <i>(appropriate to age)</i>										
Child 100% Rebreather Mask										
BVM Infant / Child / Adult										
HYPOKIT BOX										
Dextrose 10% 500mls x2										
Glucogel 25g x3										
Hydrocortisone 100mg IV x2										
H ₂ O Ampoule 10mls x2										
NaCl Ampoule 10mls x2										
Filter Needle x2										
Blue Needle x2										
Withdrawal Needle x2										
T-Connector x2										
IV Bung x2										
SYRINGES										
10mls x2										
5mls x2										
2mls x4										
20mls x2										
50mls x2 Leur-lock										
Nurse Name										
NMBI										

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