

	TITLE: FIRST AID BOX CHECK LIST	REV NO. 0	GRH TC- 37/2010
		DATE: 01.07.2010	
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This record is maintained as a checklist/register. Responsibility of stock/expiry date checking rests with the SN in the casualty, done on a fortnightly basis.

Sl. No	DRUG	No.	Date of Expiry	May 1	May15	Jun 1	Jun 15
1	Inj. Ceftriaxone	2					
2	Inj. Hydrocortisone	2					
3	Inj. Pan 40mg	2					
4	Inj. Gentamicin	2					
5	Inj. Botropase	2					
6	Inj. Atropine	2					
7	Inj. Adrenaline	2					
8	Inj. Aminophylline	2					
9	Inj. Betaloc	2					
10	Inj. Xylocaine	2					
11	Inj. Lasix	2					
12	Inj. Calmpose	2					
13	Xylocaine jelly	2					
14	Cap. Nifedepine	1					
15	Tab. Rantac	10					
16	Inj. mol	10					
17	Macro set	2					
18	Micro set	5					
19	3 way 100cm	2					
20	Foley's catheter	2					
21	Urosac bag	2					
22	Ryles tube	2					
23	Inj. Perinorm	2					
24	Inj. Rantac	2					
25	Inj. Avil	2					
26	Inj. Deriphylline	2					
27	Inj. Epsolin	2					
28	Inj. Phenargan	2					
29	Inj. Voveran	2					
30	Inj. Fortwin	2					
31	ORS Packets	5					
32	Asthalin Inhaler	2					
33	Diclofenac gel	2					
34	Gloves	10					
35	Syringe – 20cc	5					
36	10ccc	5					
37	5c	5					
38	2cc	5					



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39	Needles	20					
40	Intubation SET	1					
41	Micropore	1					
42	Tissue roll	1					
43	Cannulae	5					
44	Light source (torch)	1					
45	Spirit cotton in a air tight box	1					
46	Scissor	1					
47	Oxygen mask and tube	1					

IF OK THEN PUT A \checkmark MARK; IF NOT OK THEN PUT AN X MARK.

TAKE APPROPRIATE CORRECTIVE ACTION IF X MARK HAS BEEN PLACED.