EXPANDED MEDICAL PREPAREDNESS
APPENDIX A

FIRST AID STATION

Level I & Level II

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Appendix A

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STATION LAYOUT

Guiding Principles for Physical Layout

- There should be a single entrance for all patients that is accessible to all and clearly marked.
- The staff entrance should be separate from the patient entrance.
- There should be a single exit for all patients.
- The family and patient waiting area should be close to the entrance.
- The out-processing/discharge exit area should be accessible to vehicles.
- Suggested space for Treatment and Transport Areas is as follows:
  - Two treatment “beds” for each treatment provider
  - 6 x 8 feet should be allowed for each patient bed
- The recommended ratio for each practitioner (treating individual) is two treatment beds and 15-20 beds in the transport area.
- Physical or visual barriers should exist between designated areas whenever possible.
- Efforts should be made to establish a physical setup that streamlines the flow of patients through the Station.
- Location of the First Aid Station physically near an established shelter will make support of the station and services to patients less problematic.

Designated Station Areas

Ambulance/Vehicle Loading Area – A place, separate from the First Aid Station, where patients are loaded into ambulances or private vehicles upon discharge or transfer to a higher level of care.

Command Post — Individuals here are primarily occupied with providing management for the FAS activities. The command staff (refer to the SEMS structure) would operate in this location, which may be moved to another building if space is limited.

Discharge Area — Patients being transferred to a higher level of care or being discharged following treatment will be leaving through this area. Personnel assigned are expected to verify that discharge or transfer instructions are clear and that the individual and time of departure are recorded.

Family/Waiting Area — This area is meant to hold patients awaiting treatment and any family members that accompany them. It should be, whenever possible, a quiet, private area.

Morgue — This area hold individuals that are dead. Bodies must be attended at all times and the area should be screened from view.

Patient Transport Area — Patients who will be transferred to a higher level of care or who are awaiting transport following treatment will be held in this area. It should be a quiet area and may be staffed by personnel at a higher level of licensure than the treatment provided at that level of FAS.

Registration Area — This area should be located so that patients cannot bypass the process. All patients should be registered to the extent possible, even if their destination is the morgue or the patient transport area.

Security — There is no specific security area, as individuals assigned to these duties would be stationed at the entrance to and exit from the station and would move about all areas of the station.

Staff Processing Area — Individuals wishing to work in the FAS or finishing work and leaving the site will be logged in and out of the station at this location. Staff will be expected to provide their name and relevant certification/licenses prior to assignment and will be assigned specific duties from this location. This area may be located elsewhere if space if limited.

Staff Rest/Eating Area — A location for station staff to get away from activities within the station. It should be isolated from patients and may be located elsewhere if space is limited.

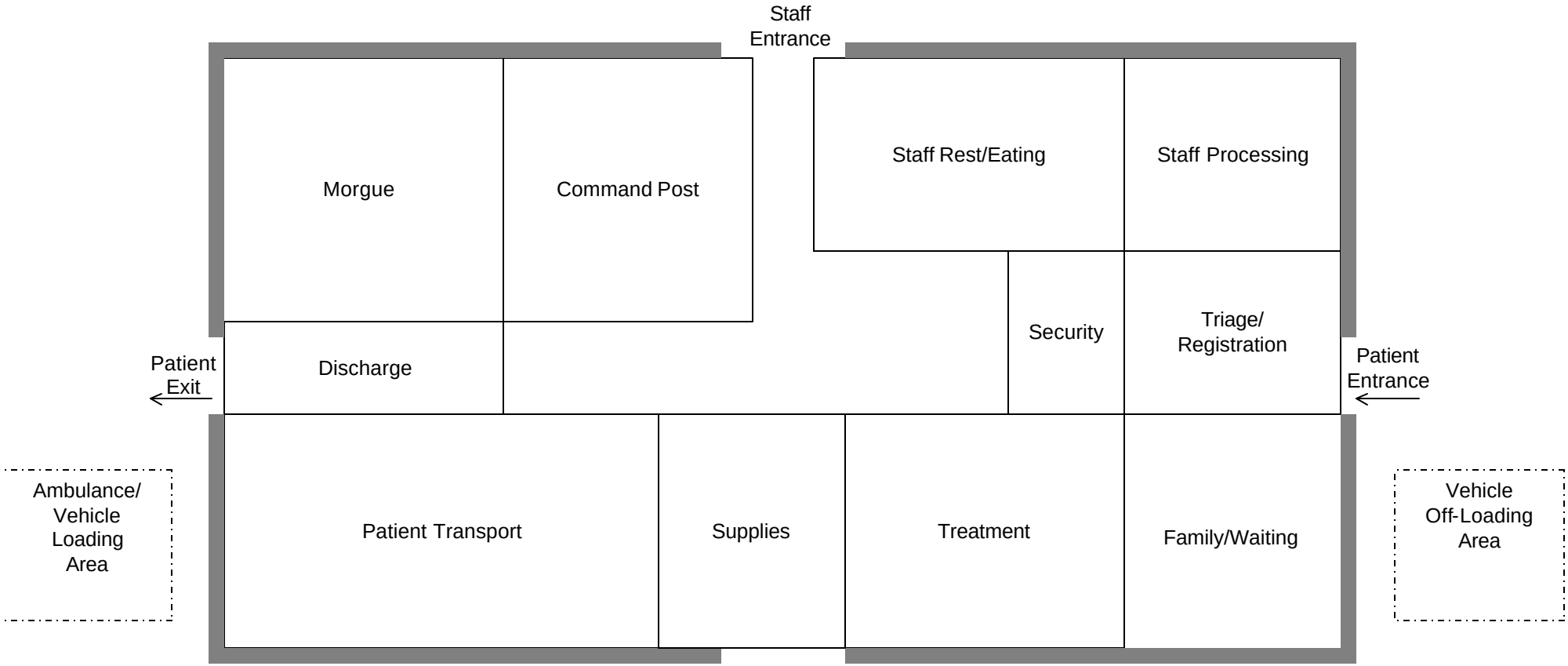
Supplies — There should be a specific area set aside for the storage of supplies that will be used in the operation of the station.

Treatment Area — This area should be, whenever possible, quiet, private, and screened from the view of others within the station. This location is where patient treatment occurs.

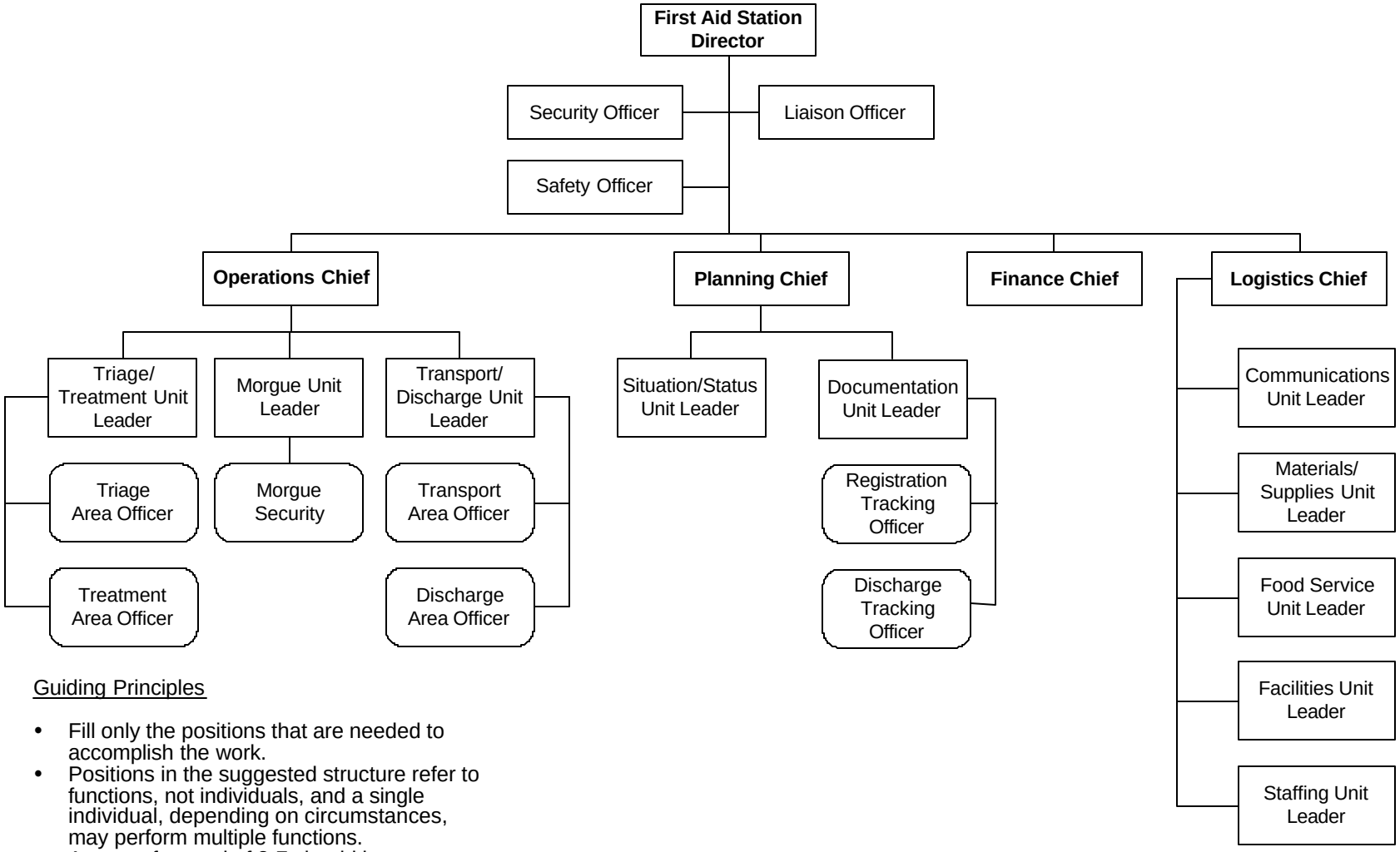
Triage Area — This area may be located outside of the FAS or just inside the patient entrance to the facility. It is the first activity that will occur related to patient care and should be staffed with a trained individual. Patients will be directed elsewhere for registration and treatment or to await transport to a higher level of care.

Vehicle Off-Loading Area – A place, separate from the First Aid Station, where patients arriving via motor transport are off loaded.

First Aid Station Layout



SEMS Structure



Guiding Principles

- Fill only the positions that are needed to accomplish the work.
- Positions in the suggested structure refer to functions, not individuals, and a single individual, depending on circumstances, may perform multiple functions.
- A span of control of 3-7 should be maintained.
- Remember that the overhead structure is what will keep the station operating.
- Plan ahead.

TREATMENT GUIDELINES

Major responsibilities of individuals working in the First Aid Station are as follows:

- Ensure safety for staff, patients, and bystanders;
- Determine the extent of injury or illness (triage);
- Provide life-saving interventions and transfer patients to a higher level of care;
- Treat minor injuries to decrease the incidence of death, disability, and the need for urgent medical care;
- Provide instruction to the patient that will maximize their ability to seek further care if indicated; and
- Record what you observed, heard, and did for each patient, no matter how minor.

Standard precautions are to be taken with all patient contacts. This includes wearing fresh gloves for each patient contact, as well as taking additional measures (goggles, gown) as warranted.

Care provided at a First Aid Station is directed toward achieving one of two major goals.

1. Identifying patients that will require higher levels of care as soon as possible and directing them toward that care; and

2. Providing care for injuries that will be sufficient for the injury or will postpone the need for higher level of care.

Injury-specific first aid treatment guidelines follow. Individuals licensed or certified to provide a higher level of care should seek to provide that higher level in a setting other than the Level I First Aid Station.

Patients Requiring a Higher Level of Care

Many patients presenting at the First Aid Station will require a higher level of care than can be provided. Level I first aid care for specific injuries and illnesses is presented in the Treatment Guidelines that follow. The following general guidelines for care are presented in preparation for transport to a higher level of care:

1. Proceed with the following actions:

    - Open and maintain the patient airway as possible and appropriate
    - Perform and continue rescue breathing if able to maintain effort
    - Control external bleeding
    - CPR should only be begun or continued if adequate assistance is available

2. Obtain or review a brief patient history, including the current complaint, patient allergies, current medication, pertinent past history, signs and symptoms as available.

Patients Requiring a Higher Level of Care…continued

3. Position patient appropriately.

4. Re-categorize patient using START triage.

5. Move patient to Patient Transport Area with written record of care.

Over the Counter Medications

First Aid stations may choose to have over-the-counter medications available and allow patients to self-medicate, following the manufacturer's instructions on the medication. Single-dose packaging is recommended.

Wound Care

The largest category of injury for which this level of care will be sufficient for the injury or will postpone the need for higher level of care is minor injuries.

This category may include abrasions, minor animal bites, minor avulsions, minor external bleeding, open and closed blisters, minor thermal burns, minor lacerations, frostbite, some foreign bodies, and some insect bites and stings.

Care should include the following:

1. Obtain or review a brief patient history, including the current complaint, patient allergies, current medication, pertinent past history, how the injury was sustained.

2. If it is determined that only minor wound care is the issue, proceed with the following:

   - Carefully examine the wound
   - Control any bleeding
   - Remove any obvious foreign bodies
   - Wash the area thoroughly with soap and water
   - Apply a sterile or clean dressing
   - Immobilize the injured area if potential for additional injury exists
   - Advise the patient appropriately, providing written instructions related to the following:
     - Signs of infection
     - Need for tetanus or other prophylaxis
     - Recommended follow-up, including notifications that may be necessary (animal control, law enforcement)
   - Document all of the above on the patient record.

*Patients requiring stitches should be advised to seek further care within 48 hours of the injury.

Injury-Specific First Aid Treatment Guidelines

Abdominal Injuries (Open)

- Patient will require higher level of care
- Position the patient on their back
- Do not apply direct pressure or push the organs back into the body
- Remove clothing from around the wound
- Apply moist, sterile or clean dressing loosely over the wound, do not pour water into the wound
- Cover the dressings loosely with plastic wrap if available
- Cover the dressing lightly with a folded towel to maintain warmth
- Keep the patient from getting chilled or overheated
- Give nothing by mouth
- Move to transport area for transfer to higher level of care

Abdominal Injuries (Closed)

- Patient will require higher level of care
- Position the patient on their back, bend the knees slightly, place blankets or pillows under the knees
- If this positioning causes pain, suspect spinal injury, leave legs straight
- Do not apply direct pressure
- Take steps to minimize shock
- Give nothing by mouth
- Move to transport area for transfer to higher level of care

Airway Obstruction

- Take appropriate measures to relieve obstructed airway
- Patient is likely to require higher level of care

Animal Bites (Major)

- Patient will require higher level of care
- Control bleeding
- Place separated tissue into dry container or plastic bag, then put on ice; do not submerge or use dry ice
- Move to transport area for transfer to higher level of care

Bites and Stings

- Remove stinger, scraping rather than grasping; if tick, remove with tweezers
- Wash site
- Monitor for allergic reactions
- Consider use of benadryl, chlortrimeton (OTC drugs)
- If jellyfish, sea anemone, soak in vinegar, alcohol or baking soda paste
- If stingray, sea urchin, or spiny fish, soak in hot water until pain decreases

Injury-Specific First Aid Treatment Guidelines…continued

Bleeding (Major)

- Patient will require higher level of care
- Control bleeding
- Assign attendant to monitor continued cessation of bleeding
- Move to transport area for transfer to higher level of care

Bleeding (Suspected Internal)

- Patient will require higher level of care
- Position as most comfortable
- Keep the patient from getting chilled or overheated
- Give nothing by mouth
- Reassure the patient and provide care for other conditions
- Move to transport area for transfer to higher level of care

Breathing

Asthma—see Respiratory Distress
Absence—see Respiratory Arrest
Difficult—see Respiratory Distress

Bullet Wounds

- Patient will require higher level of care
- Control bleeding
- Treat for shock
- Move to transport area for transfer to higher level of care
- Notify local law enforcement

Burns (thermal, major)

- Patient will require higher level of care
- Cool water to burned area
- Cover area with cool, moist dressings
- Remove clothing and jewelry from burned and related areas
- Treat for shock
- Monitor for hypothermia

Burns (chemical, major)

- Patient will require higher level of care
- Identify chemical and quantity if possible; treat contaminated area as recommended for specific chemical
- Take precautions to avoid contamination of treatment area, patients and personnel
- Move to transport area for transfer to higher level of care

Injury-Specific First Aid Treatment Guidelines…continued

Burns (Electrical)

- Patient will require higher level of care
- Do not cool burns with water
- Look for entry and exit wounds, remove clothing and jewelry appropriately
- Treat for shock
- Move to transport area for transfer to higher level of care

Cardiac Arrest

- Extent of treatment is based on resources available and potential for rapid transport to higher level of care.

Chest Pain (non-injury)

- Patient will require higher level of care
- Position of comfort
- Assist patient to take prescribed medications
- Move to transport area for transfer to higher level of care

Chest Wound (Open)

- Patient will require higher level of care
- If wound is “sucking” cover with occlusive dressing
- Treat for shock
- Move to transport area for transfer to higher level of care

Choking

See Airway Obstruction

Cold Emergencies (Frostbite)

- Do not rub affected part, apply heat, or re-expose the area to cold
- Remove wet clothing and jewelry
- Soak affected part in water between 102 and 104 F until it appears red and feels warm
- Do not re-warm if patient will be re-exposed to cold
- Apply sterile dressing, place cotton or gauze between fingers or toes
- Refer to higher level of care

Injury-Specific First Aid Treatment Guidelines…continued

Cold Emergencies (Hypothermia)

- Patient will require higher level of care if presenting with altered level of consciousness
- Remove wet clothing, handle gently
- Warm body gradually by wrapping in blanket with external heat source applied, but shielded from direct contact with patient.
- Do not immerse in warm water
- When fully alert, conscious may have warm liquids (no alcohol, no caffeine)
- If needed, move to transport area for transfer to higher level of care

Diabetic Emergencies (conscious)

- Administer sugar or glucose substance

Diabetic Emergencies (altered level of consciousness)

- Patient will require higher level of care if altered level of consciousness does not improve and maintain
- Give sugar or glucose substance if able to swallow
- Maintain normal body temperature
- If needed, move to transport area for transfer to higher level of care

Dislocations

- Patient will require higher level of care
- Immobilize affected joint
- Apply cold packs to joint
- Move to transport area for transfer to higher level of care

Near Drowning (a drowned patient will be in cardiac arrest)

- Protect neck, stabilize
- Monitor and treat for hypothermia if present

Diarrhea

- Offer 1 ounce of fluid every 15 minutes

Eye (blunt injury)

- Apply dry sterile or clean dressing
- Position patient on back
- Apply cold compress
- Refer to higher level of care

Injury-Specific First Aid Treatment Guidelines…continued

Eye (foreign body such as dust, insects, sunscreen—not penetrating the eye)

- Flush with water or saline
- Refer to higher level of care

Eye (foreign body penetrating eye)

- Patient will require higher level of care
- Position patient on back
- Immobilize object in place with sterile dressing
- Treat for shock
- Move to transport area for transfer to higher level of care

Fainting

- Elevate legs 8-12 inches if no suspected head, spinal or leg injury
- Loosen restrictive clothing
- Patient will require higher level of care if recovery is not prompt

Foreign Objects (penetrating)

- Patient will require higher level of care
- Immobilize and stabilize object and pad it to prevent movement
- Control bleeding
- Treat for shock
- Move to transport area for transfer to higher level of care

Heart Attack

See Chest Pain
See Cardiac Arrest

Heat Illness

- Patient may require higher level of care
- Remove patient from hot environment
- Cool patient—loosen or remove clothing, apply cool, wet towels or sheets or cold packs, fan patient; place ice packs at wrists, ankles, armpits, groin
- Fully alert patients may drink fluids
- If needed, move to transport area for transfer to higher level of care

Insect Bites

See Bites and Stings

Injury-Specific First Aid Treatment Guidelines…continued

Nausea

- Rest
- Offer 1 ounce fluid every 15 minutes after patient has not vomited for 12 hours
- May require higher level of care if unable to retain fluids or nausea is persistent over time

Nosebleed

- Sitting position, leaning forward, apply direct pressure to nose, pinching nostrils together for a minimum of 10 minutes
- May require higher level of care if bleeding is heavy and cannot be controlled

Poisoning/Overdose (ingested)

- Patient may require higher level of care
- Identify substance
- Treat according to poison if appropriate (ipecac, charcoal if available)
- If needed, move to transport area for transfer to higher level of care

Pregnancy

- Patient will require higher level of care if bleeding, severe pain, premature labor
- If needed, move to transport area for transfer to higher level of care

Rape or Assault

- Patient will require higher level of care
- Treat injuries
- Instruct patient regarding preservation of evidence if appropriate
- Assign individual to stay with patient if possible
- Move to transport area for transfer to higher level of care
- Notify local law enforcement

Respiratory Arrest

- Patient will require higher level of care
- Open and clear airway
- Begin respiratory assist only if assistance is available to maintain effort
- Move to transport area for transfer to higher level of care

Injury-Specific First Aid Treatment Guidelines…continued

Respiratory Distress

- Patient is likely to require higher level of care
- Position of comfort
- Reassure the patient, prevent chilling or overheating
- If needed, move to transport area for transfer to higher level of care

Seizures

- Patient is likely to require higher level of care, particularly if seizures are uncontrolled, new in onset, or usual medication is unavailable
- Protect patient from injury, position on side if spinal injury is not a concern
- Monitor airway
- If needed, move to transport area for transfer to higher level of care

Shock

- Patient will require higher level of care
- Provide care for airway, breathing or circulation problems detected
- Help the patient rest comfortably
- Keep the patient from becoming chilled or overheated
- Reassure the patient
- Elevate legs 12 inches unless you suspect head, neck or back injuries or painful, swollen deformities of the hips or legs are present
- Do not give anything by mouth
- Move to transport area for transfer to higher level of care

Snakebite

- Patient will require higher level of care
- Clean wound
- Immobilize affected part, position lower than the heart if possible
- Minimize movement
- Move to transport area for transfer to higher level of care

Spinal or Suspected Spinal Injury

- Patient will require higher level of care
- Maintain in-line stabilization
- Move to transport area for transfer to higher level of care

Strains/Sprains

- Apply cold if available
- Wrap and elevate extremity
- Patient will require non-urgent physician evaluation

Injury-Specific First Aid Treatment Guidelines…continued

Stroke (unconscious)

- Patient will require higher level of care
- Maintain open airway
- Position patient on affected side

Move to transport area for transfer to higher level of care

Stroke (conscious)

- Patient will require higher level of care
- Maintain open airway
- Comfort and reassure patient
- Do not give anything by mouth
- Move to transport area for transfer to higher level of care

Stomach Upset

See Nausea

Substance Abuse

- Patient will require higher level of care, especially if abuse has resulted in life-threatening conditions
- Monitor airway, anticipate decrease in awareness
- Calm and reassure patient
- Keep the patient from getting chilled or overheated
- Move to transport area for transfer to higher level of care

Tooth Injuries

- Patient may require higher level of care if additional injuries are suspected
- When possible replace tooth in socket (not always appropriate for children)
- Place gauze in space, instruct patient to bite down
- Place tooth in cup of milk or water if available
- Refer for dental care

Unconscious

- Patient will require higher level of care
- Maintain airway
- Maintain normal body temperature
- Do not give anything by mouth
- Move to transport area for transfer to higher level of care

EQUIPMENT AND SUPPLIES
(For 50 Patients)

Equipment and Supplies should be stored in a well-identified location. Storage container(s) may be stationary or mobile, but should provide dry, secure storage. Periodic inspection and maintenance is necessary, as is the rotating of perishable supplies.

BLS Supplies (Level I & II)

* Indicates perishable (dated) items

ITEM	QTY
Bandage/Dressing	
Bandage, elastic 3"	20
Bandage, butterfly	25
Bandage, triangular	24
Band aids, assorted	100
Burn sheets, assorted sizes	20
Dressing, 4x4 sterile	50
Dressing, 4x4 sterile, bulk	100
Dressing, 4x4 sterile, petroleum	25
Dressing, 5x9 sterile	25
Dressing, 8x10 sterile	20
Dressing, 10x30 sterile	50
Eye pad, oval, sterile	1 pkg
Eye shield	6
Gauze roll (2" or 3")	100
Tape, adhesive, waterproof (1" and 2"x10yds)	50
Tape, plastic (1")	5

Misc. Medical Supplies	
Antibiotic ointment*	75
Antiseptic wipes*	100
Basin, emesis	50
Bedpan, plastic disposable	10
Blanket, emergency, thermal	10
Bleach (gallon)	2
Body bag, white, morgue pack	24
Cold packs	25
Gloves, latex, sm., med., lg.	100ea
Gowns	50
Hydrogen peroxide	5

Misc. Medical Supplies…continued	
Plastic bags	100
Red Bio Hazard bags	50
Splints, assorted	
Sterile water (irrigation), plastic bottles 500cc*	40
Tape, duct	12
Towellettes, disinfectant, disposable*	100
Tweezers	10
Urinals with lids	10
Waterless hand cleaner (bottles)	10
Scissors, EMT	2

Other Equipment	
Cots, fold out	15-20
First Aid book	2
Litters, folding, rigid pole	2
Chairs	50
Flashlights/batteries	6
Triage tags	50
Patient care forms	75 sets
Office supplies	Misc
Table	8
Station signage	
SEMS vests	

Optional OTC Medications*	
Acetaminophen (non-aspirin), adult	
Acetaminophen (non-aspirin), pediatric	
Antacid tablets	
Antihistamine tablets (diphenhydramine)	
Aspirin, adult dose	
Aspirin, pediatric dose	
Calamine lotion	
Hydrocortisone, .5% ointment	
Anti-diarrheal (imodiium, kaopectate)	
Ibuprofen, adult dosage	
Ibuprofen, pediatric dosage	
Chlortrimeton	

LEVEL II FIRST AID STATION

As the Level II First Aid Station's Medical Director will be providing written treatment guidelines, there are none specified here for the Level II FAS. However, the general overview of treatment and list of specific injuries with BLS treatment guidelines provided in the previous section can be used as a template and replaced with the orders of the physician providing medical oversight.

SAMPLE ALS SUPPLY LIST (LEVEL II ONLY)

The type and number of supplies will be determined by the medical director based on the level of licensed personnel to be utilized and the orders/protocols written. The following list is only an example. It is based on the California state Emergency Medical Service Authority's list of medical supplies for a field treatment point.

ITEM	QTY
Medications	
5% dextrose and water (D5W), partial fill, 100 cc	24 ea.
Alupent inhalers, 10 ml.	2 ea.
Ammonia inhalant ampoules	1 box, 10/box
Betadine solution, non-foam, plastic bottle, 1 quart	4 ea.
Cefazolin sodium inj. (Ancef), 1 gm vials	1 box, 25/box
Compazine Injectable 5 mg/ml	10 ml
Dextrose, pre-filled syringe, 50%, 50 cc	1 case, 10/case
Diazepam injection, 2 cc pre-filled syringes, 5 mg/cc	1 box, 10/box
Diazepam tablets, 5 mg.	1 bottle, 100/bottle
Diphenoxylate hcl & atropine tablets (lomotil), 2.5 mg.	1 bottle, 100/bottle
Diphtheria, pertussis, & tetanus toxoid, pediatric	4 boxes, 10/box
Furosemide ampules, 10 mg/cc	1 box, 10/box
Furosemide tablets, 40 mg	1 bottle, 100/bottle
Glucose, oral, tablets	5 ea.
Lidocaine hcl for injection, 1% 5 ml	3 boxes, 25/box
Naloxone hcl, injectable, ampules, 1 ml	1 box, 10/box
Nitroglycerin tablets, 0.4 mg.	1 bottle, 25/bottle
Opthaine hcl, bottle w/dropper, 0.5% 15 ml	1 ea.
Oxytocin, pre-filled syringe, 10 units	1 box, 10/box
Pedialyte/osmolyte solution, 8oz.	1 case, 24/case
Potassium chloride for injection, 40 meq. 20 ml	1 box, 25/box
Silver sulfadiazine cream, 400 gm/jar	10 jars
Sodium sulamyd ophthalmic ointment, 10% 3.5 gm.	6 ea.
Sterile water for injection, 5 cc	100 ea.
Tetanus toxoid	4 boxes, 10/box
Tetanus immune globulin, pre-filled syringe	1 box, 10/box
Toradol, injectable pre-filled syringe, 60 mg/2 ml	1 box, 10/box
Vancomycin hcl	1 box, 10/box

Medications…continued	
Morphine sulfate, injectable, pre-filled syringe	1 box, 10/box
Holders for morphine sulfate inj.	2 ea.
Insulin, injection, usp u-100	4 bottles, 10 cc/bottle
Tylenol w/codine tablet	1 bottle, 100/bottle
Tylenol elixir & suspension liquid, pediatric	1 bottle

Surgical Supplies	
Chest tubes, pediatric (pneumothorax), size # 16 french	4 ea.
Chest tubes, various sizes # 26 - 32 french	4 ea.
Closed drainage system, non-breakable, (pleuravac)	8 ea.
Hemostats	12 ea.
Kelly clamps	8 ea.
Mayo clamps #6	6 ea.
Penrose drains, latex tubing, sterile, 1/2" x 12"	12 ea.
Peritoneal lavage catheters	4 ea.
Scalpel with blade, disposable, # 10	24 ea.
Scalpel with blade, disposable, # 15	24 ea.
Sterile Surgical Gloves, Sizes 6.5, 7.0, 7.5 & 8.0	4 boxes/1 ea. size
Surgical amputation kit, including ketamine	4 ea.
Surgical lubricating jelly, 5 oz. tube	2 ea.
Surgical scrub brushes with betadine	24 ea.
Surgical suture, polyester, braided, size 00, 3/8 cir.	1 box, 12/box
Suture removal kit	12 ea.
Suture set, disposable	36 ea.
Suture, 4 - 0 silk	24 ea.
Suture, gut, 6 - 0, small curve	12 ea.
Thoracostomy tray	4 ea.
Tracheostomy tray	4 ea.
Tracheostomy tubes, 2 sizes	4 ea. (4 of ea. size)
Tube thoracostomy sets (for inserting chest tubes) #4	4 sets
Sterile Disposible surgical towel packs	1 case

Non-disposable Medical Supplies	
Backboard, straps	10 ea.
Backboards, 18" x 72"	5 ea.
Basin, wash, sturdy plastic, 7 quart	6 ea.
Batteries, appropriate for the mini-mag flashlight	8 - 12 ea.
Blankets, lightweight	48 ea.
Bulbs, appropriate for mini-mag flashlight	4 ea.
Glucose test kit, w/50 pins, 50 test strips & battery,	1 ea.
Laryngoscope, multi blade set, adult, w/batteries	1 ea.

Non-disposable Medical Supplies…continued	
Laryngoscope, multi blade set, infant/child, w/batteries	1 ea.
Magnifying glass	1 ea.
Mini-mag flashlights	2 ea.
Multi-cuff BP kit, must include thigh & infant cuffs	1 ea.
Ophthalmoscope set, portable, battery powered, w/batteries	1 ea.
Sphygmomanometer, adult	6 ea.
Sphygmomanometer, pediatric	3 ea.
Splinter forceps	2 ea.
Stethoscope	6 ea.
Strap, webbing, pin mount type, 72" length	30 ea.

IV Sets, Needles & Syringes	
Blood administration set	1 box, 48/box
Catheter & needle, IV, 18 gauge	1 box, 50/box
Catheter & needle, IV, 22 gauge	1 box, 50/box
Intravenous administration set, adult	1 box, 48/box
Intravenous administration set, pediatric	1 box, 48/box
IV extension tubing	1 box, 48/box
IV piggyback tubing	12 ea.
Lactated ringers solution, plastic bag, 1000 cc	8 cases, 12/case
Sterile saline, IV solution (bags), 500 cc	50 ea.
Needle and syringe, disposable, 3 cc, 20 ga. x 1"	1 box, 100/box
Needle and syringe, insulin 1 cc/u-100, 28 ga. x 1/2"	1 box, 100/box
Needle, hypodermic, disposable, 20 ga. x 1-1/2"	1 box, 100/box
Needle, hypodermic, disposable, 22 ga. x 1"	1 box, 100/box
Sharps collector, (needle disposal)	6 ea.
Syringe, luer lock, sterile, disposable, 5 cc	1 box, 100/box

Orthopedic Supplies	
Bandage, plaster, splint, rolls, 4" x 5 yds.	1 case, 48 rolls/case
Bandage, plaster, splint, rolls, 6" x 5 yds.	1 case, 48 rolls/case
Cast cutting scissors	2 ea.
Cast Spreader #1	1 ea.
Cast underwrap, 4" x 4 yds.	1 case, 50/case
Collar, extrication, hard foam, non-absorbing, adult	30 ea.
Collar, extrication, hard foam, non-absorbing, pediatric	10 ea.
Headbraces, cardboard	5 ea.
Splint, traction, femur, adult	1 ea.
Splint, traction, femur, pediatric	1 ea.

Miscellaneous Medical Supplies	
Airways, esophageal obturator	2 ea.
Airways, nasopharyngeal size # 24	4 ea.
Airways, nasopharyngeal size # 28	4 ea.
Airways, nasopharyngeal size # 32	4 ea.
Airways, oropharyngeal size # 1	6 ea.
Airways, oropharyngeal size #3	6 ea.
Airways, oropharyngeal size # 5	6 ea.
Alcohol preps	2 boxes, 100/box
Ambu Bag, w/adult and pediatric masks	3 ea. size
Betadine scrub	1 gallon
Blankets, disposable, plastic backing	3 cases, 40/case
Bulb syringe, 2 oz.	6 ea.
Catheter, urethral, 5 cc balloon, size # 12 french	4 ea.
Catheter, urethral, 5 cc balloon, size # 16 french	4 ea.
Catheter, urethral, 5 cc balloon, size # 20 french	4 ea.
Catheterization pack, urethral	12 ea.
Crutches, adjustable, adult	2 ea.
Crutches, adjustable, child	2 ea.
Drainage set, urinary	12 ea.
Endotracheal tubes, french 2 sizes	2 each size
Esophogeal obturator airway or Combitube	2 ea.
Face masks, disposable, combination use	25 ea.
Feeding tube, size # 8 french	6 ea.
Napkins, sanitary	48 ea.
Nasogastric tube, size # 16 french	2 ea.
Nasogastric tube, size # 22 french	2 ea.
Suction apparatus, multi-patient use (V-vac)	2 ea.
Suction catheters, french (2 sizes)	2 ea. Size
Surgical masks, with eye shield, flat	100 ea.
Syringe, irrigation, 60 cc	1 box, 30/box
Tongue depressors, wood	1 box 500/box
Tourniquets, 1" width	1 pkg, 10/pkg
Towel set (1 ea, towel/washcloth)	48 sets
Urinals with lids, male, disposable	1 case, 50/case
Urinals, female, disposable	5 cases, 10/case
Water purification tabs	1 bottle
Obstetrical kits	2 ea.
Diapers	1 case, 100/case
Disposable wipes	2 boxes, 40/box
Disposable nursery sets, including nipples, caps, rings & bottles	1 case, 36/case