Christchurch Daily Equipment Check List

	DAILY CHECKS W/C		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	Drug Checks Two people (1 must be a clinician)	, to check these drugs every day .	Evening Host	Morning Host	Morning Host				
	Midazolam, Diazepam & Morphine (Oramorph), Codeine NOT AVAIALBLE								
	Oxycodone, Morphine Sulphate NOT AVAILABLE								
2	Consulting Room Boxes (should be 5 including isolation room.)		Evening Host	All Hosts					
	Check contents against list on box, report to SM any missing items.1 2 5 6 7 8								
3	Panic Alarms		All Hosts						
	All in a small box in host cupboard, ensure they are back in the box end of shift (6)								
4	Patients and downloads folder (on desktop)		All Hosts						
	Please make sure its clear start and end of shift								
5	Check respiratory hood and HCIS cleaning box are present and complete		Evening Host						
	Check contents against list on both boxes								
	Clean contents and box itself with Clinell wipe								
6	Resus bag - Location: Store cupboard in corridor		Evening Host	Morning Host	Morning Host				
	Check contents as per contents sheet, replace any stock if needed. Check any OOD								
	and log any imminent. Ensure green tick is show	ving which indicates Defib is							
	working. Clean defib with Clinell wipe								
7	Blood Taking Box		All Hosts						
	Ensure missing items are replaced from stock, o	heck for expiry dates							
8	Sharp boxes		All Hosts						
	Should not exceed the 3-month date, should be closed but not locked, any overfilled/not closed boxes to be reported								
9	Manual Scripts		Overnight Host						
9	manual scripts		Overnight 1103t						
	Count and record manual prescription packs in Audit book								
10	Emergency drugs - Location: Inside drugs cupboard in store room		Evening Hosts	Evening Host	Evening Host	Evening Host	Evening Host	PM Host	PM Host
	Ensure drugs are in the appropriate drugs cupboard in store room								
11	Oxygen - Location: Small and Large bottles		Evening Host	Morning Host	Morning Host				
	Place acquiretely indicate in the signature	Cural adiadaya							
	Please accurately indicate in the signature box the levels as below:	Small cylinders							
	EMPTY / ¼ FULL / ½ FULL / ¾ FULL / FULL	Laura Calindau							
		Large Cylinder							
4.2	f empty, report to shift manager		Overnight Hart	Overnight Hart	Overnight Hast	Overnicht Hart	Overnight Heat	Overnight Hast	Overnight Heat
12	Monitoring Drug Temperatures – Location: Drug Cabinet		Overnight Host						
	Check temp and record Min and Max temp on form		MIN:						
	If the alarms go off whilst on shift, please let the shift manager know		MAX:						

Saturday	Sunday
Saturday	Sunday
Overnight	
	Overnight