Christchurch Daily Equipment Check List

| | DAILY CHECKS | | 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 | Evening Host | Evening Host | Evening Host | 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 | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | |
| | Check contents against list on box, report to SM any missing items.1 2 5 6 7 8 | | | | | | | | | |
| 3 | Panic Alarms | | All Hoste | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | 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 | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | 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 | Evening Host | Evening Host | Evening Host | Evening Host | Evening Host | 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 | Evening Host | Evening Host | Evening Host | 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 showing which indicates Defib is | | | | | | | | | |
| 7 | working. Clean defib with Clinell wipe Blood Taking Box | | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | |
| , | - | | All HUSES | All HUSES | All HUSES | All HUSES | All HUSES | All HUSES | All HOSES | |
| | Ensure missing items are replaced from stock, check for expiry dates | | | | | | | | | |
| 8 | Sharp boxes | | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | All Hosts | 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 | Overnight Host | Overnight Host | Overnight Host | Overnight Host | Overnight Host | Overnight Host | |
| | 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 | Evening Host | Evening Host | Evening Host | Evening Host | Morning Host | Morning Host | |
| | Please accurately indicate in the signature box the levels as below: | Small cylindres | | | | | | | | |
| | EMPTY / ¼ FULL / ½ FULL / ¾ FULL / FULL If empty, report to shift manager | Large Cylinder | | | | | | | | |
| 12 | Monitoring Drug Temperatures – Location: Drug Cabinet | | Overnight Host | Overnight Host | Overnight Host | Overnight Host | Overnight Host | Overnight Host | Overnight Host | |
| | Check temp and record Min and Max temp on form | | MIN: | MIN: | MIN: | MIN: | MIN: | MIN: | MIN: | |
| | If the alarms go off whilst on shift, please let the shift manager know | | MAX: | MAX: | MAX: | MAX: | MAX: | MAX: | MAX: | |

| 13 | Handwash Audits | Eve | o/n | Eve | O/N | Eve | o/n | Eve | o/n | Eve | o/n | Am | Pm | o/n | Am | Pm | O/n |
|----|---|-----------|-----|---------|--------|-----------|-------|-----|-----------------|-----------|------|-----------|----|-----|--------|----|-----|
| | Log into Radar, check which clinicians need handwash. Complete survey. Initial when completed on Radar | | | | | | | | | | | | | | | | |
| | Weekly Checks | Monday | | Tuesday | | Wednesday | | Thu | Thursday Friday | | iday | Saturday | | ıy | Sunday | | у |
| 13 | Blood Taking Box | | | | | | | | | | | Overnight | | | | | |
| | Check all expiry dates for stock and replace as required | | | | | | | | | | | | | | | | |
| 14 | Health and Safety Checks Weekly | | | Ove | rnight | | | | | | | | | | | | |
| | Complete H&S checklist, keep original in folder and flag any concerns | | | | | | | | | | | | | | | | |
| 15 | Paediatric/Adult pulse oximeter - Location: Store Room within Sats monitor box Weekly | Overnight | | | | | | | | | | | | | | | |
| | Switch on machine, place on finger and ensure it takes a reading. Ensure Adult, child and Infant leads are available Clean the machine and box itself with Clinell wipe | | | | | | | | | | | | | | | | |
| 16 | Nebuliser Machine - Location: Store room within the nebuliser box Weekly | | | | | Over | night | | | | | | | | | | |
| | Switch on – does it make a noise? Clean the machine with Clinell wipe | | | | | | | | | | | | | | | | |
| 17 | Doppler Weekly | | | | | | | | | Overnight | | | | | | | |
| | Check Doppler is stored in cupboard and the equipment turns on. Clean the machine with Clinell wipe | | | | | | | | | | | | | | | | |
| 18 | Blood Glucose Machine / Dual Keytone Weekly Check | | | | | | | Ove | Overnight | | | | | | | | |
| | ost to check machine as per guidelines ean the machine and box itself with Clinell wipe | | | | | | | | | | | | | | | | |