## DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: NURSE STAFFED SPECIALTY CARE TRANSPORT

**UNIT INVENTORY** REFERENCE NO. 712

## **CHANGE LOG**

Published	Status	Section and	Description of Change(s)
Date		Subsection Affected	
07/01/2023	Addition, Revision, + Deletion	Supplies; Approved Optional Medication & Supplies	<ul> <li>Added Manometer x 2 to required inventory</li> <li>Bag Mask device changed from 650-1000 mL to &gt;900 mL</li> <li>Revised Infusion pump tubing to 4 full sets</li> <li>Removed aspirator from required inventory</li> <li>Half sets moved to optional inventory</li> <li>Airflow meter with rate and volume capacity added to optional inventory</li> </ul>

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