

SUBJECT: **BURN RESOURCE CENTER REQUIRED  
 EQUIPMENT/SUPPLIES/PHARMACEUTICALS**

PURPOSE: To provide a mechanism for Burn Resource Centers (BRC) to inventory BRC resources.

POLICY: The BRC shall utilize this checklist to inventory and report PAR levels.

<b>EQUIPMENT SPECIFIC TO BURN PATIENT CARE</b>		
<b>EQUIPMENT</b>	<b>REQUIRED MINIMUM QUANTITY*</b>	<b>ACTUAL QUANTITY</b>
Video equipment for bronchoscope	1 each	
Fluid Infusion Warmer	3 each	
IV Pumps (dual channel)	12 each	
Thermal Mylar Blanket	24	
Thermal Blanket/Forced Air Warming Blanket	2 each	
Video laryngoscope with Pediatric & Adult blades	2 each	
Cauterizer	1	
Cautery Disposable Tips	12	
Cautery Grounding Pads	24	

<b>PHARMACEUTICALS</b>		
<b>PHARMACEUTICALS</b>	<b>REQUIRED MINIMUM QUANTITY*</b>	<b>ACTUAL QUANTITY</b>
Silver Sulfadiazine 1%- Any Size	14,400grams	
Bacitracin (28.4 gm tube)	36 each	
Cyanide Antidote Kit <b>or</b> CyanoKit	5 kits	
Midazolam 5mg/ml	360 vials/ampules	
Naloxone 0.4mg/ml	360 vials/ampules	
Morphine Sulfate 10mg/ml	720 vials/ampules	
Lactated Ringers Solution 1 liter bags	250 bags	
D5 Lactated Ringers Solution 500 cc bags	100 bags	

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<b>BURN WOUND CARE SUPPLIES</b>		
<b>SUPPLIES</b>	<b>REQUIRED MINIMUM QUANTITY*</b>	<b>ACTUAL QUANTITY</b>
Burn Debridement/ Escharotomy Tray	24 trays	
Dry Burn Dressing (32X36)	600 each	
Gauze Bandage 4" Rolls	400 each	
Tubular Elastic Net Bandage (Size #1, 5, 6, 7, 10, 22)	36 each size	

**Statement of Verification**

**I hereby verify that an inventory of all Grant funded items listed above has been completed and all items are up to PAR.**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name and Signature)

**Should any item on the above list fall below PAR levels, notify the EMS Agency immediately.**

Notification to EMS Agency by: \_\_\_\_\_ Date: \_\_\_\_\_