

## DAILY EQUIPMENT CHECKLIST: HC/'TINY TOTS'/SPECIALISED

Facility Name:	Month & Year:											Bed number:																			
Check each piece of equ	Check each piece of equipment daily																														
														unit - clean liner, tubing and catheter connected.																	
<ul> <li>Alarms set</li> <li>All consumables eg probes/cables present and functi</li> </ul>														tional	1												ssure				
7							000			, р. с.	20, 00	F								sent.	-										
No cracks/breaks     No exposed wires     Oxygen (flow meter& blender) -															1 - Aa	uana	ck/hu	midif	ior ch	anger	l if										
No clacks/ ble	aks						-			10	00	0	-11	1 -!	_			•			air le							mun	er cii	angec	
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Equipment item:																															
Record Serial/Equip	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
numbers below																															
Dinamap																															l
Feeding pump																															
High flow air																															
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Infusion pump																															
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Monitor - Multipara																															
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Saturation monitor																															
Syringe pump																															
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						1																							<del>                                     </del>		
Suction unit						1																									
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Oxygen blender		-																													
Oxygen flow meter																													<u> </u>		
Stethoscope					<u> </u>																										
Action																															l
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Sign						1																									
0	1	1	1	<u> </u>	1	1	<u> </u>	1	l	l	l	1	1	1	l	l		<u> </u>	1	l	<u> </u>	<u> </u>	l	1	1		l	l	Щ_	l	