168 Medical 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 .	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Midazolam, Diazepam & Morphine (Oramorph), Codeine							
	Oxycodone, Morphine Sulphate							
2	Consulting Room Boxes	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Check contents against list on box, report to SM any missing items.				-			
3	Panic Alarms	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	All in a small box in host cupboard, ensure they are back in the box end of shift							
4	Patients and downloads folder (on desktop)	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Please make sure its clear start and end of shift							
5	Check respiratory hood and HCIS cleaning box are present and complete	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Check contents against list on both boxes							
_	Clean contents and box with Clinell wipe							
6	Resus bag - Location: Store cupboard in corridor	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Check contents as per contents sheet, replace any stock if needed. Check all dates							
	and log any requiring replacement imminently. Check defib and ensure green tick is showing which indicates Defib is working. Clean defib with Clinell wipe	15						
7	Blood Taking Box	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Ensure missing items are replaced from stock, check expiry dates and replace as	. ,	. ,	. ,	- /	- /	. ,	. ,
	required							
8	Sharp boxes	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Should not exceed the 3-month date, should be closed but not locked, any overfilled/not closed boxes to be reported							
9	Manual Scripts	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Count and record manual prescription packs in Audit book							
10	Emergency drugs - Location: Inside drugs cupboard in store room	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Ensure drugs are in the appropriate drugs cupboard in store room							
11	Oxygen - Location: Small and Large bottles	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Please accurately indicate in the signature box							
	the levels as below:							
	Small Cylinder, Driver's cupboar EMPTY / ¼ FULL / ¾ FULL / FULL	rd						
	Large Cylinder Driver's cupboar	d						

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12	Medication issued from stock forms							
	Ensure previous dated meds form is put in post box regardless of any meds issued							
13	Monitoring Drug Temperatures – Location: Drug Cabinet	Daily	Daily	Daily	Daily	Daily	Daily	Daily
	Check temp and record Min and Max temp	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:
14	Handwash Audits							
	Log onto Radar, check which clinicians need a handwash, Once done, complete survey and Tick and Initial clinician audited.							
	Weekly Checks	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
15	Health and Safety Checks Weekly		Weekly					
	Complete H&S checklist, keep original in folder and flag any concerns							
16	Paediatric/Adult pulse oximeter - Location: Store Room within Sats monitor box Weekly							
	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							
17	Nebuliser Machine - Location: Store room within the nebuliser box Weekly			Weekly				
	Switch on – does it make a noise? Clean the machine with Clinell wipe							
18	Doppler Weekly					Weekly		
	Check Doppler is stored in cupboard and the equipment turns on. Clean the machine with Clinell wipe							
19	Blood Glucose Machine / Dual Keytone Weekly Check				Weekly			
	Host to check machine as per guidelines Clean the machine and box itself with Clinell wipe							
	Base Specific Checks for 168	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
20	Room 2,4, and 5 set up (overnight host Friday and Saturday only)	NA	NA	NA	NA	Friday	Saturday	NA
	Rooms to be set up, with PCs switched on, and Adastra initiated before clinical team start at 0800. Please Initial and add time of check							
21	Respiratory Hood (to be charged once a week by overnight host)				Thursday			
	Overnight Host/driver to plug in the battery into charging unit. See emailed instructions 06/03							

Week End date......