



**E - CART CHECKLIST**

No.	Medicine	Qty.	Date of Expiration	Date													
				6-2			2-10			10-6							
				6-2	2-10	10-6	6-2	2-10	10-6	6-2	2-10	10-6					
<b>Topical Medication</b>																	
1	Lidocaine Spray																
<b>Oral Medication</b>																	
1	Activated Charcoal																
2	Aspirin 80mg tab.																
3	Captopril 25mg tab.																
4	Clonidine 75mcg tablet																
5	Clopidogrel 75mg/tab																
6	Isosorbide Dinitrate 5mg tab																
7	Methylprednisolone 4mg tab.																
8	Oral Rehydration Salt																
<b>Parenteral Medications</b>																	
1	Adenosine 3mg/ml, 2ml amp.																
2	Aminophylline 25mg/mL, 10mL amp.																
3	Amiodarone HCl 150mg/3mL amp																
4	Atropine Sulfate 1mg/mL amp																
5	Budesonide 250 mcg/2ml neb																
6	Calcium Gluconate 100mg/mL amp																
7	Clonidine 150mcg/ml, amp																
8	Dexamethasone 4mg/mL, 2mL amp.																
9	Dextran 500ml bottle																
10	Dextrose 50%, 50 ml vial																
11	Digoxin 250mcg/ml, 2ml amp																
12	Diphenhydramine 50mg/ml, amp																
13	Distilled Water 50ml																
14	Dobutamine HCL 250mg/5ml, amp																
15	Dopamine 250mg/5ml																
17	Epinephrine 1mg/mL amp.																
18	Furosemide 10mg/mL, 2mL amp																
19	Haloperidol 5mg/mL amp																
20	Hydralazine HCL 10mg/ml amp																
21	Hydrocortisone 100mg vial																
22	Hyoscine N Butyl Br 20mg/mL amp																
23	Isosorbide Dinitrate amp / Nitroglycerin inj																
24	Ketorolac 30mg/ml, amp																
25	Lidocaine 20mg/ml (2%), 50mL Vial																
26	Magnesium Sulphate 250mg/mL, 20mL																

\* Please write N/A if not applicable in your area/station.





