

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody L. Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

NEVADA PEDS READY ADVANCED + TRAUMA DESIGNATION APPLICATION

Hospital: _____ Application POC: _____

Address: _____ City: _____ State: _____ Zip: _____

Pediatric Emergency Care Coordinator (PECC)

Please provide the name and contact information of the PECC coordinators (nurse and provider) for your ED and the name and location of your ED.

Provider PECC Name: _____ Email: _____

Nurse PECC Name: _____ Email: _____

Emergency Department Name: _____ ED Location: _____

National Pediatric Readiness Project Survey

Completion of EMSC national pediatric readiness survey in a timely manner when it is requested by the Nevada Emergency Medical Services for Children (EMS-C) Program. Please provide the date when you last completed and submitted an EMS-C national pediatric readiness survey.

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Competency Training

Emergency Department physicians should complete training in a certified pediatric resuscitation course such as PALS, APLS, or PEARS, on an ongoing basis. Please provide a letter of certification by the Emergency Department Medical Director attesting that all ED physicians in your facility have completed one of these courses in the last 2-years. Attach the letter to this application as an additional attachment.

All nurses on staff in the Emergency Department are trained in the emergency evaluation and treatment of children of all ages (e.g. PALS, APLS, or ENPC certified). Please provide a letter of certification by the Emergency Department nursing supervisor that at all nurses on staff in the Emergency Department have training in the emergency evaluation and treatment of children of all ages. Attach the letter to this application as an additional attachment.

All staff are regularly oriented every 6-months on the location of pediatric equipment. Please provide a letter of certification detailing how Emergency Department staff are regularly oriented every 6-months on the location of pediatric equipment. Attach the letter to this application as an additional attachment.

All healthcare providers who staff the Emergency Department have quarterly pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any and all of the following:

- Assessment and treatment (triage)
- Medication administration
- Device/equipment safety
- Resuscitation
- Patient and family- centered care
- Team training and effective communication
- Critical Procedures
- Trauma and stabilization
- Disaster drills—participation in community disaster drills which include a pediatric mass casualty incident component at least every 2 years

This requirement can be met by documentation of quarterly pediatric scenario participation OR documentation of care of acute actual pediatric patients in the ED to include such situations not limited to cardiac arrest, respiratory distress, etc. OR documentation of participation in disaster drills or disaster scenarios involving pediatric patients. Please provide documentation of these quarterly pediatric-specific competency evaluations and provide dates and information about the types of activities completed to meet this requirement as an additional attachment.

Equipment and Medication Minimums

See attachment 1 for the NEVADA PEDS READY ADVANCED + TRAUMA DESIGNATION Equipment and Medication list. Include the equipment and medication checklist as an additional attachment.

Education

Please document dates of training for Emergency Department staff for EZ-IO training and ventilation training with appropriate bag and mask for age groups. Attach the EZ-IO and ventilation training reports as an additional document.

Patient Safety Standards

Please certify that each category in patient safety standards is met and provide examples of the meeting of these standards for each category. Attach the patient safety standards summary as an additional attachment.

- All children are weighed in kilograms only.
- A standard method of estimating weight in kilograms if a scale is not available or indicated is used (i.e. a weight-based tape)
- The ED environment is safe for children and supports patient/family centered care.
- Pediatric equipment, supplies, and medications are age- and size-appropriate for all children and are easily accessible, clearly labeled, and logically organized. Staff are educated on the location of all of the items.
- Pediatric transport equipment is appropriate, and padding is adequate to fill voids if needed.

Pediatric Interfacility Transfer Agreements

A transfer agreement is in place that is appropriate for pediatric patients. Provide a copy of your pediatric-appropriate transfer agreement as an additional attachment.

Disaster Preparedness

The facility must have at least one person who has completed the on-line ICS course to include: ICS 100, 200, 700, or 800. Resources and information can be provided about the course to meet this requirement.

The facility must have at least one person at the facility has successfully completed the FEMA pediatric disaster planning course #439.

Please provide copies of the course completion certificates of the person or persons who completes these requirements as an additional attachment.

Quality Initiatives

- A process is in place to monitor and track compliance with pediatric care standards using audit filters and benchmarks.
- The QI plan for the ED includes pediatric-specific indicators.
- Policies are implemented based on data obtained and performance.
- Policies are in place to provide suicide prevention and mental illness information and referral resources.
- At least 12 months of audits on all qualifying pediatric records have been completed.
- Continuous QI activities are in place with documentation available for review.

Please provide documentation that these initiatives are in place and provide examples for each initiative as an additional attachment.

American College of Surgeons Trauma Center Designation

Please provide documentation of your certification as an ACS verified pediatric trauma center and designated by the state and your level of certification as an additional attachment.

Please return the completed application to:

Michael Bologlu, Nevada EMS-C Program Manager
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NEVADA PEDS READY ADVANCED + TRAUMA DESIGNATION EQUIPMENT AND MEDICATION CHECKLIST

Airway Management

Equipment	YES	NO
Clear oxygen masks (pre-term, infant, child and adult sizes)		
Non-rebreathing masks (infant, child and adult sizes)		
Oropharyngeal adjuncts (sizes 00-5)		
Nasopharyngeal adjuncts (sizes 12 to 30 fr)		
Bag-valve-mask, self-inflating (450ml and 1000ml sizes)		
Nasal cannula (infant, child and adult sizes)		
Endotracheal tubes: uncuffed (sizes 2.5-8.5) and cuffed (sizes 5.5-9)		
Stylets (pediatric)		
Laryngoscope handle (pediatric)		
Laryngoscope blades, curved (sizes 2 and 3) straight (sizes 1 to 3)		
Magill forceps (pediatric)		
Nasogastric tubes (sizes 6 to 14 fr)		
Suction catheters: flexible (sizes 5 to 16 fr) and yankauer suction tip		
Chest tubes (sizes 8 to 40 fr)		
Tracheostomy tubes (sizes 00 to 6) **		

** Ensure availability of pediatric sizes within the hospital.

Monitoring

Equipment	YES	NO
Defibrillator (0-400J) capacity with pediatric paddles (4.5 cm)		
Pediatric monitor electrodes		
Pulse oximeter with sensors (sizes newborn to adult)		
Thermometer/rectal probe**		

Blood pressure cuffs (sizes neonatal, infant, child adult and thigh cuff)		
Method to monitor endotracheal tube placement++		

** Suitable for hypothermia and hyperthermia measurements with temperature capability from 25 to 44 degrees centigrade.

++ May be satisfied by a disposable ET CO2 detector, bulb, or feeding tube methods for endotracheal tube placement.

Vascular Access

Equipment	YES	NO
Butterfly needles (19-25ga)		
Catheter-over-needle devices (14 to 24ga)		
Infusion device**		
IV tubing		
Intraosseous needles (16 and 18ga) ++		
Arm boards (infant and child)		
Intravenous fluid/blood warmers		
Umbilical vein catheters (sizes 3.5 to 5 fr)^^		
Seldinger technique vascular access kit (with pediatric sizes 3, 4 and 5 fr catheters)		

** To regulate rate and volume

++ May be satisfied by standard bone marrow aspiration needles, 13 ga or 15 ga.

^^ Available within the hospital.

Specialized Pediatric Trays

Equipment	YES	NO
Lumbar puncture (Spinal needle sizes, 20ga, 22ga, and 25ga)		
Tube thoracotomy with water seal drainage capability		
Urinary catheterization with pediatric foley catheters		
Obstetric pack		
Newborn kit – umbilical vessel cannulation supplies, meconium aspirator		
Venous cutdown		
Surgical airway**		

** May include any of the following items: tracheostomy tray, cricothyrotomy tray, ETJV (needle jet).

Fracture Management

Equipment	YES	NO
Cervical immobilization equipment (child to adult sizes) **		
Extremity splints		
Femur splints (child and adult sizes)		

** Many types of cervical immobilization devices are available. These include wedges and collars. The type of device chosen depends on local preference and department policies and procedures. Whatever device is chosen should be stocked in sizes to fit infants, children, adolescents and adults. The use of sandbags to meet this requirement is discouraged because they may cause injury if the patient has to be turned.

Miscellaneous

Equipment	YES	NO
Infant and standard scales		
Infant formula and oral rehydrating solutions		
Heating source (infrared lamps or overhead warmer)		
Pediatric restraining devices		
Resuscitation board		

Resuscitation Medications

Equipment	YES	NO
Medication chart, tape or other system to ensure ready access to information on proper per kilogram doses for resuscitation drugs and equipment sizes **		

** System for estimating medication doses and supplies may use the length bases method with color codes, or other predetermined weight by kilogram dose method. ' .

Medication List

Drug	Supplied	Quantity/Concentration
Atropine	Pre-filled syringe	10ml (0.1mg/ml) 5ml (0.1mg/ml)
Adenosine	Vial	1ml (1mg/ml)
Bretylium	Pre-filled syringe Ampule Vial	10 ml (50mg/ml) 10 ml (50mg/ml) 10 ml (50mg/ml)
Calcium Chloride	Pre-filled syringe	10 ml (100mg/ml=27.1mg elemental calcium)
Dextrose (25% and 50%)	Pre-filled syringe	10ml
Dopamine	Vial	5ml (40mg/ml) 10ml (40mg/ml)
Dobutamine	Vial	10ml (25mg/ml) 20ml (12.5mg/ml)
Epi 1:1000	Pre-filled syringe Vial	1ml, 2ml 30ml (1mg/ml)
Epi 1:10000	Pre-filled syringe	10ml (0.1mg/ml) 3ml (0.1mg/ml)
Isoproterenol	Vial	5ml (0.2mg/ml)
Lidocaine	Pre-filled syringe Vial Ampule	5mg/ml, 10mg/ml 15mg/ml, 20mg/ml 40mg/ml, 100mg/ml 200mg, ml 5ml (20mg/ml)
Naloxone	Vial	1ml 10ml (0.4mg/ml) 2ml (1mg/ml)
Sodium Bicarbonate	Pre-filled syringe	50ml (8.4%) (1 mEq/ml) 10ml (8.4%) (1 mEq/ml) 10ml (4.2%) (0.5 mEq/ml)

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NEVADA PEDS READY ADVANCED DESIGNATION APPLICATION

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Equipment and Medication Minimums

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Education

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Patient Safety Standards

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Disaster Preparedness

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NEVADA PEDIATRIC READY + DESIGNATION APPLICATION

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NEVADA PEDS READY ADVANCED DESIGNATION EQUIPMENT AND MEDICATION CHECKLIST

Airway Management

Equipment	YES	NO
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Non-rebreathing masks (infant, child and adult sizes)		
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Nasopharyngeal adjuncts (sizes 12 to 30 fr)		
Bag-valve-mask, self-inflating (450ml and 1000ml sizes)		
Nasal cannula (infant, child and adult sizes)		
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Laryngoscope blades, curved (sizes 2 and 3) straight (sizes 1 to 3)		
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Suction catheters: flexible (sizes 5 to 16 fr) and yankauer suction tip		
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Tracheostomy tubes (sizes 00 to 6) **		

** Ensure availability of pediatric sizes within the hospital.

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Equipment	YES	NO
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Pediatric monitor electrodes		
Pulse oximeter with sensors (sizes newborn to adult)		
Thermometer/rectal probe**		

Blood pressure cuffs (sizes neonatal, infant, child adult and thigh cuff)		
Method to monitor endotracheal tube placement++		

** Suitable for hypothermia and hyperthermia measurements with temperature capability from 25 to 44 degrees centigrade.

++ May be satisfied by a disposable ET CO2 detector, bulb, or feeding tube methods for endotracheal tube placement.

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Equipment	YES	NO
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Catheter-over-needle devices (14 to 24ga)		
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IV tubing		
Intraosseous needles (16 and 18ga) ++		
Arm boards (infant and child)		
Intravenous fluid/blood warmers		
Umbilical vein catheters (sizes 3.5 to 5 fr) ^{^^}		
Seldinger technique vascular access kit (with pediatric sizes 3, 4 and 5 fr catheters)		

** To regulate rate and volume

++ May be satisfied by standard bone marrow aspiration needles, 13 ga or 15 ga.

^{^^}Available within the hospital.

Specialized Pediatric Trays

Equipment	YES	NO
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Calcium Chloride	Pre-filled syringe	10 ml (100mg/ml=27.1mg elemental calcium)
Dextrose (25% and 50%)	Pre-filled syringe	10ml
Dopamine	Vial	5ml (40mg/ml) 10ml (40mg/ml)
Dobutamine	Vial	10ml (25mg/ml) 20ml (12.5mg/ml)
Epi 1:1000	Pre-filled syringe Vial	1ml, 2ml 30ml (1mg/ml)
Epi 1:10000	Pre-filled syringe	10ml (0.1mg/ml) 3ml (0.1mg/ml)
Isoproterenol	Vial	5ml (0.2mg/ml)
Lidocaine	Pre-filled syringe Vial Ampule	5mg/ml, 10mg/ml 15mg/ml, 20mg/ml 40mg/ml, 100mg/ml 200mg, ml 5ml (20mg/ml)
Naloxone	Vial	1ml 10ml (0.4mg/ml) 2ml (1mg/ml)
Sodium Bicarbonate	Pre-filled syringe	50ml (8.4%) (1 mEq/ml) 10ml (8.4%) (1 mEq/ml) 10ml (4.2%) (0.5 mEq/ml)

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody L. Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

NEVADA PEDS READY DESIGNATION APPLICATION

Hospital: _____ Application POC: _____

Address: _____ City: _____ State: _____ Zip: _____

Pediatric Emergency Care Coordinator (PECC)

Please provide the name and contact information of the PECC coordinators (nurse and provider) for your ED and the name and location of your ED.

Provider PECC Name: _____ Email: _____

Nurse PECC Name: _____ Email: _____

Emergency Department Name: _____ ED Location: _____

National Pediatric Readiness Project Survey

Completion of EMSC national pediatric readiness survey in a timely manner when it is requested by the Nevada Emergency Medical Services for Children (EMS-C) Program. Please provide the date when you last completed and submitted an EMS-C national pediatric readiness survey.

Date of last survey completion: _____

Competency Training

Emergency Department physicians should complete training in a certified pediatric resuscitation course such as PALS, APLS, or PEARS, on an ongoing basis. Please provide a letter of certification by the Emergency Department Medical Director attesting that all ED physicians in your facility have completed one of these courses in the last 2-years. Attach the letter to this application as an additional attachment.

All nurses on staff in the Emergency Department are trained in the emergency evaluation and treatment of children of all ages (e.g. PALS, APLS, or ENPC certified). Please provide a letter of certification by the Emergency Department nursing supervisor that at all nurses on staff in the Emergency Department have training in the emergency evaluation and treatment of children of all ages. Attach the letter to this application as an additional attachment.

All staff are regularly oriented every 6-months on the location of pediatric equipment. Please provide a letter of certification detailing how Emergency Department staff are regularly oriented every 6-months on the location of pediatric equipment. Attach the letter to this application as an additional attachment.

All healthcare providers who staff the Emergency Department have quarterly pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any and all of the following:

- Assessment and treatment (triage)
- Medication administration
- Device/equipment safety
- Resuscitation
- Patient and family- centered care
- Team training and effective communication
- Critical Procedures
- Trauma and stabilization
- Disaster drills—participation in community disaster drills which include a pediatric mass casualty incident component at least every 2 years

This requirement can be met by documentation of quarterly pediatric scenario participation OR documentation of care of acute actual pediatric patients in the ED to include such situations not limited to cardiac arrest, respiratory distress, etc. OR documentation of participation in disaster drills or disaster scenarios involving pediatric patients. Please provide documentation of these quarterly pediatric-specific competency evaluations and provide dates and information about the types of activities completed to meet this requirement as an additional attachment.

Equipment and Medication Minimums

See attachment 1 for the NEVADA PEDS READY + DESIGNATION Equipment and Medication list. Include the equipment and medication checklist as an additional attachment.

Education

Please document dates of training for Emergency Department staff for EZ-IO training and ventilation training with appropriate bag and mask for age groups. Attach the EZ-IO and ventilation training reports as an additional document.

Patient Safety Standards

Please certify that each category in patient safety standards is met and provide examples of the meeting of these standards for each category. Attach the patient safety standards summary as an additional attachment.

- All children are weighed in kilograms only.
- A standard method of estimating weight in kilograms if a scale is not available or indicated is used (i.e. a weight-based tape)
- The ED environment is safe for children and supports patient/family centered care.
- Pediatric equipment, supplies, and medications are age- and size-appropriate for all children and are easily accessible, clearly labeled, and logically organized. Staff are educated on the location of all of the items.
- Pediatric transport equipment is appropriate, and padding is adequate to fill voids if needed.

Pediatric Interfacility Transfer Agreements

A transfer agreement is in place that is appropriate for pediatric patients. Provide a copy of your pediatric-appropriate transfer agreement as an additional attachment.

Disaster Preparedness

The facility must have at least one person who has completed the on-line ICS course to include: ICS 100, 200, 700, or 800. Resources and information can be provided about the course to meet this requirement.

The facility must have at least one person at the facility has successfully completed the FEMA pediatric disaster planning course #439.

Please provide copies of the course completion certificates of the person or persons who completes these requirements as an additional attachment.

Quality Initiatives

- A process is in place to monitor and track compliance with pediatric care standards using audit filters and benchmarks.
- The QI plan for the ED includes pediatric-specific indicators.
- Policies are implemented based on data obtained and performance.
- Policies are in place to provide suicide prevention and mental illness information and referral resources.
- At least 12 months of audits on all qualifying pediatric records have been completed.
- Continuous QI activities are in place with documentation available for review.

Please provide documentation that these initiatives are in place and provide examples for each initiative as an additional attachment.

Please return the completed application to:

Michael Bologlu, Nevada EMS-C Program Manager
mbologlu@health.nv.gov



Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody L. Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

NEVADA PEDS READY DESIGNATION EQUIPMENT AND MEDICATION CHECKLIST

Airway Management

Equipment	YES	NO
Clear oxygen masks (pre-term, infant, child and adult sizes)		
Non-rebreathing masks (infant, child and adult sizes)		
Oropharyngeal adjuncts (sizes 00-5)		
Nasopharyngeal adjuncts (sizes 12 to 30 fr)		
Bag-valve-mask, self-inflating (450ml and 1000ml sizes)		
Nasal cannula (infant, child and adult sizes)		
Endotracheal tubes: uncuffed (sizes 2.5-8.5) and cuffed (sizes 5.5-9)		
Stylets (pediatric)		
Laryngoscope handle (pediatric)		
Laryngoscope blades, curved (sizes 2 and 3) straight (sizes 1 to 3)		
Magill forceps (pediatric)		
Nasogastric tubes (sizes 6 to 14 fr)		
Suction catheters: flexible (sizes 5 to 16 fr) and yankauer suction tip		
Chest tubes (sizes 8 to 40 fr)		
Tracheostomy tubes (sizes 00 to 6) **		

** Ensure availability of pediatric sizes within the hospital.

Monitoring

Equipment	YES	NO
Defibrillator (0-400J) capacity with pediatric paddles (4.5 cm)		
Pediatric monitor electrodes		
Pulse oximeter with sensors (sizes newborn to adult)		
Thermometer/rectal probe**		

Blood pressure cuffs (sizes neonatal, infant, child adult and thigh cuff)		
Method to monitor endotracheal tube placement++		

** Suitable for hypothermia and hyperthermia measurements with temperature capability from 25 to 44 degrees centigrade.

++ May be satisfied by a disposable ET CO2 detector, bulb, or feeding tube methods for endotracheal tube placement.

Vascular Access

Equipment	YES	NO
Butterfly needles (19-25ga)		
Catheter-over-needle devices (14 to 24ga)		
Infusion device**		
IV tubing		
Intraosseous needles (16 and 18ga) ++		
Arm boards (infant and child)		
Intravenous fluid/blood warmers		
Umbilical vein catheters (sizes 3.5 to 5 fr) ^{^^}		
Seldinger technique vascular access kit (with pediatric sizes 3, 4 and 5 fr catheters)		

** To regulate rate and volume

++ May be satisfied by standard bone marrow aspiration needles, 13 ga or 15 ga.

^{^^}Available within the hospital.

Specialized Pediatric Trays

Equipment	YES	NO
Lumbar puncture (Spinal needle sizes, 20ga, 22ga, and 25ga)		
Tube thoracotomy with water seal drainage capability		
Urinary catheterization with pediatric foley catheters		
Obstetric pack		
Newborn kit – umbilical vessel cannulation supplies, meconium aspirator		
Venous cutdown		
Surgical airway**		

** May include any of the following items: tracheostomy tray, cricothyrotomy tray, ETJV (needle jet).

Fracture Management

Equipment	YES	NO
Cervical immobilization equipment (child to adult sizes) **		
Extremity splints		
Femur splints (child and adult sizes)		

** Many types of cervical immobilization devices are available. These include wedges and collars. The type of device chosen depends on local preference and department policies and procedures. Whatever device is chosen should be stocked in sizes to fit infants, children, adolescents and adults. The use of sandbags to meet this requirement is discouraged because they may cause injury if the patient has to be turned.

Miscellaneous

Equipment	YES	NO
Infant and standard scales		
Infant formula and oral rehydrating solutions		
Heating source (infrared lamps or overhead warmer)		
Pediatric restraining devices		
Resuscitation board		

Resuscitation Medications

Equipment	YES	NO
Medication chart, tape or other system to ensure ready access to information on proper per kilogram doses for resuscitation drugs and equipment sizes **		

** System for estimating medication doses and supplies may use the length bases method with color codes, or other predetermined weight by kilogram dose method. '

Medication List

Drug	Supplied	Quantity/Concentration
Atropine	Pre-filled syringe	10ml (0.1mg/ml) 5ml (0.1mg/ml)
Adenosine	Vial	1ml (1mg/ml)
Bretylium	Pre-filled syringe Ampule Vial	10 ml (50mg/ml) 10 ml (50mg/ml) 10 ml (50mg/ml)
Calcium Chloride	Pre-filled syringe	10 ml (100mg/ml=27.1mg elemental calcium)
Dextrose (25% and 50%)	Pre-filled syringe	10ml
Dopamine	Vial	5ml (40mg/ml) 10ml (40mg/ml)
Dobutamine	Vial	10ml (25mg/ml) 20ml (12.5mg/ml)
Epi 1:1000	Pre-filled syringe Vial	1ml, 2ml 30ml (1mg/ml)
Epi 1:10000	Pre-filled syringe	10ml (0.1mg/ml) 3ml (0.1mg/ml)
Isoproterenol	Vial	5ml (0.2mg/ml)
Lidocaine	Pre-filled syringe Vial Ampule	5mg/ml, 10mg/ml 15mg/ml, 20mg/ml 40mg/ml, 100mg/ml 200mg, ml 5ml (20mg/ml)
Naloxone	Vial	1ml 10ml (0.4mg/ml) 2ml (1mg/ml)
Sodium Bicarbonate	Pre-filled syringe	50ml (8.4%) (1 mEq/ml) 10ml (8.4%) (1 mEq/ml) 10ml (4.2%) (0.5 mEq/ml)