

Recommended Equipment and Supplies for BLS & ALS Ambulances

Source: Seidel et al: Committee on Ambulance Equipment and Supplies, National EMSC Resource Alliance; *Annals of Emergency Medicine*, Volume 28:6, December 1996, pp 699-701.

Basic Life Support	YES	NO
Oral Airways: infant, child, adult (sizes 0-5)		
Self-inflating bag-valve-mask resuscitator with reservoir and without pop-off valves, in 450 ml and 1,000 ml sizes ¹		
Oxygen masks: neonatal, infant, child and adult		
Non re-breathing mask: pediatric and adult		
Stethoscope		
Nasogastric tubes, 8-16 French sizes ²		
Backboard		
Cervical Immobilization Device: (wedges, collars, etc., but not sandbags) infant, child, adolescent & adult		
Blood pressure cuff: infant, child & adult		
Portable suction with regulator		
Suction catheters: tonsil tip and 6F – 14 F		
Extremity Splints: pediatric sizes		
Bulb syringe		
Obstetric pack		
Thermal absorbent blanket ³		
Water soluble lubricant		
Optional: Infant car seat		
Optional: Nasopharyngeal airways ⁴		
Optional: Glasgow Coma Score Reference		
Optional: Pediatric Trauma Score Reference		
Optional: Small stuffed toy		
Advanced Life Support		
Transport monitor		
Defibrillator with adult paddles able to deliver 5-360 joules ⁵		
Monitoring electrodes: pediatric sizes		
Laryngoscope with straight blades sizes 0-2 and curved blades sizes 2-4		
Pediatric and adult size endotracheal tube stylets		
Endotracheal tubes, uncuffed sizes 2.5-6.0, cuffed 6.0-8.0		
Magill forceps: pediatric and adult		
Nebulizer		
Intravenous catheters sizes 16-24 gauge		
Intraosseous needles		
Length-weight based drug dose chart or tape		
Needles 20-25 gauge		
Resuscitation drugs and intravenous fluids that meet local practice standards		
Optional: Blood glucose analysis system ⁶		
Optional: CO2 Detection Device (disposable)		

ENDNOTES

1. A self-inflating resuscitation bag should be self-refilling, should have an oxygen reservoir and should not have a pop-off valve. A child bag has a reservoir of 450 mL, whereas an adult bag has a reservoir of at least 1,000 mL.
2. Nasogastric tubes may be useful when the transport time is greater than 30 minutes in patients who have abdominal distention that may impede respiration.
3. A thermal blanket may help minimize heat loss. Hypothermia will complicate many illnesses and injuries, particularly in infants and young children. The type of material used will depend on local preference, protocols, and procedures but may include Mylar, standard blankets, or aluminum foil for small infants.
4. A nasopharyngeal airway may be useful when the upper airway compromises respiration and an oral airway cannot be secured. Providers must be trained in its use and know the contraindications for insertion of this device.
5. A defibrillator should be able to deliver 5 to 360 joules. The addition of pediatric paddles may give the responding unit enhanced capabilities but is not essential for units that rarely use this equipment. The defibrillator may be equipped with only adult paddles/pads or pediatric paddles and adult paddles/pads. Units carrying only adult paddles/pads should insure that providers are trained in the proper use of adult paddles in infants and children. When the defibrillator cannot deliver a low dose of joules for infants, shock at the lowest possible energy level.
6. Many EMS systems estimate blood glucose in the field. The accuracy of any one blood glucose test is influenced by many factors such as the shelf life of the particular strip used, how the blood sample was obtained, and the education of the providers performing the skill. Quality improvement is an important component of any laboratory analysis and should be applied to this field procedure. Universal precautions must always be followed when blood is handled.

Contact: EMSC Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182 (703-902-1203/1272), emsc@circsol.com or info@emscnrc.com; or visit the EMSC web site: <http://www.ems-c.org>.