

MEDICAL KIT PACKING LIST

RECIPIENT: _____

QTY	UNIT	ITEM DESCRIPTION	
_____	Each	<u>Ambu Bag (Specify Adult or Ped)</u>	<i>ANRS</i>
_____	Each	<u>Endotracheal Tube (Specify Size)</u>	<i>ANRS</i>
_____	Each	<u>Oropharyngeal Airways (Specify size)</u>	<i>ANRS</i>
_____	Each	<u>Alcohol Prep Pads</u>	<i>CARE</i>
_____	Each	<u>Bandage, Butterfly</u>	<i>CARE</i>
_____	Each	<u>Band-Aids</u>	<i>CARE</i>
_____	Each	<u>Chux Pads-Disposable</u>	<i>CARE</i>
_____	Each	<u>Cotton-Tipped Applicators (Q Tips)</u>	<i>CARE</i>
_____	Each	<u>Petroleum Jelly (Single use packs)</u>	<i>CARE</i>
_____	Each	<u>First Aid Tape (Cloth Type)</u>	<i>CARE</i>
_____	Each	<u>Tongue Depressors</u>	<i>CARE</i>
_____	Each	<u>Auto Blood Pressure Cuff w/Gauge</u>	<i>DIAG</i>
_____	Each	<u>Manual Blood Pressure Cuff w/Gauge</u>	<i>DIAG</i>
_____	Each	<u>Stethoscope</u>	<i>DIAG</i>
_____	Each	<u>Thermometer, Oral</u>	<i>DIAG</i>
_____	Each	<u>Bandage, Self-Adhering (Coban)</u>	<i>DRES</i>
_____	Each	<u>Dressings, Transparent</u>	<i>DRES</i>
_____	Each	<u>Dressings, Wet/Non-Adhering</u>	<i>DRES</i>
_____	Each	<u>Gauze, Sterile, 2x2</u>	<i>DRES</i>
_____	Each	<u>Gauze, Sterile, 4x4</u>	<i>DRES</i>
_____	Each	<u>Gauze, ABD Pads</u>	<i>DRES</i>
_____	Each	<u>Gauze, Sterile, Rolled</u>	<i>DRES</i>
_____	Each	<u>Gauze, Non-Sterile, Packing</u>	<i>DRES</i>
_____	Each	<u>Steri-Strips</u>	<i>DRES</i>
_____	Each	<u>Tube Gauze</u>	<i>DRES</i>
_____	Box	<u>Gloves, Exam-Specify Size (S-XL)</u>	<i>GLVE</i>
_____	Each	<u>Gloves, Surgical (Sterile)-Specify Size</u>	<i>GLVS</i>
_____	Each	<u>Instrument, Forceps</u>	<i>INTS</i>
_____	Each	<u>Instrument, Hemostat</u>	<i>INTS</i>
_____	Each	<u>Instrument, Needle Holder</u>	<i>INTS</i>
_____	Each	<u>Instrument, Scissors</u>	<i>INTS</i>
_____	Each	<u>Angiocaths - Specify Size/Gauge</u>	<i>IVBA</i>
_____	Each	<u>IV Field Kit (Tubing, Start Kit)</u>	<i>IVBA</i>

BOX COUNT: _____

QTY	UNIT	ITEM DESCRIPTION	
_____	Each	<u>Linens - Flat Sheets</u>	<i>LINE</i>
_____	Each	<u>Linens - Pillowcases</u>	<i>LINE</i>
_____	Each	<u>Linens - Hospital Blankets</u>	<i>LINE</i>
_____	Each	<u>Towels, Surgical, Non-Sterile</u>	<i>LINE</i>
_____	Each	<u>Sharps Containers</u>	<i>NSYG</i>
_____	Each	<u>Syringes w/ Needle, 1cc</u>	<i>NSYG</i>
_____	Each	<u>Syringes w/ Needle, 3cc</u>	<i>NSYG</i>
_____	Each	<u>Syringes w/ Needle, 5cc</u>	<i>NSYG</i>
_____	Each	<u>Syringes w/o Needle-Irrigation</u>	<i>NSYG</i>
_____	Each	<u>Medicine Droppers/Oral Syringe</u>	<i>NSYG</i>
_____	Each	<u>Blanket, Infant</u>	<i>OBNB</i>
_____	Each	<u>Emergency O/B Delivery Kit</u>	<i>OBNB</i>
_____	Each	<u>Syringe, Bulb</u>	<i>OBNB</i>
_____	Each	<u>Bandage, Ace</u>	<i>ORTH</i>
_____	Each	<u>Bandage, Triangle</u>	<i>ORTH</i>
_____	Each	<u>Ortho Wraps & Braces - Specify</u>	<i>ORTH</i>
_____	Each	<u>Nebulizer</u>	<i>REST</i>
_____	Each	<u>Nebulizer Tubing Kit, Disposable</u>	<i>REST</i>
_____	Each	<u>Peak Flow Meter</u>	<i>REST</i>
_____	Each	<u>Chloraprep Applicators</u>	<i>SURG</i>
_____	Each	<u>Povidone - Iodine, Swabsticks</u>	<i>SURG</i>
_____	Each	<u>Povidone - Iodine, Bottles</u>	<i>SURG</i>
_____	Each	<u>Procedural Tray, Sterile, (Limited Qty)</u>	<i>SURG</i>
_____	Each	<u>Scalpel, Disposable - Specify Size</u>	<i>SURG</i>
_____	Each	<u>Surgical Scrub Brush, Sterile</u>	<i>SURG</i>
_____	Each	<u>Surgical Masks</u>	<i>SURG</i>
_____	Each	<u>Suture Removal Kits</u>	<i>SURG</i>
_____	Each	<u>Tape, Surgical</u>	<i>SURG</i>
_____	Each	<u>Sutures - Specify Type & Size</u>	<i>SUTR</i>
_____	Each	<u>Urine Specimine Cups</u>	<i>UROL</i>
_____	Each	<u>Catheter Kit</u>	<i>UROL</i>
_____	Each	<u>Foley Catheter</u>	<i>UROL</i>
_____	Pack	<u>Gospel Salvation Tracts - Language:</u>	

OTHER NEEDS?...

PLEASE NOTE: Your Kit will contain some of these basic Medical supplies, depending upon our current inventory. **Please mark the items you are specifically requesting and include desired quantities and sizes, when noted.** If your church has a specific need not listed, please note these items in the "Other Needs" section of this Packing List.