

RESUSCITATION TROLLEY DAILY CHECKLIST (Mindray D1 Defibrillator)

Ward/Department: **Week Commencing:**

| | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
|--|-----|------|-----|------|-----|-----|-----|
| Date: | | | | | | | |
| Box of Gloves | | | | | | | |
| Empty Sharps Bin | | | | | | | |
| Bag Valve Mask including Size M adult Face Mask | | | | | | | |
| 15L Reservoir Mask | | | | | | | |
| Oxygen Tubing | | | | | | | |
| Pocket Mask | | | | | | | |
| Top of trolley appears clean and tidy | | | | | | | |
| Oxygen and Suction | | | | | | | |
| Oxygen cylinder, contents above ½ | | | | | | | |
| Suction available & working | | | | | | | |
| Defibrillator Check | | | | | | | |
| Mindray D1 Defibrillator present clean and dust free | | | | | | | |
| Check status indicator is Flashing Green. If red please contact EBME immediately | | | | | | | |
| 2 sets of defibrillator pads (in date) in unopened sealed packet. | | | | | | | |
| Perform User Test | | | | | | | |
| After Use | | | | | | | |
| Check expiry date of battery | | | | | | | |
| Monthly | | | | | | | |
| Trolley seal ID | | | | | | | |
| Nurse signature | | | | | | | |

To comply with ELHT NHS Trust Medical Devices Policy this record must be kept for 2 years
All learning for this device is situated on the Learning Hub via the QR Code

