

FNIHB-OR Anaphylaxis Kit Checklist

Stock only the amounts listed in the kits due to space considerations
 Only complete the reorder date for missing, expired, or soon to expire items

Health Facility Name:	Month:	Year:		
Item	Week 1	Week 2	Week 3	Week 4
	Date:	Date:	Date:	Date:
Anaphylaxis Pocket Card with Dosage Guide	Present? Y__N__	Present? Y__N__	Present? Y__N__	Present? Y__N__
Epinephrine 1:1000 (1 ml x 3 vials) <i>Or</i> Epinephrine Autoinjectors (Junior x 3 + Adult x 3)	Present? Y__N__ Expiry: _____ Reorder Date: _____			
Diphenhydramine 50 mg/ml (1 ml x 1 vial)	Present? Y__N__ Expiry: _____ Reorder Date: _____			
1 cc syringe with removable attached needle: 25 gauge 1 inch (x 3)	Present? Y__N__ Expiry: _____ Reorder Date: _____			
1 cc syringe with removable attached needle: 25 gauge 5/8 inch (x 3)	Present? Y__N__ Expiry: _____ Reorder Date: _____			
25 gauge 5/8 inch needle (x 3)	Present? Y__N__ Expiry: _____ Reorder Date: _____			
25 gauge 1 inch needle (x 3)	Present? Y__N__ Expiry: _____ Reorder Date: _____			
25 gauge 1.5 inch needle-extra for large adult (x 3)	Present? Y__N__ Expiry: _____ Reorder Date: _____			
CHN Signature:				

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Alcohol Swabs (x 2)	Present? Y__N__ Expiry: Reorder Date:	Present? Y__N__ Expiry: Reorder Date:	Present? Y__N__ Expiry: Reorder Date:	Present? Y__N__ Expiry: Reorder Date:
Scissors-capable of removing clothing (x 1)	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:
Pocket Mask (x 1)	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:
Complete Range of Oral Airways (x 1 set)	Present Y__N_ Sizes Missing: _____ Reorder Date:			
Complete Range of Nasopharyngeal Airways (x 1 set)	Present Y__N_ Sizes Missing: _____ Reorder Date:			
Stethoscope (x 1)	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:
Manual Sphygmomanometer with Infant, Pediatric, Adult and Large Adult Cuff (x 1 of each)	Present Y__N_ Sizes Missing: _____ Reorder Date:			
Tongue Depressor (x 2)	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:	Present? Y__N__ Reorder Date:
Flashlight and spare batteries (x 1 flashlight and 1 set spare batteries)	Present? Y__N__ Expiry (batteries): Reorder Date:			
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	Date:		Date:		Date:		Date:		
Wristwatch with second hand to measure pulse, or access to a clock at clinic/satellite clinic site (x 1)	Present? Y__N__		Present? Y__N__		Present? Y__N__		Present? Y__N__		
Cell phone and charger, or access to a phone at clinic/satellite clinic site (x 1)	Present? Y__N__	Functional? Y__N__	Present? Y__N__	Functional? Y__N__	Present? Y__N__	Functional? Y__N__	Present? Y__N__	Functional? Y__N__	
Scale for measuring weight of client for weight-based epinephrine dosing (optional x 1)	Present? Y__N__	Functional? Y__N__	Present? Y__N__	Functional? Y__N__	Present? Y__N__	Functional? Y__N__	Present? Y__N__	Functional? Y__N__	
Comments on expired or missing items:									
CHN Signature:									