OPTIONAL Local Health Department

Oregon Immunization Emergency Kit Checklist

May 2019

Required Documentation available on site:

- Current Healthcare Provider CPR Card*
- Copy of Adverse Events Protocol

Required Equipment and Medications Maintained in a Separate Container:

Medications (generic formulations acceptable):

- Epinephrine solutions:
 - 1 multi-dose vial (MDV) of 1:1000 Epinephrine and syringe
 OR

 EXP:
 - o Epinephrine auto-injectors; 3 doses each of adult and pediatric size units

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Syringes: For Epinephrine injection only:

 1-cc U-100 syringes, 22–25g, 1",1½" needles for epinephrine administration

Optional Medications and Equipment

- Diphenhydramine (Benadryl®): Keep 1 MDV or 2 SDV vials available
 - o Injectable: 50 mg/mL IM
 - o Syringes: For diphenhydramine injection only:
 - 3-cc syringes with 1–1½" needles for diphenhydramine (Benadryl®) administration
- Sphygmomanometer and Stethoscope: electronic devices must show current calibration and batteries as needed.

Optional Medications and Equipment Cont.

0 0	EXP: Bottle of water for swallowing oral antihistamines EXP: Capsules: 25-mg EXP: Bottle of water for swallowing oral antihistamines EXP:	
Oxygen Su	ipplies for Rural Areas or where 911 response may be delayed:	
NasalAn ox 10–12Breat liters/	cannula: the regulator should not be set to exceed 6 liters of O ₂ /minute tygen face mask/shield with one-way valve: the regulator should be set at 2 liters of O ₂ /minute with a minimum of 5 liters of O ₂ /minute hing bag with mask with O ₂ regulator should be set between 12–15 minute airways: small, medium and large	
By signing below, I acknowledge that I have reviewed the Adverse Events Protocol & met all requirements:		
Signature:	Date Reviewed:	
American R provider that	active CPR certification issued by the American Heart Association or the Red Cross or any other equivalent program intended for a healthcare at contains a hands-on training component, is valid for not more than three is specific to the age and population being treated.	