Cincinnati Children's Hospital Medical Center

SUGGESTED EQUIPMENT LIST
MEDICAL NECESSITY IS DETERMINED FOR THE INDIVIDUAL CHILD

❑ **Suction machine**
- ❍ Portable ❍ Transformer / Rectifier / Recharger
- ❍ Electric

❑ **Suction catheters** Size _____ ❍ Kits ❍ Single

❑ **Suction connecting tubing**

❑ **Saline** ❍ Disposable ❍ Bottles

❑ **Durable air compressor, all purpose nebulizer, tracheal mist collar**
- ❍ Heated Temp _____ ❍ Cool
- Size of Mask _____

❑ **Room humidifier**

❑ **Heat and moisture exchangers OR artificial noses, quantity per month** _____

❑ **Resuscitation bag** Size _____

❑ **Tracheotomy adaptors**, if needed for metal trach tube or T-tube Size _____

❑ **Face mask** Size _____

❑ **Monitors**
- ❍ Heart Rate (HR) / Apnea *Limits:* ❍ High HR _____ ❍ Low HR _____
- ❍ Apnea delay _____
- ❍ Pulse oximeter ❍ Cont ❍ Spot check
- *Settings:* ❍ Low Sats _____ Low HR _____

❑ **Oxygen** Conc / liter flow _____ Mode of delivery _____
- ❍ Carrier ❍ Oxygen analyzer
- ❍ Portable System ❍ Type of adaptor for portable _____
- ❍ Documentation of O2 sats for provider, insurance

❑ **Air compressor**, handheld nebulizer, updrafts

❑ **Ventilator** (Double check with MD / RT) Type _____
Ventilator equipment: i.e., cascades, circuits, etc. _____ _____
_____ _____
_____ _____

❑ **Tracheotomy tubes** Brand _____ Size _____ Length _____
One size smaller _____

❑ **Self-fastening ties**
❑ **Twill ties**
❑ **Hydrogen peroxide**
❑ **Cotton-tipped applicators**
❑ **Distilled water**
❑ **Tap Water**
❑ **Pipe cleaners**
❑ **Commercial disinfectant**
❑ **Small paper cups**
❑ **Tissues**
❑ **Gauze**
❑ **Telfa**
❑ **Sof-Wik**
❑ **Mucous traps** – Size _____
❑ **Intercom**
❑ **Speaking valve** – Type _____
❑ **Hemostats**
❑ **Tweezers**
❑ **KY Jelly**
❑ **Bandage scissors**

NOTES: