_____ MONTH		NEONATAL *CRASH CART CHECK OFF SHEET* *(MAINTAIN SHEETS FOR ONE MONTH)*					_____ YEAR
DAY		***O2 Tank Record Level ENSURE O2 > 750 PSI***	**Defib test – unplugged @ 30 Joules (Note on strip) Battery check – C=charged R= replaced**	***Portable Suction Present/ Functioning***	**Crash Cart Seal Tag # *Verify Seal Intact***	**Weekly Complete Crash Cart Inventory *One RN/One HN*** **Tag Number**	**Signatures**
1	AM	**No Oxygen Tanks on Neonatal Crash Carts Acceptable to ventilate with room air Available on radiant warmer**	**No Defibrillator on Neonatal Crash Carts Rare to have shockable cardiac rhythm in newborn**	**No Portable Suction machine on Neonatal Crash Carts Available on radiant warmer**			
	PM						
2	AM						
	PM						
3	AM						
	PM						
4	AM						
	PM						
5	AM						
	PM						
6	AM						
	PM						
7	AM						
	PM						
8	AM						
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10	AM						
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11	AM						
	PM						
12	AM						
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13	AM						
	PM						
14	AM						
	PM						
15	AM						
	PM						

Month _____ ***DAY***		***O2 Tank Record Level ENSURE O2 > 750 PSI***	**Defib test – unplugged @ 30 Joules (Note on strip) Battery check – C=charged R= replaced**	***Portable Suction Present/ Functioning***	**Crash Cart Seal Tag # *Verify Seal Intact***	**I Weekly Complete Crash Cart Inventory *One RN/One HN***	
						Tag Number	**Signatures**
16	***AM***	**No Oxygen Tanks on Neonatal Crash Carts Acceptable to ventilate with room air Available on radiant warmer**	**No Defibrillator on Neonatal Crash Carts Rare to have shockable cardiac rhythm in newborn**	**No Portable Suction machine on Neonatal Crash Carts Available on radiant warmer**			
	PM						
17	AM						
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18	AM						
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