



| Minimum Requirements | | | | | | | | | |
|---|---------------|-----|-----|------------|---------------|-----------|-----|-----|----------|
| Item | Non-Transport | | | | | Transport | | | Quantity |
| | EMR | BLS | ILS | ALS-Engine | ALS-Intercept | BLS | ILS | ALS | |
| <u>Patient Transport Equipment</u> | | | | | | | | | |
| Wheeled Cot w/ Straps | | | | | | 1 | 1 | 1 | |
| Three-Point Fastener for Cot | | | | | | 1 | 1 | 1 | |
| Secondary Stretcher w/ Straps | | | | | | 1 | 1 | 1 | |
| <u>Oxygen Supplies/Equipment</u> | | | | | | | | | |
| Adult Nasal Cannula | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | |
| Adult Non-Rebreather | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| BVM – Adult | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| BVM – Child | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| BVM - Infant | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| BVM- Neonate | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| Child Size Nasal Cannula | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | |
| Child Size Non-Rebreather | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| Infant Oxygen Mask | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| Nebulizer | | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| <u>Airway/Suction</u> | | | | | | | | | |
| 1000mL Suction Container | | | | | | 2 | 2 | 2 | |
| CPAP (2 different sizes each)* | | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| PEEP Valve (attachable) | | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| ET Stylets | | | 2 | 2 | 2 | | 2 | 2 | |
| ET Tube Holder (Adult) | | | 1 | 1 | 1 | | 1 | 1 | |
| ET Tube Holder (Pediatric) | | | 1 | 1 | 1 | | 1 | 1 | |
| ET Tube Introducer (Bougie) | | | 1 | 1 | 1 | | 1 | 1 | |
| ET Tube (2.0-8.0) includes 0.5, each | | | 1 | 1 | 1 | | 1 | 1 | |
| Magill Forceps | | | 1 | 1 | 1 | | 1 | 1 | |
| Magill Forceps-Pedi | | | | | 1 | | | 1 | |
| Igel Size 1 | | | 1 | 1 | 1 | | 1 | 1 | |
| Igel Size 1.5 | | | 1 | 1 | 1 | | 1 | 1 | |
| Igel Size 2 | | | 1 | 1 | 1 | | 1 | 1 | |
| Igel Size 2.5 | | | 1 | 1 | 1 | | 1 | 1 | |
| Igel Size 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |



| Minimum Requirements | | | | | | | | | |
|--|---------------|-----|-----|------------|---------------|-----------|-----|-----|----------|
| Item | Non-Transport | | | | | Transport | | | Quantity |
| | EMR | BLS | ILS | ALS-Engine | ALS-Intercept | BLS | ILS | ALS | |
| <i>Airway/Suction (Cont.)</i> | | | | | | | | | |
| Igel Size 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Igel Size 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Laryngoscope Blade (1-4) each | | | 1 | 1 | 1 | | 1 | 1 | |
| Laryngoscope Handle Adult | | | 1 | 1 | 1 | | 1 | 1 | |
| Lubricant Jelly | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Nasopharyngeal Airway 14-34f | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Onboard Suction | | | | | | 1 | 1 | 1 | |
| Oropharyngeal Airway (00-5) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Portable Suction (or Manual) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Semi-Rigid Suction Tip (Yankauer) | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | |
| Suction Cath (6-18f), each | | | | | | 2 | 2 | 2 | |
| Suction Cath (6-8, 10-12, 14-18) 1 per range | 1 | 1 | 1 | 1 | 1 | | | | |
| Suction tubing (if battery device) | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Syringe Catheter Tip (60mL) | | | | 1 | 1 | | | 1 | |
| Control Cric | | | | 1 | 1 | | | 1 | |
| Laryngoscope Spare Batteries | | | 1 | 1 | 1 | | 1 | 1 | |
| Oro-Naso Gastric Tube | | | | 1 | 1 | | | 1 | |
| Decompression Needle | | | 1 | 2 | 2 | | 2 | 2 | |
| Video Laryngoscope (and blades) | | | | 1 | 1 | | | 1 | |
| <i>Cardiac/Resuscitation</i> | | | | | | | | | |
| Adult AED Pads (AED Compatible) | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| AED/Defibrillator w/Pediatric and Adult Capabilities | 1 | 1 | | | | | | | |



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| | | | | | | | | | |
|--|---|---|----|----|----|----|----|----|--|
| Cardiac Monitor (12-lead EKG Capable) | | | 1 | 1 | 1 | 1 | 1 | 1 | |
| EKG Electrodes | | | 24 | 24 | 36 | 36 | 36 | 36 | |
| Pediatric AED Pads (or w/ Pediatric Key) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Razor | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |

| Minimum Requirements | | | | | | | | | |
|---|---------------|-----|-----|------------|---------------|-----------------|-----|-----|----------|
| Item | Non-Transport | | | | | Transport | | | Quantity |
| | EMR | BLS | ILS | ALS-Engine | ALS-Intercept | BLS | ILS | ALS | |
| <i>Extrication/Immobilization Splinting</i> | | | | | | | | | |
| C-Collar Adjustable Adult | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| C-Collar Adjustable Pediatric | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Extremity Splint-Adult Long | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Extremity Splint-Adult Short | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Extremity Splint-Ped Long | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Extremity Splint-Ped Short | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Goggles | | | | | | Enough for Crew | | | |
| Long Spine Board | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | |
| Restraints (set each) | | | | | | 2 | 2 | 2 | |
| Short Spine Board or KED | | | | | | 1 | 1 | 1 | |
| Traction Splint-Adult | | | | | | 1 | 1 | 1 | |
| Traction Splint-Ped | | | | | | 1 | 1 | 1 | |
| 24" Wrecking Bar | | | | | | 1 | 1 | 1 | |
| <i>Assessment Equipment</i> | | | | | | | | | |
| BP Cuff-Adult | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| BP Cuff-Child | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| BP Cuff-Infant | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| BP Cuff- Large Adult | | | | | 1 | 1 | 1 | 1 | |
| Electric Clock w/ Sweep Hand | | | | | | 1 | 1 | 1 | |
| Pen Light | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Pulse Ox w/ Adult and Ped probes | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Stethoscope | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Glucometer (w/ test strips) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |



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| | | | | | | | | | |
|-----------------------------------|-----------------------|-----|-----|------------|---------------|---|-----|-----|-----------------|
| Thermometer (w/ probe covers) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| <i>Medical Supplies</i> | | | | | | | | | |
| Alcohol Prep Pad | 6 | 6 | 6 | 6 | 6 | 10 | 10 | 10 | |
| Bed Pan | | | | | | 1 | 1 | 1 | |
| Betadine/Iodine Prep Pad | | | 5 | 5 | 5 | | 5 | 5 | |
| Bottle Drinking Water (min. 8 oz) | 2 | 2 | 2 | 2 | | 4 | 4 | 4 | |
| Burn Sheets | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Minimum Requirements | | | | | | | | | |
| | Non-Transport | | | | | Transport | | | Quantity |
| Item | EMR | BLS | ILS | ALS-Engine | ALS-Intercept | BLS | ILS | ALS | |
| <i>Medical Supplies (Cont.)</i> | | | | | | | | | |
| Child/Infant Seat | | | | | | 1 | 1 | 1 | |
| Cold Pack | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | |
| Emesis Basin/Bag | | | | | | 1 | 1 | 1 | |
| Gauze 4x4 Sterile | 10 | 10 | 10 | 10 | 10 | 20 | 20 | 20 | |
| Gauze Vaseline | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Heat Packs | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | |
| Normal Saline Bottle or Bag | 1,000 cc Total | | | | | 2,000 cc Total (4-500cc or 2-1000cc) | | | |
| Obstetrics Kit | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Pediatric Dosage Tape or Chart | | | 1 | 1 | 1 | 1 | 1 | 1 | |
| Pediatric Trauma Score | | | 1 | 1 | 1 | 1 | 1 | 1 | |
| Hemostatic Gauze | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Occlusive Dressing (Chest Seal) | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Tape – 1 inch | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Thermal Blanket or Foil | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Tourniquet (System Approved) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Trauma Dressing | 2 | 2 | 2 | 2 | 2 | 6 | 6 | 6 | |
| Trauma Shears | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Triangle Bandage | 2 | 2 | 2 | 2 | 2 | 5 | 5 | 5 | |
| Urinal | | | | | | 1 | 1 | 1 | |
| Wrap, self-adherent roll gauze | 4 | 4 | 4 | 4 | 4 | 10 | 10 | 10 | |
| Wrap, self-adherent "Coban" | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| <i>Linens</i> | | | | | | | | | |
| Blankets | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Sheets | | | | | | 2 | 2 | 2 | |



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| <i>IV/Medication Admin. Equipment</i> | | | | | | | | | |
|---|----------------------|------------------|-----------------|-------------------|----------------------|------------|------------|------------|--|
| Blood Tubes (assorted colors) | | | | 1 | 1 | | 1 | 1 | |
| EZ-IO Drill | | | 1 | 1 | 1 | | 1 | 1 | |
| EZ-IO Needle-Adult | | | 1 | 1 | 2 | | 2 | 2 | |
| EZ-IO Needle-Bari | | | 1 | 1 | 1 | | 2 | 2 | |
| EZ-IO Needle-Pedi | | | 1 | 1 | 1 | | 1 | 1 | |
| Minimum Requirements | | | | | | | | | |
| | <u>Non-Transport</u> | <u>Transport</u> | <u>Quantity</u> | | | | | | |
| Item | <u>EMR</u> | <u>BLS</u> | <u>ILS</u> | <u>ALS-Engine</u> | <u>ALS-Intercept</u> | <u>BLS</u> | <u>ILS</u> | <u>ALS</u> | |
| <i>IV/Medication Admin. Equipment (Cont.)</i> | | | | | | | | | |
| Filter Tubing | | | | | 1 | | | 1 | |
| IV Arm Board | | | | 1 | 1 | | | 1 | |
| IV Cath 14g | | | 2 | 2 | 3 | | 3 | 3 | |
| IV Cath 16g | | | 2 | 2 | 3 | | 3 | 3 | |
| IV Cath 18g | | | 3 | 3 | 4 | | 4 | 4 | |
| IV Cath 20g | | | 3 | 3 | 4 | | 4 | 4 | |
| IV Cath 22g | | | 2 | 2 | 2 | | 2 | 2 | |
| IV Hand Board | | | 1 | 1 | 1 | | 1 | 1 | |
| IV Pump | | | | | 1 | | | 1 | |
| IV Pump Tubing | | | | | 2 | | | 2 | |
| MAD Device | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Needle 18-21g (1.5-2") Each | | 2 | 3 | 3 | 3 | 2 | 3 | 3 | |
| Needle 25-27g (1") | | | 3 | 3 | 3 | | 3 | 3 | |
| Needle Filter (if ampule used) | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Syringe 1mL | | 2* | 2 | 2 | 2 | 2* | 2 | 2 | |
| Syringe 3mL | | 2 | 2 | 2 | 2 | 2 | 4 | 4 | |
| Syringe 5m/10mL | | | 2 | 2 | 2 | | 4 | 4 | |
| Tubing-Macro 10/15gtts | | | 2 | 2 | 3 | | 4 | 4 | |
| Tubing-Micro 60gtts | | | 2 | 2 | 2 | | 2 | 2 | |
| Venous Tourniquet | | | 4 | 4 | 4 | | 4 | 4 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



| <u>Optional Equipment</u> | | | | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------|--------------------------|-----------------------------|------------------------------------|-------------------|-------------------|--|
| Amiodarone-Premixed | Not Applicable | | | | Not Applicable | | | | |
| Adenosine 12mg/4mL | | | | | Not Applicable | | | | |
| D5W 100mL | | | | | Not Applicable | | | | |
| IV Cath 24g | | | | | Not Applicable | | | | |
| Laryngoscope Handle-Pediatric | | | | | Not Applicable | | | | |
| Pediatric IV Tubing (Buretrol) | | | | | Not Applicable | | | | |
| Pelvic Binder | | | | | Not Applicable | | | | |
| Remains Bag | | | | | Not Applicable | | | | |
| <u>PPE Equipment</u> | | | | | | | | | |
| Bio-Hazard Bag | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | |
| Disposable Gloves (assorted sizes) | Enough for each crew member | Enough for each crew member | | | | | | | |
| Face Mask/Eye Protection | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | |
| Gown | 2 | 2 | 2 | 2 | 2 | Enough for each crew member | | | |
| <u>Minimum Requirements</u> | | | | | | | | | |
| | <u>Non-Transport</u> | <u>Transport</u> | <u>Quantity</u> | | | | | | |
| <u>Misc. Equipment</u> | | | | | | | | | |
| | <u>EMR</u> | <u>BLS</u> | <u>ILS</u> | <u>ALS-Engine</u> | <u>ALS-Intercept</u> | <u>BLS</u> | <u>ILS</u> | <u>ALS</u> | |
| Computer for PCR or Run Sheets | 5 | 5 | 5 | 5 | 5 | 10 | 10 | 10 | |
| MCI Tags | | | | | | 10 | 10 | 10 | |



| | | | | | | | | | |
|---|-----------------------------|-----------------------------|---|---|---|----|----|----|--|
| MCI Algorithms (START/JumpSTART) | | | | | | 1 | 1 | 1 | |
| Flashlight | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| Fire Extinguisher (5 Pound Min) One mounted in drivers compartment and one mounted in patient compartment | | | | | | 2 | 2 | 2 | |
| Poison Control Number | | | | | | 1 | 1 | 1 | |
| Reflective Vest | Enough for each crew member | Enough for each crew member | | | | | | | |
| Refusal Form (Paper or electronic) | 5 | 5 | 5 | 5 | 5 | 10 | 10 | 10 | |
| Current DOT Sticker | | | | | | 1 | 1 | 1 | |
| IDPH Complaint Line Posted | | | | | | 1 | 1 | 1 | |
| Portable Oxygen Bottle With Flow Regulator 1-15 lpm | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Spare Full Portable Oxygen Bottle | | | | | | 1 | 1 | 1 | |
| On board Oxygen | | | | | | 1 | 1 | 1 | |

***Notes**

If you are a BLS Agency with approval for IM Injections and carry said equipment, you will be required to carry a 1cc syringe

For BLS, ILS & ALS agencies, CPAP must have adjustable PEEP valves. *Non-Transport* must carry at least 1 CPAP of at least two (2) different sizes (total of 2 on board). *Transport* agencies must carry at least two (2) CPAP of 2 different sizes (total of 4 on board).

Approved Equipment List

| | | | | | | |
|-------------|-------------------------------|----------------|----------------------|--------------------|------------|---------------|
| Tourniquets | Blind Insertion Airway Device | Cric Equipment | Needle Decompression | Video Laryngoscope | Chest Seal | Pelvic Binder |
|-------------|-------------------------------|----------------|----------------------|--------------------|------------|---------------|



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| | | | | | | |
|-------------------------------|--------------|--------------|------------------------------------|---------------|-----------------|------------------|
| Combat Application Tourniquet | i-Gel Airway | Control Cric | Turkle Needle | C-Mac | HyFin | SAM Pelvic Sling |
| SOF-T | | | Spear Needle-North American Rescue | GlideScope | SAM Chest Seal | TPOD |
| SAM XT | | | Russel PnumoFix | Intubrite | Halo Chest Seal | |
| | | | | McGrath | Asherman | |
| | | | | Rusch Airtraq | | |

| Minimum Requirements | | | | | | | | | |
|--|---------------|-----|-----|------------|---------------|-----------|-----|-----|----------|
| Item | Non-Transport | | | | | Transport | | | Quantity |
| | EMR | BLS | ILS | ALS-Engine | ALS-Intercept | BLS | ILS | ALS | |
| <i>Medications</i> | | | | | | | | | |
| Adenosine 6mg/2mL | | | 5 | 5 | 5 | | 5 | 5 | |
| Albuterol 2.5mg/3mL | | 2 | 2 | 2 | 2 | 3 | 3 | 3 | |
| Amiodarone 150mg/3mL | | | 4 | 4 | 4 | | 4 | 4 | |
| Aspirin (81mg tab) | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | |
| Atropine 1mg/10mL | | | 3 | 3 | 4 | | 4 | 4 | |
| Calcium Chloride 1mg/10mL | | | | 1 | 1 | | | 1 | |
| Dextrose 10% 250mL Bag | | | 1 | 1 | 2 | | 2 | 2 | |
| Diphenhydramine 50mg/1mL | | | 1 | 1 | 2 | | 2 | 2 | |
| Diphenhydramine 25mg tab | | 4 | 4 | 4 | 4 | 4 | 4 | 4 | |
| Diphenhydramine 12.5mg chewable tabs | | 4 | 4 | 4 | 4 | 4 | 4 | 4 | |
| Epinephrine 1:1,000 1mg vial (IM Approved) | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Epinephrine 1:10,000 1mg/10mL Syringe | | | 5 | 5 | 10 | | 10 | 10 | |
| Epi Pen Adult* | | 2 | | | | 2 | | | |
| Epi Pen Pediatric* | | 1 | | | | 1 | | | |
| Glucagon 1mg/1mL** | | 2** | 1 | 1 | 1 | 2** | 1 | 1 | |
| Ibuprofen 200mg tab | | 16 | 16 | 16 | 16 | 16 | 16 | 16 | |
| Ipratropium 0.5mg/2.5mL | | 2 | 2 | 2 | 2 | 3 | 3 | 3 | |
| Lactated Ringers 1000mL | | | 2 | 2 | 3 | | 6 | 6 | |
| Levophed 4mg | | | | 1 | 1 | | | 1 | |
| Lidocaine 100mg/5mL | | | 1 | 1 | 1 | | 1 | 1 | |



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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|
| Magnesium Sulfate 5mg/10mL | | | | 1 | 1 | | | 1 | |
| Methylprednisolone 125mg/2mL | | | | 1 | 1 | | | 1 | |
| Narcan 2mg/2mL | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Nitroglycerin (tab bottle or spray) 0.4mg | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Nitroglycerin 50mg/250mL bottle | | | | | 1 | | | 1 | |

| Minimum Requirements | | | | | | | | | |
|-----------------------------------|---------------|-----|-------------------|------------|---------------|-------------------|--------|--------|----------|
| Item | Non-Transport | | | | | Transport | | | Quantity |
| | EMR | BLS | ILS | ALS-Engine | ALS-Intercept | BLS | ILS | ALS | |
| <i>Medications (Cont.)</i> | | | | | | | | | |
| Nitroglycerin Paste w/Paper | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Normal Saline 0.9% 100mL | | | | 1 | 2 | | | 2 | |
| Normal Saline 0.9% 250mL | | | | 1 | 2 | | | 2 | |
| Normal Saline 0.9% 1,000mL | | | | 1 | 1 | | | 1 | |
| Ondansetron 4mg ODT | | 2 | 2 | 2 | 2 | 4 | 2 | 2 | |
| Ondansetron 4mg Vial | | | 1 | 1 | 2 | | 2 | 2 | |
| Oral Glucose (15g tube) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Racemic Epinephrine 2.25% (0.5mL) | | | | 1 | 2 | | | 2 | |
| Sodium Bicarbonate 50mEq/50mL | | | | 1 | 1 | | | 1 | |
| Tranexamic Acid 1000mg/10mL | | | | 2 | 2 | | | 2 | |
| <i>Controlled Medication</i> | | | Exact Requirement | | | Exact Requirement | | | |
| Fentanyl 100mcg/2mL | | | 100mcg | 100mcg | 200mcg | | 200mcg | 200mcg | |
| Ketamine 500mg/10mL | | | | 1 | 1 | | | 1 | |
| Lorazepam 2mg/1mL | | | 2 | 2 | 2 | | 2 | 2 | |
| Midazolam 5mg/5mL*** | | | 2 | 2 | 4 | | 2 | 6 | |
| Rocuronium 50mg/5mL | | | | 3 | 3 | | | 3 | |

Notes

*For agencies who are not IM approved

** If IM approved, only 1mg of Glucagon needs to be carried

***2mg/2mL may be dispensed in the absence of 5mg/5mL. Units will be 1mg short.

Agency: _____ Date: _____ VIN: _____ Unit #: _____



McLean County Area EMS System
Combined Supply List (State & System)
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Inspection Type: ___ Initial ___ Annual ___ Re-Inspection Vehicle Type: __EMR __BLS __ILS __ALS
Transport: ___ Non-Transport:___ Pass: ___ Fail:___ Notes:_____