

**Pediatric Equipment and Supplies
for
Basic Life Support Ambulances**

BLS Equipment & Supplies	Quantity	Cost Estimate
ESSENTIAL		
1. Oropharyngeal airways: infant, child, adult (sizes 00-5)		
(a) infant		
(b) child		
(c) adult		
2. Self-inflating resuscitation bag: child and adult sizes*		
(a) infant		
(b) child		
(c) adult		
3. Masks for bag-valve-mask device: infant, child, and adult sizes		
(a) neonatal (for delivery of premature infant)		
(b) infant		
(c) child		
(d) adult		
4. Oxygen masks: infant, child, and adult sizes		
(a) infant		
(b) child		
(c) adult		
5. Nonrebreathing masks: pediatric and adults sizes		
(a) pediatric		
(b) adult		
6. Stethoscope		
7. Backboard		
8. Cervical immobilization device (wedges, collars, etc., but not sandbags)		
(a) infant		
(b) child		
(c) adolescent		
(d) adult		
9. Blood pressure cuffs: infant, child, and adult sizes		
(a) infant		
(b) child		
(c) adult		
10. Portable suction unit with regulator		
11. Suction catheters: tonsil-tip and 6F-14F		
12. Extremity splints: pediatric sizes		
13. Bulb syringe		
14. Obstetric pack		
15. Thermal blanket ^s		
16. Water-soluble lubricant		
DESIRABLE		

1.	Infant car seat		
2.	Nasopharyngeal airways: sizes 18F-34F, or 4.5-8.5 mm [¶]		
3.	Glasgow coma scale reference		
4.	Pediatric trauma score reference		
5.	Small stuffed toy		
6.	Computer with CD ROM capability (at base station)		
7.	EMSC CD ROM training discs**		
	TOTAL		

ENDNOTES

* A self-inflating resuscitation bag should be self refilling, should have an oxygen reservoir and should not have a pop-off valve. A child bag has a reservoir of 450 mL, whereas an adult bag has a reservoir of at least 1,000 mL.

§ A thermal blanket may help minimize heat loss. Hypothermia will complicate many illnesses and injuries, particularly in infants and young children. The type of material used will depend on local preference, protocols, and procedures but may include Mylar, standard blankets, or aluminum foil for small infants.

¶ A nasopharyngeal airway may be useful when the upper airway compromises respiration and an oral airway cannot be secured. Providers must be trained in its use and know the contraindications for insertion of this device.

** Contact: EMSC Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182 (703-902-1203/1272), emsc@circsol.com or info@emscnrc.com; or visit the EMSC web site: <http://www.ems-c.org>.

[Source: Seidel et al; Committee on Ambulance Equipment and Supplies, National Emergency Medical Services for Children Resource Alliance; Annals of Emergency Medicine, Volume 28:6, December 1996, pp. 699-701.

**Pediatric Equipment and Supplies
for
Advanced Life Support Ambulances**

ALS Equipment & Supplies	Quantity	Cost Estimate
ESSENTIAL		
1. Transport monitor		
2. Defibrillator with adult and pediatric paddles #		
(a) adult		
(b) pediatric		
3. Monitoring electrodes: pediatric sizes		
4. Laryngoscope with straight blades 0-2, curved blades 2-4		
(a) straight blades 0-2		
(b) curved blades 2-4		
5. Endotracheal tube stylets: pediatric and adult sizes		
(a) pediatric		
(b) adult		
6. Endotracheal tubes: uncuffed sizes 2.5-6.0, cuffed sizes 6.0-8.0		
(a) uncuffed		
(b) cuffed		
7. Magill forceps: pediatric and adult		
(a) pediatric		
(b) adult		
8. Nasogastric tubes: 8F-16F **		
9. Nebulizer		
10. IV catheters: 16 to 24 gauge		
11. Intraosseous needles		
12. Length/weight-based drug dose chart or tape (eg, Broselow Tape)		
13. Needles 20 to 25 gauge		
14. Resuscitation drugs and IV fluids that meet the local standards of practice		
DESIRABLE		
1. Blood glucose analysis system ††		
2. Disposable CO ₂ detection device		
3. Computer with CD ROM capability		
4. EMSC CD ROM Training set ††		
TOTAL		

ENDNOTES

A defibrillator should be able to deliver 5 to 360 joules. The addition of pediatric paddles may give the responding unit enhanced capabilities but is not essential for units that rarely use this equipment. The defibrillator may be equipped with only adult paddles/pads or pediatric paddles and adult paddles/pads. Units carrying only adult paddles/pads should insure that providers are trained in the proper use of adult paddles in infants and children. When the defibrillator cannot deliver a low dose of joules for infants, shock at the lowest possible energy level.

** Nasogastric tubes may be useful when the transport time is greater than 30 minutes in patients who have abdominal distention that may impede respiration.

†† Many EMS systems estimate blood glucose in the field. The accuracy of any one blood glucose test is influenced by many factors such as the shelf life of the particular strip used, how the blood sample was obtained, and the education of the providers performing the skill. Quality improvement is an important component of any laboratory analysis and should be applied to this field procedure. Universal precautions must always be followed when blood is handled.

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