

Emergency Preparedness Checklist for Patients' Oxygen, Medical Equipment, and Supplies

Medical Supply Item	Do I have enough?	Does this item require electricity?	Actions to Take
Oxygen Concentrator Device	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Portable Oxygen tank, cannister or cylinder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Food Pump for tube feedings via a gastrostomy or nasogastric tube	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
IV pump for administration of medications or intravenous nutrition like TPN through an indwelling catheter like a Central Venous Catheter or PIC line	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Electric Wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need plan for electricity
Electric Bed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need plan for electricity
Wound care supplies for dressing changes or routine wound care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Personal Care items like diapers or urinary catheter supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Portable Powered patient lifting assistance device	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need plan for electricity