OPAT Supply Checklist



Supply:	Frequency:	Details:	Circle once checked:
Hand sanitizer	At beginning	Use either this or soap and water	✓
Extension tubing	Weekly	Only if self-infusing	√ N/A
Saline	Weekly	2 for each infusion	√
Heparin	Weekly	1 for each infusion (if prescribed)	√ N/A
Pump	Beginning	If using electronic pump	√ N/A
Batteries	Weekly	If using electronic pump	√ N/A
Alcohol swabs	Weekly	Many needed	√
SASH mat	At beginning		√
Medication	At least weekly		√
Gloves	At beginning unless new caregiver	Need correct size	√
Press-N-Seal	At beginning		√
Sleeve	At beginning	If IV line is a PICC/midline	√ N/A
Tape	At beginning		✓
Power cord	At beginning	If using electronic pump	√ N/A
Ice packs	At beginning	If using electronic pump or traveling	✓ N/A
Tubing (for dial-a-flow or gravity device)	Weekly	Enough for daily use	✓ N/A
Red caps	Weekly	If using gravity/dial-a-flow device	√ N/A
Sharps bin	At beginning		✓
Supplies needed for nurs	sing visits only:		
Masks	At beginning	Enough for all individuals in room per dressing change	√
Dressing	At beginning		✓
Hibiclens swabs	At beginning		✓
Phlebotomy supplies	At beginning		✓

Last Updated: 03/27/2020