

Equipment And Resources For Preceptor/Clinical Sites:

EQUIPMENT LIST

Manual and/or doppler fetoscope(s)
Sphygmomanometer (one adult, & one large cuff)
Stethoscope with bell and diaphragm (adult & infant)
Thermometer (digital)
Watch with tracking that includes seconds
Tape measure
Adult and newborn resuscitation equipment
Oxygen and equipment for initiating oxygen therapy as allowed or required by law
Flashlight
Hemostats, Scissors, Cord bander or cord clamps, cord tape, etc.
Equipment for perineal repair (needleholders, scissors, sutures, etc.) as allowed by law
Infant scale
Maternal scale
Sterile lubricating gel
Exam gloves (including non-latex, sterile and non-sterile)
Specula and acceptable methodology for cleaning reusable specula
Vaginal culture swabs
Urine test strips
Equipment for starting and maintaining an intravenous line as allowed or required by law
Phlebotomy equipment (or midwife refers clients to lab for blood draws)
Sharps disposal containers
Nitrazine paper, pH paper or equivalent and/or portable “Lens” for ferning
Supplies for antisepsis and sterilization of instruments and equipment
Syringes and needles as allowed or required by law
Alcohol wipes
Medications such as anti-hemorrhagics, newborn eye prophylaxis, Vitamin K, RhoD immune globulin etc. as allowed or required by law
Herbs, homeopathy, and other complementary medicines as allowed or required by law
Urinary straight catheter
Neonatal suction device(s)
Pulse oximeter (adult and infant)

POLICY/PROCEDURE FOR ACCEPTANCE OF DONATED EQUIPMENT, PHARMACEUTICAL, AND OTHER MEDICAL SUPPLIES

___ I do not accept donated equipment, pharmaceuticals, or supplies

___ Acceptance policy and procedure is as follows:

AFFIRMATIONS

___ I affirm that I stock all the above listed equipment, supplies, and pharmaceuticals as allowed by law and expected by current community standards for midwifery care.

___ I affirm that I have access to perinatal testing according to current standards for CPMs with accounts at the following clinical laboratories: _____

___ I affirm that I have access to medical consultation, referral, and hospital transfer. *Attach copy of emergency care form or describe how consultation, referral, or hospital transfer is accessed.*

Signature:

Preceptor _____ Date _____