Suction Machine Checklist

Organize equipment name or model, DME contacts, caregiver contacts, backup supplies, and care plan locations.

Person and emergency contacts

- Name / preferred name
- Date of birth
- Emergency contact 1
- Emergency contact 2
- Primary caregiver
- Home health / respite contact

Care team and supplier contacts

- Doctor / specialist
- Primary care
- Pharmacy if relevant
- Supplier / DME
- After-hours supplier number
- Care plan location

Equipment and supply locations

- [ ] Machine name / model written below
- [ ] Equipment location
- [ ] Charger / power cord location
- [ ] Backup supply list location
- [ ] Manual or device card location
- [ ] Medication and allergy list location
- Other supply notes

Handoff notes

- Who can confirm current care plan
- Where official instructions are kept
- School / program / respite notes
- Do not write suction technique or troubleshooting instructions here
- Last updated by / date

Important note

Organization and preparedness only. Not medical advice. Does not replace 911, EMS, clinicians, medical records, medication labels, device manuals, DME instructions, airway plans, care plans, home health instructions, patient portals, or professional guidance.