THE WELLNESS COMPANY™

FIRST AID EMERGENCY KIT
GUIDEBOOK

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For the most up-to-date version, please visit:
www.twc.health/first-aid-emergency-kit-guidebook

INTRODUCTION

Welcome to The Wellness Company family. We are thrilled to be part of your health and wellness journey!

Don't get caught unprepared -accidents happen and in times of medical emergencies, every second counts. The Wellness Company Emergency Kit Series is the solution to ensuring you possess vital medical supplies and information.

This reference guide is NOT intended to replace individualized medical attention from your personal provider. Instead, this reference guide is to be used for general educational purposes, in combination with more complete literature.

Specific pharmaceutical agents listed, along with indications for use, dosing regimens, in combination with other medical supplies are simply common use practices, for reference use only.

Always consult with a qualified healthcare professional for diagnosis and treatment instructions before utilizing any of the medications in your Kit.

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YOUR FIRST AID EMERGENCY KIT

Your Kit contains the following:

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Torniquet - #1

READ BEFORE USE

Always consult with a healthcare provider before taking any of the medications discussed herein. Virtual care consultations with a licensed medical provider can be found at:

https://care.twc.health

Always consider individual allergies and hypersensitivities to each medication before use. Inform your provider of any other medications you take as many drug-to-drug interactions exist that can impact both efficacy and safety of certain medications.

Note that all typical dosing practices are for adults only. Contents of the kit are intended ONLY for the person to whom they are prescribed.

DO NOT take any medication without first consulting with a qualified medical provider for diagnosis and treatment.

In the event that any of the included medications or supplies are used in an emergency scenario, seek immediate medical support by a licensed provider.

Included kit products are **NOT** intended to replace the diagnostic or treatment services by a professional medical provider.

STORAGE INFORMATION

Most solid oral drugs have a longer shelf life when stored at room temperature (68-77ºF / 20-25ºC) and are shielded from UV radiation in airtight containers. The governmental program called the Shelf-Life Extension Program showed that many solid forms of medications stayed potent well beyond their expiration date.

FDA Shelf-Life Extension Program details here:

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension

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This document may contain information about TWC products and solutions. The information is not medical advice and should be treated as such. Information about off-label use treatments are not reviewed, approved, or recommended by the FDA. TWC assumes no responsibility or liability for any errors or omissions in the content of this document.

The information contained in this document is provided on an "as is" basis with no guarantees of completeness, accuracy, usefulness, or timeliness. TWC does not represent, warrant, undertake or guarantee that the use of guidance in the document will lead to any particular outcome or result. Do not

medications included in this kit if you are allergic to any of the ingredients in them.

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This disclaimer shall be governed by, construed, and enforced in accordance with the substantive laws of the State of Florida, without regard to the principles of conflicts of laws in the State of Florida with and other state or jurisdiction.

Any disputes related to this document will be subject to the exclusive jurisdiction and venue of any state or federal courts located in Miami-Dade County in the State of Florida. All claims and disputes arising under or relating to this Emergency Kit and the services rendered by TWC are to be settled by binding arbitration in the State of Florida.

Amoxicillin-Clavulanate 875 mg/125 mg tablet (generic Augmentin™)

Pharmacologic Category: Antibiotic, Penicillin

FDA-Approved Uses:
• Lymphadenitis (lymph node inflammation)
• Mastitis (breast tissue inflammation)
• Otitis Media (inner ear infection)
• Acute Pharyngitis, Group A streptococcus (strep throat)
• Tonsilitis (tonsil inflammation)
• Urinary tract infection (UTI)

Common Off-Label Uses:
• Acute bacterial rhinosinusitis (nasal passage & sinus infection)
• Lung abscess (pus-filled cavity within lung)
• Empyema (pus accumulation in space surrounding lung)
• Pyomyositis (bacterial infection of skeletal muscle)
• Bite wound (human, dog, cat)
• Dental infections
• Community-acquired pneumonia, mild
• Diabetic foot infection
• Chronic obstructive pulmonary disease (COPD), acute exacerbation

Typical Adult Dosing:

Community-acquired pneumonia, mild
Take Amoxicillin-Clavulanate 875 mg/125 mg (1 tablet) by mouth TWICE A DAY for 5 to 10
Bite wounds (human & animal), prophylaxis (asymptomatic exposure)
Take Amoxicillin-Clavulanate 875 mg/125 mg (1 tablet) by mouth TWICE A DAY for 3 to 5
Bite wounds (human & animal), treatment (symptomatic infection)
Take Amoxicillin-Clavulanate 875 mg/125 mg (1 tablet) by mouth TWICE A DAY for 7 to 14 days
Urinary tract infection (UTI), uncomplicated
Take Amoxicillin-Clavulanate 875 mg/125 mg (1 tablet) by mouth TWICE A DAY for 3 to 7
Acute bacterial rhinosinusitis (nasal passage & sinus infection)
Take Amoxicillin-Clavulanate 875 mg/125 mg (1 tablet) by mouth TWICE A DAY for 5 to 7 days
Acute pharyngitis, group A streptococcus (strep throat)
Take Amoxicillin-Clavulanate 875 mg/125 mg (1 tablet) by mouth TWICE A DAY for 10 days

Pregnancy: Pregnancy Risk Category B (see Appendix A). Consult with a medical provider.

Breastfeeding: Present in breastmilk, considered compatible with breastfeeding when used in usual recommended doses.

Note: While Amoxicillin-Clavulanate may be taken with food or on an empty stomach, the risk of gastrointestinal side effects is decreased when taken with meals.

Common Side Effects: Gastrointestinal including diarrhea nausea, vomiting, and rash.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Amoxicillin, clavulanic acid, or other beta-lactam antibacterial drugs (e.g. PENICILLINS, CEPHALOSPORINS) or any other component of the formulation. DO NOT TAKE if history of cholestatic jaundice or hepatic dysfunction with amoxicillin/clavulanate potassium therapy. Avoid use in suspected or confirmed mononucleosis infection.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

Prolonged use (>28 days) of antibiotics may result in fungal or bacterial superinfection.

Please review the full package insert and consult with a medical provider for additional information.

Mupirocin 2% ointment (generic Centany™)

Pharmacologic Category: Antibiotic, Topical

FDA-Approved Uses:
• Skin infections, superficial (localized infection of wounds, burns, dermatitis, or other lesions)
• Impetigo (vesicular honey-crusted bacterial skin infection caused by *S. pyogenes* or *S. aureus*)

Common Off-Label Uses:
• Folliculitis (inflammation of hair follicles)

Typical Adult Dosing:

Skin infection, superficial (localized infection of wounds, burns, dermatitis, or other lesions)
Apply Mupirocin 2% ointment to affected area TWO to THREE TIMES DAILY for 7 to 14 days
Folliculitis
Apply Mupirocin 2% ointment to affected area THREE TIMES DAILY for up to 7 days
Impetigo, limited number of lesions
Apply Mupirocin 2% ointment to affected area TWO to THREE TIMES DAILY for 5 days

Pregnancy: Pregnancy Risk Category Not Assigned. AVOID USE during pregnancy unless the benefits outweigh the risks. Consult with a medical provider.

Breastfeeding: Presence in breastmilk unknown, though suspected to be minimal. Caution recommended in breastfeeding mothers. If Mupirocin ointment is used to treat a lesion located on breast or nipple, ensure the area is thoroughly washed before breastfeeding to limit exposure to infant. Consult with a medical provider.

Notes: Ensure affected area is clean and dry before application of Mupirocin. Wash hands thoroughly with soap and water before and after application. Use a cotton swab or gauze pad to apply a small amount of Mupirocin ointment topically as directed.

Common Side Effects: Itchiness, rash, stinging or burning of skin, headaches, nausea.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Mupirocin (Centany™), or any other component of the formulation.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

FOR EXTERNAL TOPICAL USE ONLY

DO NOT swallow or apply to eyes. Wash hands thoroughly with soap and water before and after application. If the product gets into the eyes or mouth, rinse with water immediately.

Please review the full package insert and consult with a medical provider for additional information.

Triple Antibiotic ointment - Bacitracin, Neomycin, Polymyxin B (generic Neosporin™)

Pharmacologic Category: Antibiotic, topical

FDA-Approved Uses:
• Prevention of infection in minor cuts, scrapes, or burns (topical)

Common Off-Label Uses:
• Stasis dermatitis (eczema caused by poor blood flow commonly in lower legs)

Typical Adult Dosing:

Skin infection, prevention
Apply Triple Antibiotic ointment topically to affected area ONE to THREE TIMES DAILY* *Continue daily application until significant healing occurs. **May cover wound with sterile bandage, if needed.

Pregnancy: Pregnancy Risk Category Unassigned. Consult with a medical provider.

Breastfeeding: Unknown if present in breastmilk. If Triple antibiotic ointment is used to treat a lesion located on breast or nipple, ensure the area is thoroughly washed before breastfeeding to limit exposure to infant. Consult with a medical provider.

Notes: Ensure affected area is clean and dry before application of Triple antibiotic ointment. Wash hands thoroughly with soap and water before and after application. To apply, place enough ointment on fingertip to cover the entire surface of affected area. Avoid use on deep cuts, animal bites, serious burns, or large areas of the body. Avoid contacting ointment tube with wound.

Common Side Effects: Itchiness, irritation, reddening of skin, swelling, dermatitis.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Triple antibiotic ointment, Bacitracin, Neomycin, Polymixin B (Neosporin™), or any other component of the formulation.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

FOR EXTERNAL TOPICAL USE ONLY

DO NOT swallow or apply it to eyes. Wash hands thoroughly with soap and water before and after application. If the product gets into the eyes or mouth, rinse with water immediately.

Please review the full package insert and consult with a medical provider for additional information.

Silver Sulfadiazine 1% cream (generic Silvadene™)

Pharmacologic Category: Antibiotic, topical

FDA-Approved Uses:
• Burn treatment (as an adjunct for the prevention and treatment of wound sepsis in patients with second- and third-degree burns).

Typical Adult Dosing:

Burn treatment
Apply Silver sulfadiazine to affected area with a product thickness of 1/16 inch topically ONCE or TWICE DAILY* *Continue daily application until significant healing occurs.

Pregnancy: Pregnancy Risk Category Unassigned. AVOID USE in pregnancy. Silver sulfadiazine is CONTRAINDICATED in pregnant women approaching or at term (as well as in premature infants or neonates ≤ 2 months of age), see 'Contraindications' below. Consult with a medical provider.

Breastfeeding: Unknown if present in breastmilk. AVOID USE if breastfeeding due to the potential for serious adverse reactions for a nursing infant.

Notes: Ensure the affected area is clean and dry before application of Silver sulfadiazine. Apply an even layer covering the entirety of the affected area approximately 1/16th inch thick with product.

Common Side Effects: Itchiness, irritation, skin discoloration, rash, skin photosensitivity.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Silver sulfadiazine (Silvadene™), or any other component of the formulation. DO NOT TAKE if you are a pregnant woman approaching or at term. DO NOT apply to infants or neonates ≤ 2 months of age. DO NOT TAKE if you have a sulfonamide (Sulfa) allergy.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

FOR EXTERNAL TOPICAL USE ONLY

DO NOT swallow or apply it to eyes. Wash hands thoroughly with soap and water before and after application. If the product gets into the eyes or mouth, rinse with water immediately.

Additional considerations is persons with renal (kidney) impairment, hepatic (liver) impairment, or G6PD deficiency.

Please review the full package insert and consult with a medical provider for additional information.

Acetylsalicylic acid 81 mg tablet (generic Aspirin™)

Pharmacologic Category: Analgesic, non-opioid; antiplatelet agent; nonsteroidal anti-inflammatory drug (NSAID); salicylate

FDA-Approved Uses:
- Analgesic (fever relief), antipyretic (pain relief), & anti-inflammatory
- Arthritis with rheumatic disease
- Acute coronary syndrome
- Non-ST-elevation (NSTEMI) or ST-elevation (STEMI) myocardial infractions (heart attack)*
- Ischemic stroke & transient ischemic attack (TIA)*
- Revascularization procedures
- Unstable angina

***If you suspect you are having a heart attack or stroke, contact 9-1-1 immediately.**

Common Off-Label Uses:
- Migraine, acute treatment
- Polycythemia vera, prevention of thrombosis
- Preeclampsia prevention
- Peripheral atherosclerotic disease

Typical Adult Dosing:
Maximum: 4,000 mg per day

Heart attack (NSTEMI or STEMI); initial protocol (confirmed or suspected event)
Take Acetylsalicylic acid 162 mg (2 tablets) by mouth, chew then swallow ONCE & seek immediate medical attention.
Heart attack (NSTEMI or STEMI); maintenance; secondary prevention
Take Acetylsalicylic acid 81 mg (1 tablet) by mouth DAILY
Atherosclerotic cardiovascular disease, primary prevention (prevent disease from occurring)
Take Acetylsalicylic acid 81 mg (1 tablet) by mouth DAILY
Preeclampsia prevention
Take Acetylsalicylic acid 81 mg (1 tablet) by mouth DAILY starting between 12 to 16 weeks; continue therapy until delivery

Pregnancy: Pregnancy Risk Category Unassigned. High dose NSAIDS, including Acetylsalicylic acid (100 mg/day or more), used at 20 weeks gestation or later may cause fetal renal dysfunction. When NSAID use is indicated, lowest dose for shortest duration possible is favored. For prevention of preeclampsia, consult with a medical provider.

Breastfeeding: Present in breastmilk. Considered compatible with breastfeeding when used in lowest recommended doses (75 to 162 mg/day).

Notes: Acetylsalicylic acid may be taken with food or on an empty stomach. The risk of gastrointestinal side effects is decreased when taken with meals. Limit the following foods when taking Acetylsalicylic acid: curry powder, paprika, licorice, prunes, raisins, gherkins, and tea (which may lead to excessive Acetylsalicylic acid accumulation in the body). Fresh fruits containing Vitamin C may result in rapid excretion of Acetylsalicylic acid in the urine.

Common Side Effects: Nausea, vomiting, heartburn, drowsiness, headache.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to NSAIDS, Acetylsalicylic acid (Aspirin™), or any other component of the formulation. DO NOT TAKE in patients with asthma, rhinitis, and nasal polyps. Contraindicated for use in children or teenagers with viral infections (regardless of the presence or absence of fever).

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance. Acetylsalicylic acid may affect the efficacy of blood thinners, like warfarin, which could increase the risk of bleeding.

Additional considerations in persons with hepatic (liver) impairment, renal (kidney) impairment, bleeding disorders, alcohol abuse disorders, gastrointestinal diseases, or severe dehydration.

Please review the full package insert and consult with a medical provider for additional information.

Acetaminophen 325 mg tablet (generic Tylenol™)

Pharmacologic Category: Analgesic, non-opioid

FDA-Approved Uses:
• Temporary reduction of fever
• Temporary relief of minor aches, pains, and headaches

Typical Adult Dosing:
Maximum: 4,000 mg per day

Pain relief & headache
Take Acetaminophen 325 to 650 mg (1 to 2 tablets) by mouth EVERY 4 to 6 HOURS, as needed
Fever
Take Acetaminophen 325 to 650 mg (1 to 2 tablets) by mouth EVERY 4 to 6 HOURS, as needed

Pregnancy: Pregnancy Risk Category Unassigned. Considered compatible in pregnancy when used in lowest effective dose for the shortest duration of time.

Breastfeeding: Present resent in breastmilk. Considered compatible with breastfeeding when used in usual recommended doses.

Notes: Acetaminophen may be taken with food or on an empty stomach, though rate of absorption may be decreased when taken with meals and result in delayed effect.

Common Side Effects: Skin rash.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Acetaminophen (Tylenol™), paracetamol, or any other component of the formulation. DO NOT USE with other medications containing Acetaminophen.

Caution: Life-threatening acetaminophen-induced hepatotoxicity (liver toxicity) has been associated with doses >4,000 mg/day (4g per day).

Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

Additional considerations in persons with hepatic (liver) impairment or G6PD deficiency.

Please review the full package insert and consult with a medical provider for additional information.

Ibuprofen 200 mg capsule (generic Advil™)

Pharmacologic Category: Analgesic, non-opioid; nonsteroidal anti-inflammatory drug (NSAID)

FDA-Approved Uses:
- Inflammatory diseases & rheumatoid disorders
- Management of pain, mild to moderate
- Management of fever
- Dysmenorrhea (painful menstruation)
- Osteoarthritis

Common Off-Label Uses:
- Abnormal uterine bleeding, nonacute
- Gout, treatment, acute flares
- Pericarditis, acute or recurrent

Typical Adult Dosing:
Maximum: 2,400 mg per day

Analgesic, for pain, mild to moderate
Take Ibuprofen 200 to 400 mg (1 to 2 capsules) by mouth EVERY 4 to 6 HOURS, as needed
Anti-inflammatory
Take Ibuprofen 200 to 400 mg (1 to 4 capsules) by mouth EVERY 6 to 8 HOURS, as needed
Fever management
Take Ibuprofen 200 to 400 mg (1 to 2 capsules) by mouth EVERY 6 HOURS, as needed
Gout, treatment, acute flares
Take Ibuprofen 800 mg (4 capsules) by mouth EVERY 8 HOURS within 24 to 48 hours

of flare onset; typical duration is 5 to 7 days; reduce dose as symptoms improve

Migraine, acute treatment

Take Ibuprofen 400 to 600 mg (2 to 3 capsules) by mouth ONCE

Pregnancy: Pregnancy Risk Category Unassigned. High dose NSAIDS used at 20 weeks gestation or later may cause fetal renal dysfunction. When NSAID use is indicated, lowest dose for shortest duration possible is favored. Consult with a medical provider.

Breastfeeding: Present in breastmilk. Considered compatible with breastfeeding when used in usual recommended doses. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and the benefits of treatment to the mother.

Notes: Ibuprofen may be taken with food or on an empty stomach. The risk of gastrointestinal side effects is decreased when taken with meals or milk.

Common Side Effects: Decreased hemoglobin, skin rash, dizziness, nausea, vomiting, abdominal pain, heartburn, itchiness, headache.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Ibuprofen (Advil™), or any other component of the formulation. DO NOT TAKE if history of asthma, urticaria, or allergic-type reaction to Acetylsalicylic acid (Aspirin™) or other NSAIDS. DO NOT TAKE in the setting of coronary artery bypass graft (CABG) surgery.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

May cause drowsiness, dizziness, and/or blurred vision (rare) which can impair physical or mental abilities.

Additional considerations in persons with renal (kidney) impairment, hepatic (liver) impairment, diabetes, asthma, post bariatric surgery, or medications that affect potassium levels (e.g. ACE-inhibitors).

Please review the full package insert and consult with a medical provider for additional information.

Lidocaine 4% topical patch

Pharmacologic Category: Analgesic, topical; local anesthetic

FDA-Approved Uses:
• Temporary relief of minor localized pain

Typical Adult Dosing:

Pain relief, topical
Apply Lidocaine 4% patch topically to the affected area DAILY, as needed

Pregnancy: Pregnancy Risk Category B (see Appendix A).

Breastfeeding: Present in breastmilk. Considered compatible with breastfeeding when used as recommended.

Notes: Ensure affected area is clean and dry before application of Lidocaine patch. Wash hands thoroughly with soap and water before and after application. Apply to affected (painful) area of skin immediately after removal from protective packaging. Apply only to intact skin. Do not apply over open wound. Lidocaine patch may be cut to size. Once patch is applied, avoid exposure to external heat (hot tub, heat lamp, electric blanket, etc.). After removing the Lidocaine patch, fold in half so that the adhesive side sticks to itself and dispose in trash away from children and pets.

Common Side Effects: Burning, itching, numbing or discoloration of skin.

Contraindications: DO NOT APPLY if known allergy or hypersensitivity to Lidocaine, another local anesthetic of the amide type, or any other component of the formulation. DO NOT APPLY if there is bacterial infection at the site of application, active tuberculous or fungal lesions of skin, varicella, or acute herpes simplex.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

FOR EXTERNAL, TOPICAL USE ONLY

DO NOT swallow or apply to eyes. Wash hands thoroughly with soap and water before and after application. If the product gets into the eyes or mouth, rinse with water immediately.

Please review the full package insert and consult with a medical provider for additional information.

Instant glucose powder (generic Glucose-SOS™)

Pharmacologic Category: Antidote for hypoglycemia

FDA-Approved Uses:
• Treatment of hypoglycemia (low blood sugar)
• Glucose tolerance test for diagnosis of diabetes mellitus

Typical Adult Dosing:

Hypoglycemia (low blood sugar, see 'Notes' below)

Take Instant glucose 15-gram packet by mouth ONCE; may repeat dose after 15 minutes if hypoglycemia persists*

*No need to chew or dissolve in water

**Once symptoms resolve, a meal or snack should be consumed to prevent recurrence of hypoglycemia

Pregnancy: Pregnancy Risk Category Unassigned. Consult with a medical provider.

Breastfeeding: Considered compatible with breastfeeding when used in usual recommended doses.

Notes: Symptoms of mild to moderate hypoglycemia include shaking, weakness, sweating, chills, racing heart rate, dizziness, lightheadedness, confusion, anxiety, tingling, or numbness. Instant glucose works by quickly increasing blood sugar, reversing symptoms. Can be taken immediately by mouth (no need to mix with water). Must be swallowed for full effect. Dose may be repeated after 15 minutes if hypoglycemia symptoms persist.

Common Side Effects: Confusion, lightheadedness, sweating, anxiety.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Instant glucose (Glucose-SOS™), hypersensitivity to dextrose, corn or corn products, or any other component of the formulation. Additional contraindications vary by product (refer to manufacturer's labeling).

Caution: Additional considerations in persons with uncontrolled diabetes, severe dehydration, or malnutrition.

Please review the full package insert and consult with a medical provider for additional information.

Medical Supplies

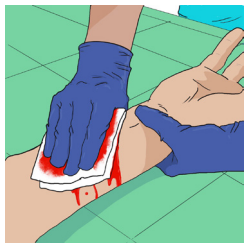
Included with kit:

- Scissors (1)
- Tweezer (1)
- Tegaderm bandages (1 pack)
- Gauze pads
  - 2x2 inch (2)
  - 3x3 inch (2)
  - 4x4 inch (2)
- Medical tape (1 roll)
- CPR face shield (1)
- Nitrile gloves, medium (4)
- Q tips 2-pack (2)
- Instant ice compress (1)
- Instant heat compress (1)
- Styptic powder (1)
- Ace wrap (1)
- Eye wash bottle (1)
- Finger splint (1)
- Torniquet (1)
- Eye wash bottle (1)
- Finger splint (1)
- Tourniquet (1)

Emergency Field Guide: BLEEDING WOUNDS

Stop the Bleeding:

1. Apply pressure directly to wound with gauze or cloth to stop the bleeding (applying dressing will be difficult if the wound is actively bleeding).



2. If gauze becomes saturated with blood, apply additional gauze over existing piece (do not remove initial gauze) and continue applying pressure.

3. If possible, raise the affected area above heart level to minimize blood flow.

4. Deep wounds may take longer to stop bleeding (up to 30 minutes).

5. Consider if a tourniquet or anti-hemorrhagic agents are appropriate.

6. Once bleeding stabilized, proceed to **'Preparing a Wound.'**

When to Use a Tourniquet:

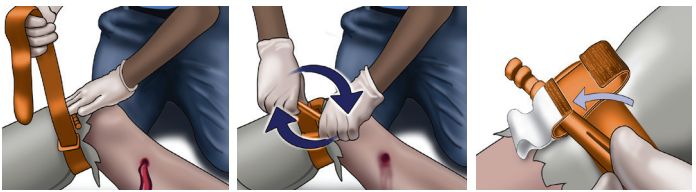
• Tourniquets are only effective when applied to limb injuries, not trauma to the head or torso. For head or torso injuries, utilize direct pressure and packing techniques, discussed above.

• Most bleeding injuries, regardless of location, can be controlled by direct pressure. However, in event of severe trauma, when the wound is severe and bleeding cannot be controlled with applied pressure, then (and only then) should a tourniquet be considered.

How to Apply a Tourniquet:

1. While high quality, medical grade tourniquets are preferred, tourniquets can be made from many common items (e.g. leather belt, cotton shirt, neckties) in an emergency.

2. The goal is to place the tourniquet firmly at a location proximal (between the limb wound and the heart) to the bleeding site to reduce blood flow to that region.



3. Ideally, the tourniquet will be 2 to 4 inches above the edge of the wound. DO NOT place directly over the wound.

4. Once at desired placement, locate the tightening rod that comes standard with most medical tourniquets. Begin twisting clockwise which will dramatically tighten the torniquet and significantly reduce bleeding. **NOTE:** this will be very painful for the person the tourniquet is being applied to.

5. Keep bleeding site elevated, above the heart, to further reduce blood flow.

6. Tourniquets are temporary measures to stop bleeding. **Seek immediate medical attention.** Tourniquets left intact for extended periods (2+ hours) can lead to neuromuscular injury and irreversible tissue death.

Anti-hemorrhagic agents:

• Anti-hemorrhagic agents are products that help control or stop bleeding. These agents range from mechanical, nutritional, and pharmaceutical products.

What is Styptic Powder?

• Styptic powder is an anti-hemorrhagic agent that constricts the blood vessels to stop bleeding in minor cuts and scratches.

• Styptic powder is an essential first-aid resource for pet owners.

• Styptic powder is regularly used and recommended by veterinarians and can be used in humans in emergency scenarios.

How to Use Styptic Powder (for minor cuts or scratches):

1. Use an applicator (i.e. cotton swab) to dip into powder container, lightly coating the applicator (you only need a small amount).
2. Apply the powder directly into the wound. activated.

3. Gently apply pressure and hold applicator on wound for 5 seconds to allow styptic powder to work.

4. If the bleeding does not stop, repeat this process.

5. NOTE: Larger wounds may require additional styptic powder to stop bleeding. Styptic powder is a temporary, potentially life-saving measure while emergency medical services are being activated.

6. See product packaging for additional information.

Emergency Field Guide: PREPARING A WOUND

Preparing a Wound:

1. Once bleeding has significantly slowed or stopped, clean the wound by removing debris and any other contaminants that may cause infection. Disinfected tweezers may be used to manually remove debris.

2. Use clean, cool water with disinfectant such as soap, hydrogen peroxide, rubbing alcohol, or iodine wipe.

3. Before applying dressing, use a clean, dry gauze or cloth to dry the skin around the wound (which will be used for adhesive).

4. Proceed to **'Assessing Severity of a Wound.'**

Emergency Field Guide:
ASSESSING SEVERITY OF A WOUND

Assessing Severity of a Wound:

1. Minor wounds can often be treated at home with standard cleaning and dressing techniques.

   a. Minor wounds may include cuts, scratches, abrasions, bruises, small splinters or insect bites, and first-degree burns (see **'Burn Wounds'**).

   b. Minor wounds are typically superficial (affecting only most outer layers of skin), bleeding can be controlled quickly, can cause mild redness, pain, and swelling, and healing becomes apparent within a day or so.

   c. **Note:** Minor wounds can rapidly transition to moderate or severe in nature, especially if infection sets in.

2. Severe wounds will require additional medical attention such as irrigation, glue bond, stitches, staples, or special medical dressings and in some cases oral or IV antibiotics. The following are indicators that urgent medical attention is needed:

a. The wound is deep with visible underlying structures (muscle, tendons, bone).

b. The wound is dirty with an abundance of contaminants.

c. There is uncontrollable bleeding.

d. There are signs of infection present (e.g. fever, chills, spreading or streaking redness of skin, severe pain).

e. Several days have passed without appreciable signs of healing.

f. You have a medical condition which prevents normal healing (e.g. diabetes, immunocompromised).

g. The wound was caused by a bite from an animal or human which poses increased risk of serious infections.

3. Regardless of the apparent severity of a wound, if there are any concerns of infection, poor bleeding control, disproportionate pain, poor healing, or any other concurrent medical condition that may affect wound management, contact a medical provider immediately.

4. Based on severity of wound, proceed to **'Dressing a Wound'**, and consider the necessity for urgent medical attention.

Emergency Field Guide: DRESSING A WOUND

Choosing an Appropriate Bandage Dressing:

- Select the appropriately sized dressing.

- An adhesive bandage may be sufficient for small cuts.

- For wider lacerations, choose a gauze pad that will cover the entire wound with some excess material available for the surrounding, intact skin.

- TegadermTM bandages are typically used for larger wounds (similar to gauze pad) with the added benefits of a sterile, water-proof barrier with an included adhesive seal.

How to use Adhesive Bandages:

1. Remove bandage from wrapper.
2. Place the gauze section down over the wound.
3. Pull the adhesives tight and firmly press down onto skin.
4. If the bandage falls off, do not reapply.
5. Apply new bandage daily until wound is healed.

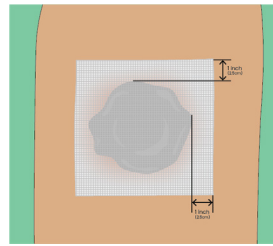
How to use Adhesive Bandages:

1. Gauze pads may be soaked in petroleum jelly or antibiotic ointments prior to application.

2. Gently press gauze down over the wound, ensuring it is completely covered with additional material(at least 1 inch) wider than the wound for the surrounding intact skin.

3. Secure gauze pad with medical tape to the adjacent intact skin.

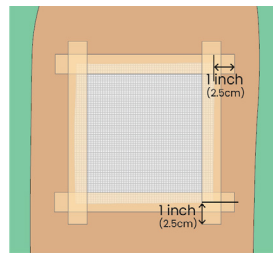
4. Ensure all 4 sides are taped down to mitigate risk of exposure and infection.



5. Additional covering (e.g. cotton bandage) may be applied over gauze pad, though not required.

6. Change with a fresh covering at least once a day.

7. During cover changes, inspect wound and remove any contaminants or debris that may still be present.



8. Allow the wound to air dry for at least 10 minutes before reapplying dressing.

How to use Tegaderm™ Bandages:

1. Tegaderm™ bandages are typically used for larger wounds (similar size to gauze pads) with the added benefits of a sterile, water-proof barrier with an included adhesive seal.

2. Follow label instructions and remove the protective film before applying.

3. Ensure the Tegaderm™ bandage completely covers the wound, with room for the adhesive edges to attach to the adjacent intact skin.

4. Tegaderm™ can be placed directly over the wound or on top of gauze pads for added absorption.

5. Avoid overstretching the dressing.

6. Gently press the dressing in place, smoothing from the center outward.

7. Slowly remove the paper frame while smoothing the film border to ensure good adhesion.

8. See product packaging for additional information.

Emergency Field Guide: BITE WOUNDS

Understanding Bite Wounds:

Bite wounds, especially from humans, can be dangerous due to the types of bacteria and viruses that can be found in the mouth. Because the teeth puncture the skin, these pathogens are afforded a direct route into the underlying soft tissue and blood stream, which can lead to severe infection if left untreated.

How to Treat a Bite Wound:

1. The same basic principles from 'Bleeding Wounds' apply to bite wounds.

   a. Stop the bleeding by applying direct pressure with gauze pads or cloth (see '**Bleeding Wounds**').

   b. Once bleeding stops, thoroughly clean the wound with cool water with disinfectant such as soap, hydrogen peroxide, rubbing alcohol, or iodine. If debris persists in the wound, disinfected tweezers may be used to manually remove contaminants (see **'Preparing a Wound'**).

   c. Apply a clean bandage covering and seek emergency medical care (see **'Assessing Severity of a Wound'** and **'Dressing a Wound'**).

2. While there is the potential for infection with any puncture wound, the risk is higher in the setting of animal or human bite wounds.

3. Many experts recommend taking a post-exposure (after being bitten) prophylactic antibiotic regimen for bite wounds. **Amoxicillin-Clavulanate** (generic Augmentin™) is included within this kit and often used for this purpose. In the setting of established infection, antibiotic treatment is required. Consult your medical provider before taking any medications.

4. Additionally, being up to date with tetanus shots can further reduce the risk of tetanus infection, a deadly condition if left untreated.

Emergency Field Guide: BURN WOUNDS

Identify the type of burn:

• First degree burns affect only the most superficial layer (epidermis) of skin and may present with redness, peeling, and some pain. First degree are generally considered minor burns and can usually be treated at home.

• Second degree burns affect the top two layers of skin (epidermis and dermis) and usually present with blisters and more severe pain. The risk of infection is higher in second degree burns and may require urgent medical attention depending on extent of burn and location.

• Third degree burns are the most serious and affect all layers of skin including the muscle and nerves beneath the skin. Because the nerves may be destroyed, in some cases third degree burns may be less painful than first and second degree. The risk of infection is highest in third degree burns. Generally considered a severe injury, **third degree burns require immediate medical attention** and should not be left to be treated at home.

How to treat a first- and mild second-degree burn:

1. Following a burn, remove any clothing or jewelry before cooling wound with room-temperature or cool

tap water. Recommendations on duration of water cooling vary between 5 minutes up to 30 minutes. This will provide some pain relief and limit tissue injury.

a. Direct ice or iced water should be **avoided** to prevent further tissue damage.

b. Rinsing wound for durations longer than recommended increase the risk of tissue maceration.

c. around burn wound for up to 30 minutes. It is unclear whether cold compress does more harm than good. While some experts recommend cold compress to reduce swelling and pain, other experts indicated that despite alleviating these symptoms, more tissue damage may occur with cold compress use.

2. It is recommended to clean the burn wound, removing any dirt, sand, oils, or other debris that may remain on the surface.

3. Gentle, hydrating soap-free cleansers are preferred. Avoid harsh soaps, exfoliating cleansers, or alkaline pH products which can be irritating.

4. Keep the burn wound moist. Many topical products used to treat burns wounds include moisturizing agents.

5. Mild, first-degree burn wounds do not require dressings. Partial or full thickness burns often have dressings applied.

6. Prevent infection. Consider applying **mupirocin**

ointment, triple antibiotic ointment, or **silver sulfadiazine topical,** per package instructions. Continuous coverage of the burn wound is recommended until significant healing begins to take place.

7. Pain management. Acetaminophen or NSAIDs (e.g. Ibuprofen) are often sufficient analgesics for mild burn wounds. Analgesics can be administered around the clock for the first couple of days following a burn injury. Elevating the wound above the above the heart can minimize swelling and pain.

8. Other symptoms, such as itchiness, are common during burn wound healing. Antihistamines, such as **Diphenhydramine,** are commonly used as first-line treatment for pruritis (skin itchiness).

Emergency Field Guide: CPR

Understanding CPR:

• CPR stands for Cardiopulmonary Resuscitation and is an emergency lifesaving procedure performed when a person's heart stops beating.

• Immediate CPR can double or triple the chances of survival after cardiac arrest.

• CPR is important because it is the only way to continue some measure of blood flow to vital organs after the heart stops beating.

• In many jurisdictions, Good Samaritan laws provide legal protections for individuals who voluntarily aid others in emergency scenarios, including CPR.

• Additional resources and CPR training can be found here: **https://cpr.heart.org/**

When to Initiate CPR:

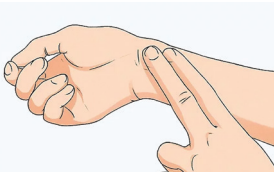
1. When arriving on the scene where a person is unresponsive, the following steps are recommended**:**

   a. Scan the scene for safety. Ensure that your life is also not in danger. Only proceed when the scene is safe.

   b. Assess the collapsed person. If the person is

conscious, remain by their side until medical personnel arrive. If the person is unconscious, check for a pulse by placing two fingers over the carotid artery (below the angle of the jaw) or radial artery (soft part of wrist on same side as the thumb).

c. If the person is unconscious AND without an appreciable pulse, begin CPR immediately.



2. Have a bystander call 9-1-1 for emergency services.

3. Have another bystander search for an AED (Automated External Defibrillator).

4. While CPR can be achieved by a single person, having multiple people assist will often allow the best possible outcome due to the physical nature of CPR.

5. Continue CPR until either emergency medical personnel arrive on the scene to take over or an AED is brought to the scene and applied to the person.

How to Perform CPR as a team of 1 or 2:

1. Once the decision to start CPR is made, ensure the unconscious person is lying flat on their back on a hard, flat surface.

2. If possible, remove (rip or cut) any clothing over the chest.

3. Kneel at their side, lean over their chest, with both palms face down, place one hand over the other and interlock fingers.

4. Place hands directly over the person's chest (between nipples) and begin pressing down firmly.

5. The goal is to depress the person's chest at least 2 inches at a rate of 100 compressions per minute. For reference, this would be to the beat of "Stayin Alive" by the Bee Gee's or "Another One Bites the Dust" by Queen.

6. Do chest compressions in sets of 30 without interruption.

7. When in a team of 2, swap roles every couple of sets of 30 to prevent overwhelming fatigue.

8. With only 1 or 2 people performing CPR, it is recommended to ONLY do chest compressions until further help arrives, deferring mouth-to-mouth rescue breaths.

How to Perform CPR as a team of 3 or more:

Follow the same steps listed above for teams of 1 or 2, with the following additions:

1. Mouth-to-mouth breathing resuscitation may now be implemented. If you have a CPR face shield available, prepare it for use. compressions, where the 3rd person will then immediately provide 2-rescue breaths.

2. After each set of 30 chest compressions, momentarily pause chest compression where the 3rd person will then immediately provide 2-rescue breaths.

a. Make sure their mouth is free of any objects and wipe away any fluids that may be present.

b. Place the CPR shield over the person's mouth (if applicable).

c. Lift the chin up and tilt the head back to open the airway.

d. Use one hand to pinch their nostrils closed.

e. Cover their mouth completely with yours.

f. Forcefully breathe into their mouth for at least 1 second, two times.

g. Watch the person's chest to see if there is any appreciable rise to confirm if the breaths were delivered.

h. After two rescue breaths, continue another set of 30 chest compressions, then repeat.

How to use a CPR face shield:

1. Remove the face shield from packaging.

2. Lay the shield across the unconscious person's face, following the shield labels indicating "top" or "up."

3. Ensure the mouthpiece is directly centered over the person's mouth.

4. Using the mouth-to-mouth resuscitation steps above, deliver 2 rescue breaths between each set of 30 chest compressions.

5. Dispose of face shield after CPR use.

Emergency Field Guide: ENVIRONMENTAL EXPOSURE

How to use an Eye Wash Bottle:

• When the eye is exposed to harmful chemicals or injuries, immediate eye washing is crucial as the likelihood of permanent eye damage increases with delay.

• An eye wash bottle provides immediate, targeted eye washing.

• To use an eye wash bottle, remove the protective cap from the bottle.

• Locate the socketed nozzle and place directly over the eyeball.

• Keeping your eye open, use your thumb and index finger to squeeze the bottle, forcing water directly into the eye.

• Continue until the bottle is empty. When debris persists in the eye or in more serious eye exposures, quickly refill the bottle and repeat this process.

• Rinse your eye for at least 15 minutes.

• Depending on severity, seek emergency medical care or consult with a medical provider for further instruction.

Personal Protective Equipment (PPE):

• Personal protective equipment refers to products worn to minimize hazardous exposure (e.g. nitrile gloves), especially to areas in close contact with exposures or sensitive regions (eyes, mouth, etc.).

• When performing any medical intervention, it is recommended that you wear PPE to the extent possible.

• Some PPE is designed for one-time use whereas others can be reused with cleaning/disinfecting. Refer to all manufacture labeling for instructions. It is not recommended to reuse 'single use' products unless in a scenario where resources are extremely limited, and the benefits outweigh the risks.

Medical Conditions & Therapeutic Agents

***Off-label use**

Preeclampsia prevention	
Acetylsalicylic acid*	p. 14-16
Sinus infection	
Amoxicillin-Clavulanate*	p. 5-7
Skin infection	
Mupirocin ointment	p. 8-9
Triple antibiotic ointment	p. 10-11
Strep throat	
Amoxicillin-Clavulanate	p. 5-7
Urinary tract infection, uncomplicated	
Amoxicillin-Clavulanate	p. 14-16

Medical Conditions & Therapeutic Agents

FDA Pregnancy Risk Categories

Category	Description
A	Adequate and well-controlled studies in pregnant women have failed to demonstrate a risk to the fetus in the first trimester of pregnancy (and there is no evidence of risk in later trimesters).
B	Animal reproduction studies have failed to demonstrate a risk to the fetus, but there are no adequate, well-controlled studies in pregnant women.
C	Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate, well-controlled studies in pregnant women, but potential benefits may warrant use in pregnant women despite potential risks.
D	Positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans, but potential benefits may warrant use in pregnant women despite potential risks.
X	Positive evidence of animal or human fetal abnormalities and/or positive evidence of human fetal risks, and risks clearly outweigh any possible benefit.

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