THE WELLNESS
COMPANY

TRAVEL EMERGENCY KIT
GUIDEBOOK

THE WELLNESS COMPANY

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

TRAVEL EMERGENCY KIT

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

Don't get caught unprepared – whether travelling abroad or exploring your local area, medical complications and emergencies can happen at the most inopportune times. 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 TRAVEL EMERGENCY KIT

Your Kit contains the following:

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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 (68-77°F / 20-25°C) 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

LEGAL DISCLAIMER

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

If any provision of this disclaimer is invalid or unenforceable under applicable law, that provision shall be enforced to the maximum extent possible, and the remaining provisions shall remain in full force and effect.

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.

Cephalexin 500 mg capsule (generic Keflex™)

Pharmacologic Category: Antibiotic, Cephalosporin (First generation)

FDA-Approved Uses:
• Respiratory tract infections (S. pneumoniae and S. pyogenes)
• Bacterial pharyngitis, group A strep (strep throat)
• Otitis Media (inner ear infection caused by S. pneumoniae, H. influenzae, S. aureus, S. pyogenes, M. catarrhalis)
• Skin & soft tissue infections (caused by S. pyogenes and S. aureus)
• Osteomyelitis (bone infection caused by S. aureus and P. mirabilis)
• Urinary tract infections (caused by E. coli, P. mirabilis, K. pneumoniae)
• Prostatitis, acute

Common Off-Label Uses:
• Mastitis (breast tissue inflammation)
• Endocarditis prophylaxis
• Prosthetic joint infection
• Impetigo (vesicular honey-crusted bacterial skin infection)
• Cellulitis (deep bacterial skin infection)
• Erysipelas (superficial bacterial skin and lymphatic vessel infection)
• Folliculitis (inflammation of hair follicles)
• Bacterial cystitis

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

Bacterial pharyngitis, group A strep (strep

Take Cephalexin 500 mg (1 capsule) by mouth TWICE DAILY for 10 days

Skin & soft tissue infections
Cellulitis, nonpurulent
Erysipelas
Mastitis

Take Cephalexin 500 mg (1 capsule) by mouth FOUR TIMES DAILY for 5 days*

*Duration of therapy may be extended up to

Urinary tract infection, uncomplicated

Take Cephalexin 500 mg (1 capsule) by mouth TWO TIMES DAILY for 5 to 7 days

Pregnancy: Pregnancy Risk Category B (see Appendix A). Cephalosporin antibiotics, including Cephalexin, are generally considered compatible for use during pregnancy.

Breastfeeding: Present in breastmilk. Consult with a medical provider.

Notes: Cephalexin 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: Abdominal pain, diarrhea, nausea, vomiting, dizziness, fatigue, headache, muscle pain, joint pain, rash.

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

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

Additional considerations in persons with penicillin allergy, elevated INR, seizure disorder, or renal (kidney) impairment.

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

Please see package insert for more details.

Ciprofloxacin 500 mg tablet (generic Cipro™)

Pharmacologic Category: Antibiotic, Fluoroquinolone

FDA-Approved Uses:
• Acute bacterial sinusitis (sinus infection)
• Urinary tract infection, uncomplicated
• Skin & soft tissue infections
• Bone & joint infections
• Infectious diarrhea
• Typhoid fever (caused by *Salmonella typhi* and *paratyphi*)
• Cervical & urethral N. gonorrhea infection
• Lower respiratory tract infections
• Chronic bacterial prostatitis
• Anthrax inhalation postexposure

Common Off-Label Uses:
• Bartonella (cat scratch disease)
• Bite wound (human & animal)
• Chancroid (STI genital bacterial infection caused by H. ducreyi)
• Cholera (infection of small intestine caused by V. cholera)
• Chronic obstructive pulmonary disease (COPD), acute exacerbation
• Diabetic foot infection
• Endocarditis
• Crohn's disease flare
• Shigella GI infection

- Spontaneous bacterial peritonitis
- Meningococcal meningitis prophylaxis
- Neutropenic fevers
- Plague (Yersinia pestis) infection
- Tularemia (bioterror)

Typical Adult Dosing:

Anthrax, inhalation (postexposure prophylaxis)
Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 42 to 60 days* *Consult with a local expert for more information
Bite wound (human & animal), prophylaxis (asymptomatic exposure)
Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 3 to 5 days
Bite wound (human & animal), treatment
Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 5 to 14 days
Cholera (Vibrio cholerae)
Take Ciprofloxacin 1,000 mg (2 tablets) by mouth ONCE
Chronic obstructive pulmonary disease (COPD), acute
Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 5 to 7 days

Meningococcal meningitis, prophylaxis

Take Ciprofloxacin 500 mg (1 tablet) by mouth ONCE*
*Prophylaxis treatment only. Seek immediate medical attention for suspected meningitis

Plague (Yersinia pestis), postexposure prophylaxis, bioterror

Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 7 days

Acute bacterial sinusitis (sinus infection)

Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 5 to 7 days

Shigella, GI infection

Take Ciprofloxacin 500 mg (1 tablet) by mouth DAILY for 3 days

Tularemia, postexposure prophylaxis, bioterror

Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 14 days

Urinary tract infection, uncomplicated

Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 3 days (females) or 5

Urinary tract infection, complicated Pyelonephritis

Take Ciprofloxacin 500 mg (1 tablet) by mouth TWICE A DAY for 5 to 7 days

Pregnancy: Pregnancy Risk Category C (see Appendix A). AVOID USE during pregnancy unless the benefits outweigh the risks to both fetus and mother. Consult with a medical provider.

Breastfeeding: Present in breastmilk. AVOID USE of quinolone antibiotics, including Ciprofloxacin, in breastfeeding mothers. If use of Ciprofloxacin is necessary, the manufacturer recommends that breastfeeding be discontinued during antibiotic therapy and for 2 days following last dose of Ciprofloxacin.

Notes: Ciprofloxacin may be taken with food or on an empty stomach. The risk of gastrointestinal side effects is decreased when taken with meals. If you take antacids, sucralfate, didanosine, or certain supplements (calcium, iron, magnesium, or zinc), it is recommended to take Ciprofloxacin either 2 hours before or 6 hours after these agents.

Common Side Effects: Joint and muscle aches, abdominal pain, diarrhea, nausea, vomiting, rash, vaginal yeast infection, dizziness, drowsiness, headache, insomnia, restlessness.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Ciprofloxacin (Cipro™), other Quinolones, or any other component of the formulation. DO NOT TAKE with tizanidine.

Caution: US Boxed Warning – Fluoroquinolones have been associated with disabling and potentially irreversible serious adverse reactions that have occurred together, including:

tendinopathy and tendon rupture, peripheral neuropathy and CNS effect. Discontinue Ciprofloxacin immediately and avoid the use of fluoroquinolones in patients who experience any of these serious adverse reactions. Because fluoroquinolones have been associated with serious adverse reactions, reserve Ciprofloxacin for use in patients who have no alternative treatment options for the following indications: acute exacerbation of chronic bronchitis, acute sinusitis, and acute uncomplicated cystitis.

Significant drug interactions exist and may require dose/frequency adjustment or avoidance. May affect the efficacy of blood thinners (e.g. warfarin).

Additional considerations in persons with myasthenia gravis, taking QT-prolonging medications, or with renal (kidney) impairment.

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

Please see package insert for more details.

Ondansetron 4 mg tablet (generic Zofran™)

Pharmacologic Category: Antiemetic; Selective 5-HT3 Receptor Antagonist

FDA-Approved Uses:
- Cancer chemotherapy-induced nausea and/or vomiting
- Postoperative nausea and/or vomiting
- Radiotherapy-associated nausea and/or vomiting

Common Off-Label Uses:
- Nausea and/or vomiting, acute, severe
- Pregnancy-associated nausea and/or vomiting
- Vertigo-associated nausea and/or vomiting

Typical Adult Dosing:
Maximum: 16 mg per day

Nausea and/or vomiting, acute, severe
Take Ondansetron 4 mg (1 tablet) by mouth EVERY 4 to 8 HOURS, as needed for nausea or vomiting* *Do not exceed 16 mg (4 tablets) in a 24-hour period

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

Breastfeeding: Presence in human breast milk is unknown. Potential harm to breastfeeding infants is unknown. Consult with a medical provider.

Notes: Ondansetron may be taken with food or on an empty stomach. Take with a full glass of water.

Common Side Effects: Headache, constipation, diarrhea, dizziness, drowsiness, fatigue, and malaise.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Ondansetron (Zofran™), or any other component of the formulation; DO NOT TAKE with apomorphine.

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

Additional considerations in persons taking other serotonergic agents (e.g. SSRIs, SNRIs, MAOIs) or with a history of Serotonin syndrome.

May cause dizziness/drowsiness, advise caution while driving.

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

Scopolamine 1 mg/3 days transdermal patch (generic Transderm-Scop™)

Pharmacologic Category: Anticholinergic agent

FDA-Approved Uses:
- Motion sickness, prevention
- Gastrointestinal/genitourinary spasm
- Postoperative nausea and/or vomiting, prevention

Common Off-Label Uses:
- Sialorrhea (excessive saliva secretion)

Typical Adult Dosing:

Motion sickness, prevention
Apply Scopolamine base 1 mg/3 days (1 transdermal patch) behind ear at least 4 hours prior to travel; may be applied for up to 72 hours, then remove* *Wash hands with soap and water before and after applying patch. Do not touch eyes until hands are thoroughly washed.

Pregnancy: Pregnancy Risk Category Not Assigned. AVOID USE of Scopolamine in pregnant patients with history of or active preeclampsia. Consult with a medical provider.

Breastfeeding: Present in breastmilk. AVOID USE in breastfeeding mothers. Use of scopolamine may temporarily inhibit lactation supply.

Notes: Each transdermal patch delivers approximately 1 mg Scopolamine over 3 days. Ensure area of skin contact is hairless. Wash hands with soap and water before and after patch application. DO NOT touch your eyes until your hands are thoroughly washed. Recommended to use only 1 patch at a time. Do not cut the patch. Once removed, fold the patch in half (sticky sides together) and discard out of reach of children and/or pets.

Common Side Effects: Restlessness, agitation, dilated pupils resulting in blurred vision, light sensitivity, dry mouth, dizziness, drowsiness, sore throat.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Scopolamine (Transderm-Scop™), other belladonna alkaloids, or any other component of the formulation. DO NOT TAKE if history of narrow-angle glaucoma.

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.

Use caution when driving due to possible dizziness or drowsiness. Alcohol use may further exaggerate these symptoms.

Additional considerations in elderly persons or those taking CNS depressants (psychiatric medications, antihistamines, sedatives, prescription pain medications, barbiturates, or muscle relaxants).

Please see package insert for more details.

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. Consult with a medical provider. 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.

Notes: Ensure affected area is clean and dry before 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 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 see package insert for more details.

Triamcinolone 0.025% cream (generic Triderm™)

Pharmacologic Category: Corticosteroid, Topical

FDA-Approved Uses:
• Corticosteroid-responsive dermatoses (diseases of the skin)
- Atopic dermatitis (common type of eczema)
- Contact dermatitis (skin rash caused by an allergic reaction)
- Vulvar dermatitis (including vulvar eczema and contact dermatitis)
- Psoriasis, plaque
- Seborrheic dermatitis (eczema affecting the scalp and other oily areas of the body)

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

Typical Adult Dosing:

Corticosteroid-responsive dermatoses: **Atopic dermatitis, mild** **Contact (allergic) dermatitis, mild to**
Apply Triamcinolone 0.025% cream topically to affected area ONE to TWO TIMES DAILY for up to 2 weeks

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

Breastfeeding: Presence in breastmilk unknown. If Triamcinolone cream 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: For optimal absorption, apply Triamcinolone cream to moist skin immediately after bathing or wet soak. Avoid contact with eyes. Typically, once symptoms have resolved you may discontinue use.

Common Side Effects: Skin dryness, irritation, itching, discoloration, rash.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Triamcinolone (Triderm ™), 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.

DO NOT cover the treated area with bandage or other covering unless instructed by your medical provider.

Please see package insert for more details.

Diphenhydramine 25 mg tablet (generic Benadryl™)

Pharmacologic Category: Antihistamine, Histamine H1 antagonist, First generation

FDA-Approved Uses:
- Insomnia
- Motion sickness, prevention or treatment
- Antitussive (cough suppressant)
- Drug-induced extrapyramidal symptoms (dystonia, parkinsonism, etc.)
- Nasal allergies
- Allergic dermatosis

Common Off-Label Uses:
- Angioedema
- Nausea and/or vomiting
- Scombroid (histamine) poisoning
- Urticaria (hives)
- Vertigo

Typical Adult Dosing:

Allergic reactions
Take Diphenhydramine 25 mg (1 tablet) by mouth EVERY 4 to 6 HOURS, as needed
Insomnia
Take Diphenhydramine 25 to 50 mg (1 to 2 tablets) by mouth at BEDTIME, as needed

Motion sickness, prevention or treatment
Take Diphenhydramine 25 mg (1 tablet) by mouth EVERY 4 to 6 HOURS, as needed* *Take 30 to 60 minutes before motion
Urticaria
Take Diphenhydramine 25 to 50 mg (1 to 2 tablets) by mouth THREE to FOUR TIMES DAILY, as needed

Pregnancy: Pregnancy Risk Category B (see Appendix A). Use recommended only when the benefits outweigh the risks. Consult with a medical provider.

Breastfeeding: Present in breastmilk. Not recommended for use in breastfeeding mothers.

Notes: Diphenhydramine may be taken with food or on an empty stomach. Some products may contain phenylalanine.

Common Side Effects: Drowsiness, blurred vision, loss of coordination, dry mouth, nausea, constipation.

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

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

Use caution when driving due to possible drowsiness and dizziness. Alcohol use may further exaggerate these symptoms.

Additional considerations in persons 65 and older.

Due to having similar names, Diphenhydramine and Dramamine™ are often confused with one another.

Please see package insert for more details.

Dimenhydrinate 50 mg tablet (generic Dramamine™)

Pharmacologic Category: Antihistamine, Histamine H1 antagonist, First generation

FDA-Approved Uses:
- Motion sickness, treatment or prevention
- Nausea and/or vomiting associated with motion sickness
- Vertigo associated with motion sickness

Common Off-Label Uses:
- Nausea and/or vomiting, severe or refractory
- Nausea and/or vomiting, pregnancy-associated
- Vertigo, acute episode

Typical Adult Dosing:
Maximum: 400 mg per day

Motion sickness, associated nausea and/or vomiting
Take Dimenhydrinate 50 to 100 mg (1 to 2 tablets) by mouth EVERY 4 to 6 HOURS, as needed* *Take 30 to 60 minutes before motion

Pregnancy: Pregnancy Risk Category B (see Appendix A). Use recommended only when the benefits outweigh the risks. Consult with a medical provider.

Breastfeeding: Present in breastmilk. Considered compatible with breastfeeding when used at minimal recommended doses. Higher doses or prolonged use may result in decreased milk supply and/or side effects in the breastfed infant.

Notes: Dimenhydrinate may be taken with food or on an empty stomach. Some products may contain phenylalanine.

Common Side Effects: Drowsiness, dizziness, blurred vision, dry mouth, constipation, restlessness.

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

Canadian labeling also includes the following as contraindications: concurrent use of or use within 14 days following therapy with a monoamine oxidase inhibitor, narrow angle glaucoma, chronic pulmonary disease, or prostatic hypertrophy.

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

Use caution when driving due to possible drowsiness or dizziness. Alcohol use may further exaggerate these symptoms.

Due to having similar names, Dramamine™ and Diphenhydramine and are often confused with one another.

Please see package insert for more details.

Bisacodyl 5 mg tablet (generic Dulcolax™)

Pharmacologic Category: Laxative, stimulant

FDA-Approved Uses:
• Constipation

Common Off-Label Uses:
• Bowel preparation for imaging, surgery, or other medical procedure

Typical Adult Dosing:

Constipation
Take Bisacodyl 5 to 10 mg (1 to 2 tablets) by mouth DAILY

Pregnancy: Pregnancy Risk Category Not Assigned. AVOID USE during the first trimester. Excessive use is not recommended throughout pregnancy. Consult with a medical provider.

Breastfeeding: Unknown if present in breastmilk. Recommendations about compatibility of use in breastfeeding women are mixed. Consult with a medical provider.

Notes: Take Bisacodyl with a whole glass of water. May be taken with meals or on an empty stomach. Do not crush, chew, or break tablet. Avoid use within 1 hour after taking an antacid, milk, or other dairy product.

Usually produces a bowel movement within 6 to 12 hours. When ineffective for constipation alone, may be taken in conjunction with a stool softener (e.g. Docusate sodium).

Common Side Effects: Abdominal pain, diarrhea, flatulence.

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

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

Do not take oral Bisacodyl by rectum. Take by mouth only.

Overuse of stimulant laxatives can result in bowel dysfunction.

Discontinue use and consult with a medical provider if a bowel movement fails to occur after 7 days of Bisacodyl use.

Additional considerations in elderly persons (>65 years of age).

Please see package insert for more details.

Loperamide 2 mg tablet (generic Imodium™)

Pharmacologic Category: Anti-diarrheal

FDA-Approved Uses:
• Diarrhea, including Travelers' diarrhea
• Control and symptomatic relief of chronic diarrhea associate with inflammatory bowel disease

Common Off-Label Uses:
• Cancer treatment-induced diarrhea
• Enterocutaneous fistula, high output

Typical Adult Dosing:
Maximum: *16 mg per day*

Diarrhea, including Travelers' diarrhea
Take Loperamide 4 mg (2 tablets) by mouth INITIALLY, followed by 2 mg (1 tablet) after each loose stool episode* *In cases of suspected dysentery (fever ≥ 101°F and bloody or mucoid stools), Loperamide may be used when closely monitored in conjunction with appropriate antibiotic **Do not exceed 16 mg (8 tablets) in a 24-hour period

Pregnancy: Pregnancy Risk Category C (see Appendix A). Not recommended for use throughout pregnancy unless the benefits outweigh the risks. Consult with a medical provider.

Breastfeeding: Present in breastmilk. Not recommended for use in breastfeeding mothers.

Notes: Loperamide should be administered with plenty of clear fluids to prevent hydration. Avoid tonic water. May be taken with food or on an empty stomach. Improvement should be noticed within 48 hours. Maximum daily dose is 16 mg per day.

Common Side Effects: Dizziness, constipation, abdominal cramping and discomfort, nausea.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Loperamide (Imodium™), or any other component of the formulation. DO NOT TAKE if experiencing abdominal pain without diarrhea, are experiencing black or bloody stools, have active acute ulcerative colitis, bacterial enterocolitis (caused by Salmonella, Shigella, or Campylobacter), and/or pseudomembranous colitis associated with broad-spectrum antibiotic use.

Caution: US Boxed Warning – cases of torsades de pointes, cardiac arrest, and death have been reported with the use of higher than recommended dosage.

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

Use caution when driving due to possible dizziness.

Discontinue use and consult with a medical provider if severe abdominal pain, abdominal distension, bloody stools, and/or inability to pass gas develops while taking Bisacodyl.

Additional considerations in elderly persons (>65 years of age).

Please see package insert for more details.

Melatonin 3 mg tablet

Pharmacologic Category: Synthetic exogenous hormone; dietary supplement

Common Off-Label Uses:
- Insomnia
- Jet lag reduction
- Delayed sleep phase disorder
- Shift-work related sleep disorders

Typical Adult Dosing:

Insomnia
Sleep support

Take Melatonin 3 to 9 mg (1 to 3 tablets) by mouth 30 MINUTES BEFORE BEDTIME*

*Starting at a lower dose may reduce the risk of unwanted side effects (vivid dreams, morning grogginess, headache or lightheadedness).

**Some people find melatonin to be more effective when taken up to several hours prior to bedtime.

Jet lag reduction

Take Melatonin 3 to 9 mg (1 to 3 tablets) by mouth 30 MINUTES BEFORE BEDTIME*

*Eastbound travel: Take first dose starting on

the first night in new time-zone; continue for up to 5 consecutive nights.

*Westbound travel: A dose is not needed on the first night in new time zone. Take doses on nights 2 through 5.

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

Breastfeeding: Presence in breastmilk unknown. Consult with a medical provider.

Notes: Melatonin can be taken with or without a meal. For optimal use, take melatonin once it is dark (or use blackout shades if sun is still up) and avoid blue light from electronics prior to bedtime.

Common Side Effects: Vivid dreams, morning grogginess, headache, lightheadedness, and drowsiness.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Melatonin or any other component of the formulation.

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

AVOID driving for at least 4 hours after taking melatonin due to expected drowsiness.

Please see package insert for more details.

Docusate sodium 100 mg tablet (generic Colace™)

Pharmacologic Category: Stool softener

FDA-Approved Uses:
• Relief of occasional constipation
• Prevention of straining during defecation and constipation associated with hard, dry stools

Typical Adult Dosing:

Constipation Stool softener
Take Docusate sodium 100 mg (1 tablet) by mouth TWICE DAILY, as needed

Pregnancy: Pregnancy Risk Category Unassigned. Available data does not observe an increased risk to the fetus. Considered compatible with pregnancy when diet and lifestyle modifications are not effective, and the benefits outweigh the risks. Consult with a medical provider.

Breastfeeding: Presence in breastmilk unknown. Generally considered acceptable for use in breastfeeding mothers.

Notes: Ensure adequate fluid intake while taking Docusate sodium. When ineffective for constipation alone, may be taken in conjunction with a stimulant laxative (e.g. Bisacodyl)

Common Side Effects: Loose stools, abdominal discomfort.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Docusate sodium (Colace™), Docusate calcium, or any other component of the formulation.

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

Do not take oral Docusate sodium by rectum. Take by mouth only.

Discontinue use and consult with a medical provider if a bowel movement fails to occur after 7 days of Docusate sodium use.

Please see package insert for more details.

Calcium carbonate 420 mg tablet (generic Tums™)

Pharmacologic Category: Antacid; electrolyte supplement, oral; phosphate binder; antidote (hypocalcemia)

FDA-Approved Uses:
• Antacid (relief of acid indigestion, heartburn, sour stomach)
• Gastroesophageal reflux disease, intermittent symptom relief
• Calcium supplementation (e.g. osteoporosis, osteomalacia, hypocalcemia rickets) when dietary supplementation is inadequate

Common Off-Label Uses:
• Hyperphosphatemia (high phosphate) in chronic kidney disease
• Chronic hypocalcemia (low calcium)
• Hypoparathyroidism, acute postsurgical, mild

Typical Adult Dosing:
Maximum: 7,000 mg/day (5,000 mg/day if pregnant)

Antacid, heartburn relief Gastroesophageal reflux disease (GERD)
Take Calcium carbonate 420 to 1260 mg (1 to 3 tablets) by mouth, as needed* *Do not exceed 7,000 mg daily (or 5,000 mg daily if pregnant)

Pregnancy: Pregnancy Risk Category Unassigned. Considered compatible with pregnancy when diet and

lifestyle modifications are not effective when taken at low doses for shortest duration. DO NOT EXCEED 5,000 mg daily when pregnant. High doses of Calcium carbonate throughout pregnancy may lead to low calcium status and seizures in neonate. Calcium carbonate use may decrease iron absorption which is often supplemented during pregnancy. Consult with a medical provider.

Breastfeeding: Present in breastmilk. Considered acceptable for use in breastfeeding mothers.

Notes: Calcium carbonate is recommended to be taken with food (or after when symptoms are caused by food). Ensure adequate fluid intake when taking calcium carbonate. Calcium supplementation may decrease nutritional absorption of iron.

Common Side Effects: Headache, diarrhea, abdominal pain, nausea, vomiting, constipation, flatulence, and hyperacidity (acid rebound).

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

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

Additional considerations in persons with kidney stones, chronic kidney disease, hypoparathyroidism, and/or achlorhydria.

Please see package insert for more details.

Medical Supplies

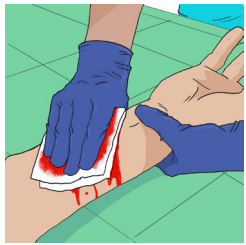
Included with kit:

- Adhesive bandages (6)
- Gauze pads
  2x2 inch (2)
  3x3 inch (2)
  4x4 inch (2)
- Iodine 10% wipes, disinfectant (2)

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.'**

Emergency Field Guide: PREPARING A WOUND

Preparing a Wound:

1. Once bleeding 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

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:

• Minor wounds can often be treated at home with standard cleaning and dressing techniques. Minor wounds may include cuts, scratches, abrasions, bruises, small splinters or insect bites, and first-degree burns. 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.

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

• 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:
-The wound is deep with visible underlying structures (muscle, tendons, bone).
- The wound is dirty with an abundance of contaminants.
- There is uncontrollable bleeding.
- There are signs of infection present (e.g. fever, chills, spreading or streaking redness of skin, severe pain).

- Several days have passed without appreciable signs of healing.
- You have a medical condition which prevents normal healing (e.g. diabetes, immunocompromised).
- The wound was caused by a bite from an animal or human which poses increased risk of serious infections.

• 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.

• 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.

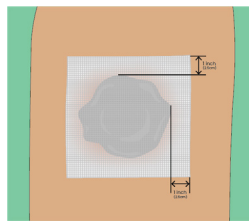
How to use Adhesive Bandages:

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

How to use Gauze Pads:

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

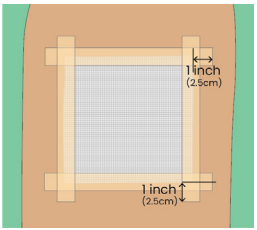
2. Gently press gauze down over the wound, ensuring it is completely covered with additional material (at least 1 inch) wider than the wound for the surrounding intact skin.



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.

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. Ciprofloxacin (generic Cipro™) 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.

Medical Conditions & Therapeutic Agents

***Off-label use**

Mastitis	
Cephalexin*	p. 5-7
Meningococcal meningitis, prophylaxis	
Ciprofloxacin*	p. 8-12
Motion sickness	
Scopolamine patch	p. 15-17
Diphenhydramine	p. 22-24
Dimenhydrinate	p. 25-26
Nausea and/or vomiting	
Ondansetron*	p. 13-14
Plague (Yersinia pestis)	
Ciprofloxacin*	p. 8-12
Psoriasis	
Triamcinolone cream	p. 20-21
Pyelonephritis	
Ciprofloxacin	p. 8-12
Shigella	
Ciprofloxacin*	p. 8-12
Skin & soft tissue infection	
Cephalexin	p. 5-7
Mupirocin ointment	p. 18-19
Traveler's (infectious) diarrhea	
Loperamide	p. 29-31

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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