

## MEDICAL/FIRST AID

### FIRST AID/MEDICAL KIT, HOME CHECKLIST

(Check with your doctor about proper use of these products.)

- |  |   |
|--|---|
| <input type="checkbox"/> Analgesic cream   | <input type="checkbox"/> Tongue depressor   |
| <input type="checkbox"/> Antacid   | <input type="checkbox"/> Triple antibiotic ointment                                 |
| <input type="checkbox"/> Anti-diarrhea or diphenoxylate HCL with atropine sulfate            | <input type="checkbox"/> Tweezers   |
| <input type="checkbox"/> Antihistamine   | <input type="checkbox"/> Water (have a container of water available in your pantry) |
| <input type="checkbox"/> Antiseptic cream or wipes (isopropyl alcohol)                       | <input type="checkbox"/> Water purification tablets                                 |
| <input type="checkbox"/> Aspirin and non-aspirin products                                    | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Bandages, assorted  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Burn cream or aloe  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Butterfly sutures   | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Case with tight seal to hold all items in the first aid/medical kit | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Cold/heat compress or pack  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Cold-flu medicine   | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Constipation  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Cough Syrup   | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Decongestant  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Diarrhea  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Eye wash (or water can be used) with dropper                        | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Fever reducer medication (acetaminophen or ibuprofen)               | <input type="checkbox"/> _____  |
| <input type="checkbox"/> First aid book, basic   |   |
| <input type="checkbox"/> Gauze pads and gauze roll   |   |
| <input type="checkbox"/> Gloves, vinyl   |   |
| <input type="checkbox"/> Hemorrhoid relief   |   |
| <input type="checkbox"/> Hydrocortisone cream (for itch or sting)                            |   |
| <input type="checkbox"/> Moistened towelettes  |   |
| <input type="checkbox"/> Nail clipper  |   |
| <input type="checkbox"/> Nausea, motion sickness   |   |
| <input type="checkbox"/> Petroleum jelly   |   |
| <input type="checkbox"/> Rags  |   |
| <input type="checkbox"/> Scissors  |   |
| <input type="checkbox"/> Signal mirror   |   |
| <input type="checkbox"/> Soap, liquid  |   |
| <input type="checkbox"/> Sunburn relief  |   |
| <input type="checkbox"/> Swabs, cotton   |   |
| <input type="checkbox"/> Tape, first aid   |   |
| <input type="checkbox"/> Thermometer   |   |