

SEPTEMBER
IS NATIONAL
PREPAREDNESS
MONTH

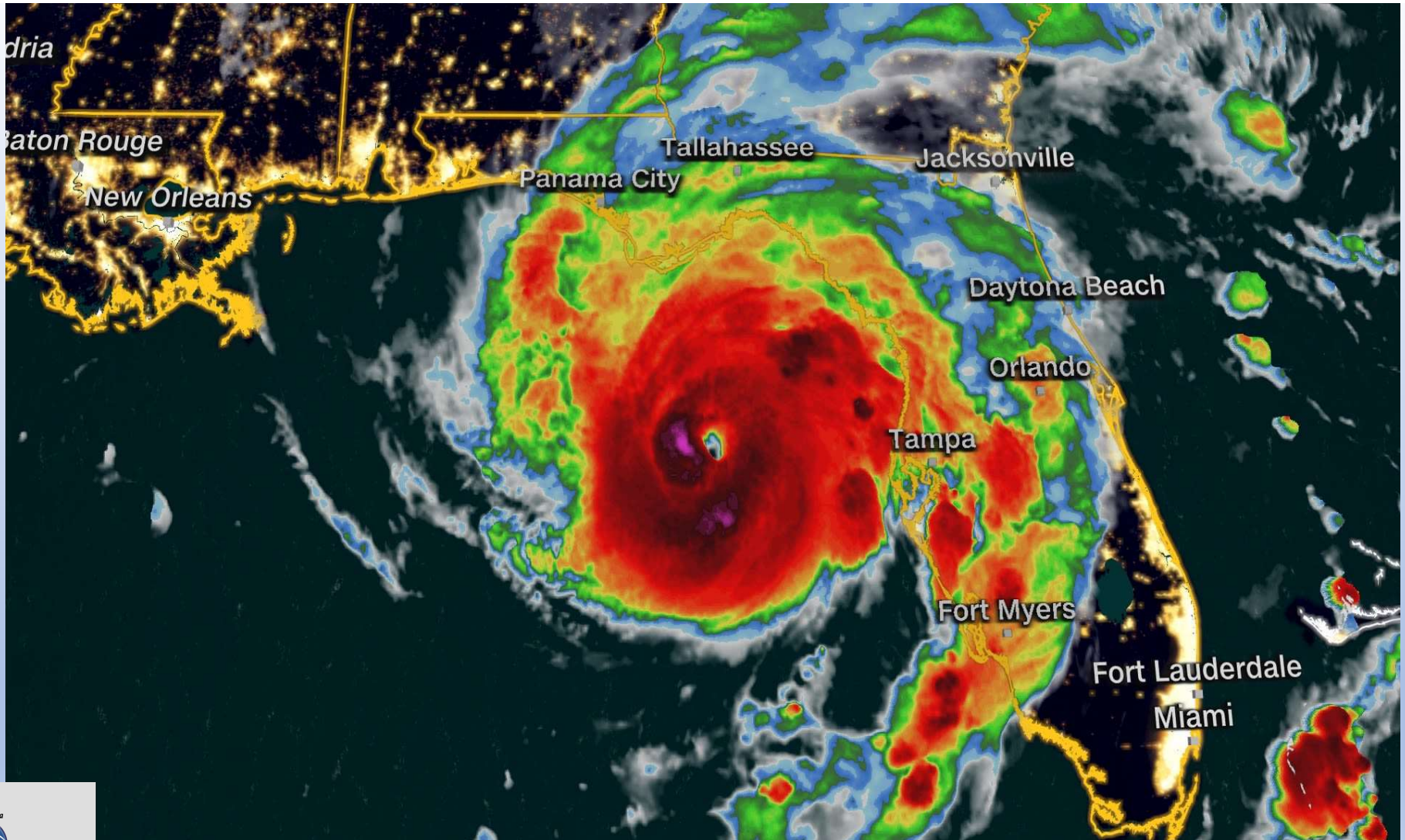


WHAT
ARE WE
PREPARING
FOR?

**Acts
Of
Nature**

**Everything
Else**

















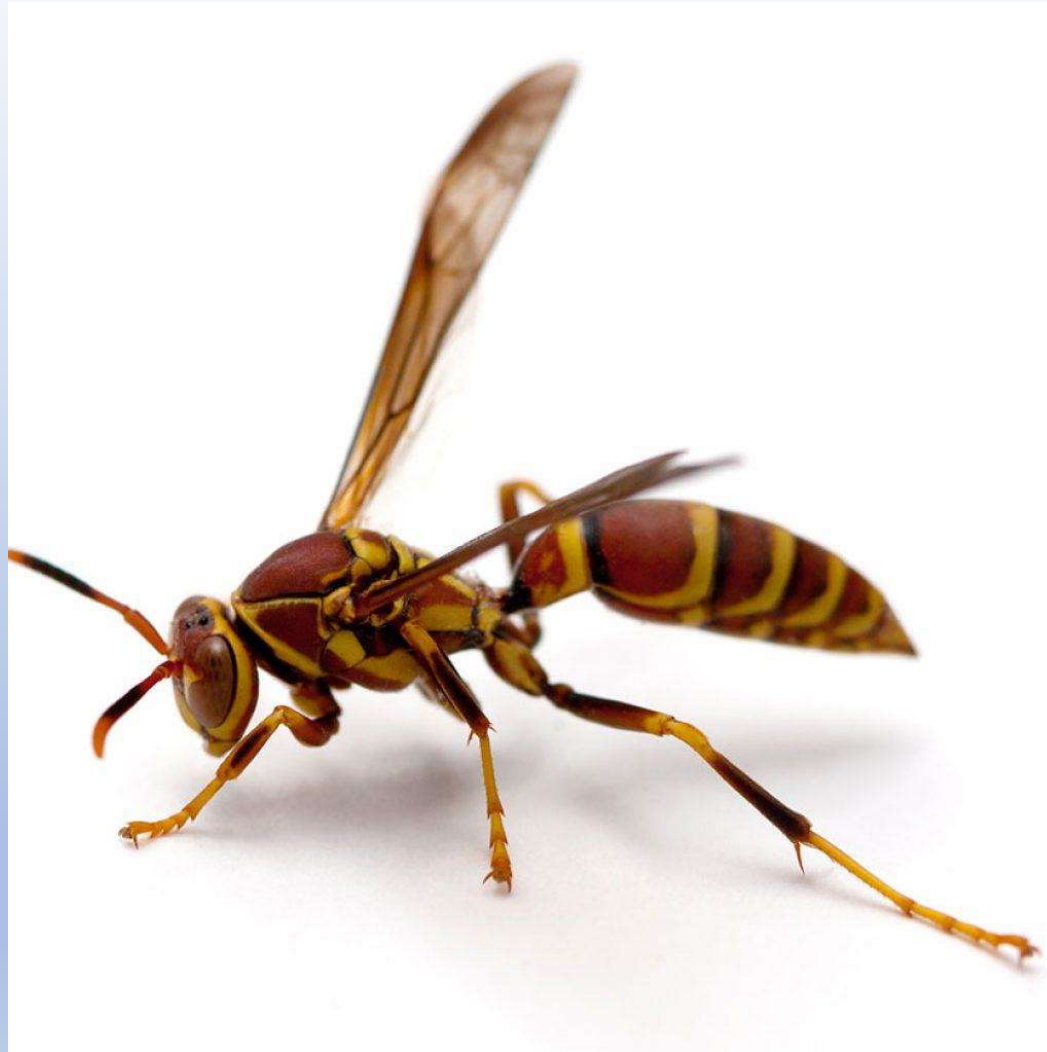




**VERIZON ALL
CIRCUITS ARE BUSY**



















I LOST MY
PHONE



**LOST
YOUR HOUSE
KEYS?**









**I'VE FALLEN
AND I CAN'T
GET UP**



««« OUR BUSY FAMILY »»»

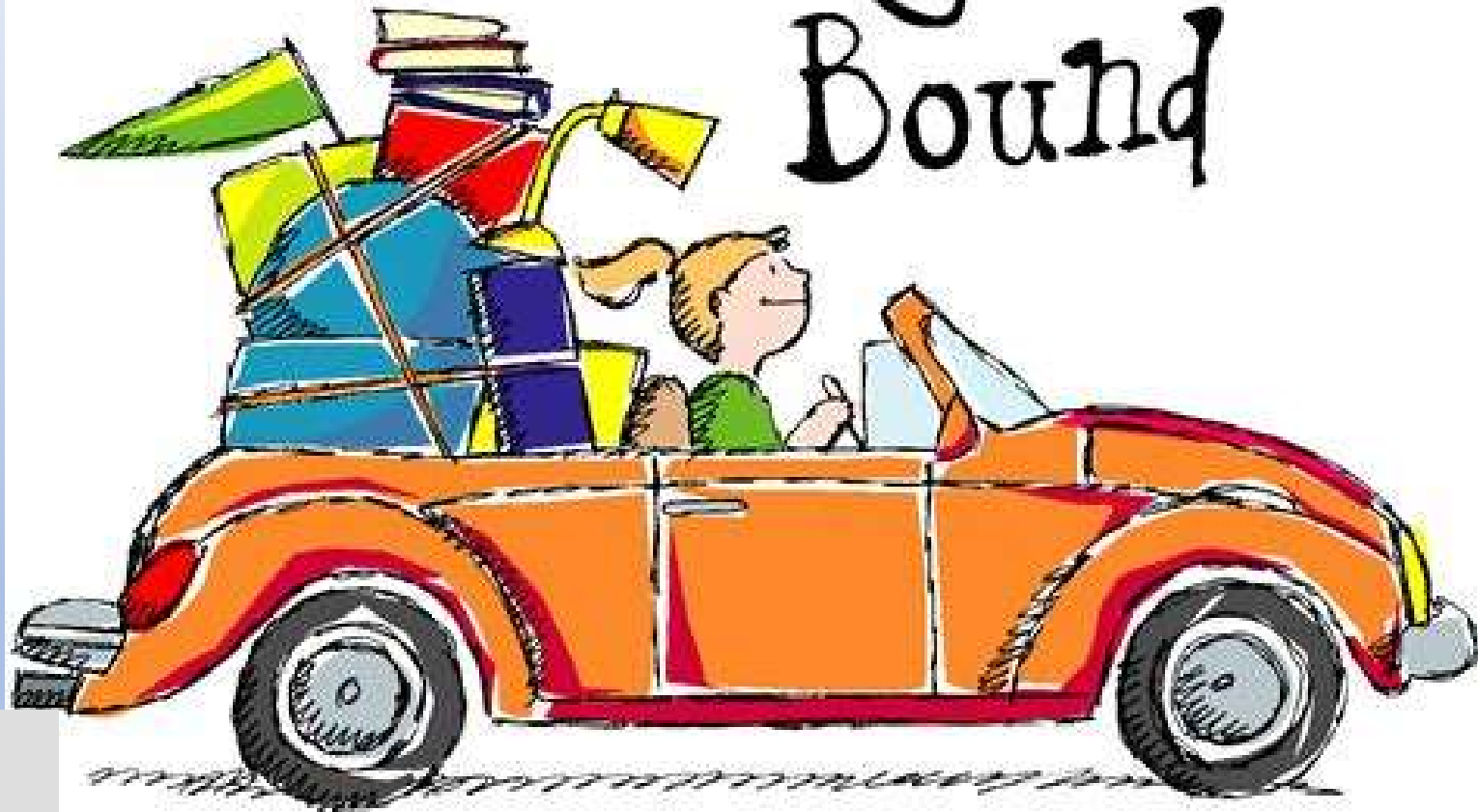
FEBRUARY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	Lu-dance ⁴	olivia ⁵ dance	6	7 sleepover "a violets"
8	9 9:15am 12:24 Dr. App.	preschool	10 Lu-Dance	11 olivia Dance	12 preschool	13 preschool
15 Mexico	14 noschool	17 preschool	18 Lu-Dance	19 olivia dance	20 preschool	21 valentines Day
22	23	24 *	25 Lu dance	26 olivia dance	27 preschool	28
		preschool		preschool	preschool	





College Bound







EMERGENCY WATER

one half gallon per person per day





72 hour Food Kit

pinkpolkadotcreations.com



How to make a **FAMILY** Communication Plan



1. Discuss a plan for sheltering, evacuating and communicating during a disaster.



2. Agree on safe, familiar places your family will go for protection or to reunite:

- Pick one location in your neighborhood
- Pick one outside your neighborhood like a shelter, friend's house, or place of worship



3. Sign all household members up for emergency alerts:



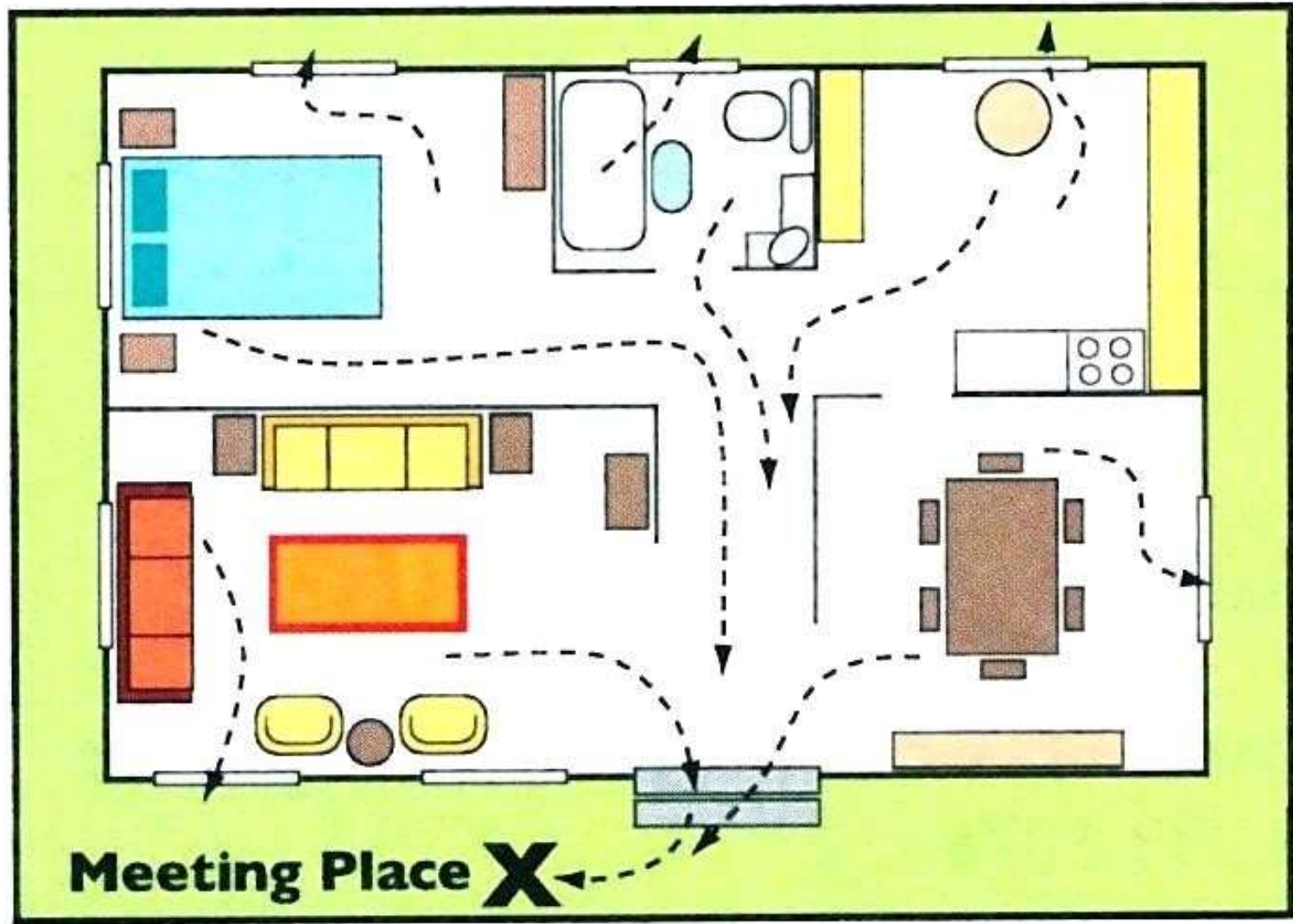
4. Make a paper list of family contact info for each family member to carry:

- Family phone numbers
- Social media
- Family doctors & medical providers
- Daycare and/or schools



5. Agree on one friend or relative outside the disaster zone every family member will contact:

- Keep this person's number in your wallet and your phone as an ICE (in Case of Emergency) contact.
- Text first, talk second
- If cell lines are down, use land line phones





**GET HOME
BAGS AND
GET HOME
PLANS
DURING A
CRISIS**

CASH

CASH

WATER



CASH

WATER

CHANGE OF CLOTHES



CASH

WATER

CHANGE OF CLOTHES

WALKING SHOES



CASH

WATER

CHANGE OF CLOTHES

WALKING SHOES

SPARE KEYS



CASH

WATER

CHANGE OF CLOTHES

WALKING SHOES

SPARE KEYS

PAPER MAP



CASH

WATER

CHANGE OF CLOTHES

WALKING SHOES

SPARE KEYS

PAPER MAP

FLASHLIGHT



CASH

WATER

CHANGE OF CLOTHES

WALKING SHOES

SPARE KEYS

PAPER MAP

FLASHLIGHT

PHONE # LIST







NEW!

Adventure
Medical
Kits

BE SAFE

TEAR HERE

QuikClot®

STOPS BLEEDING 5X FASTER*

For temporary external use



2ft.

**ADVANCED
CLOTTING GAUZE**

» U.S. Military Proven
» Safe & Easy To Use

One Sterile 2-Fold Clotting Gauze: 3 IN. X 2 FT.

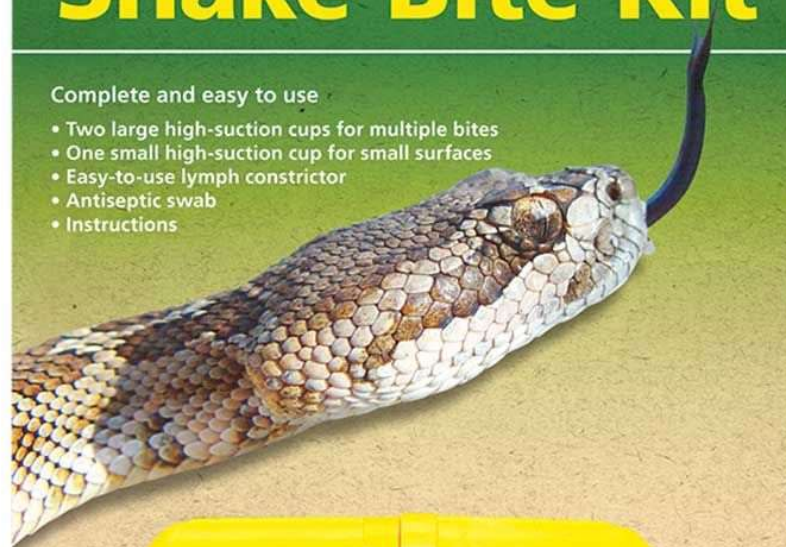
COGLANS

No. 7925

Snake Bite Kit

Complete and easy to use

- Two large high-suction cups for multiple bites
- One small high-suction cup for small surfaces
- Easy-to-use lymph constrictor
- Antiseptic swab
- Instructions



www.coghlan.com


Emergency Use

For the Treatment of Open Pneumothorax

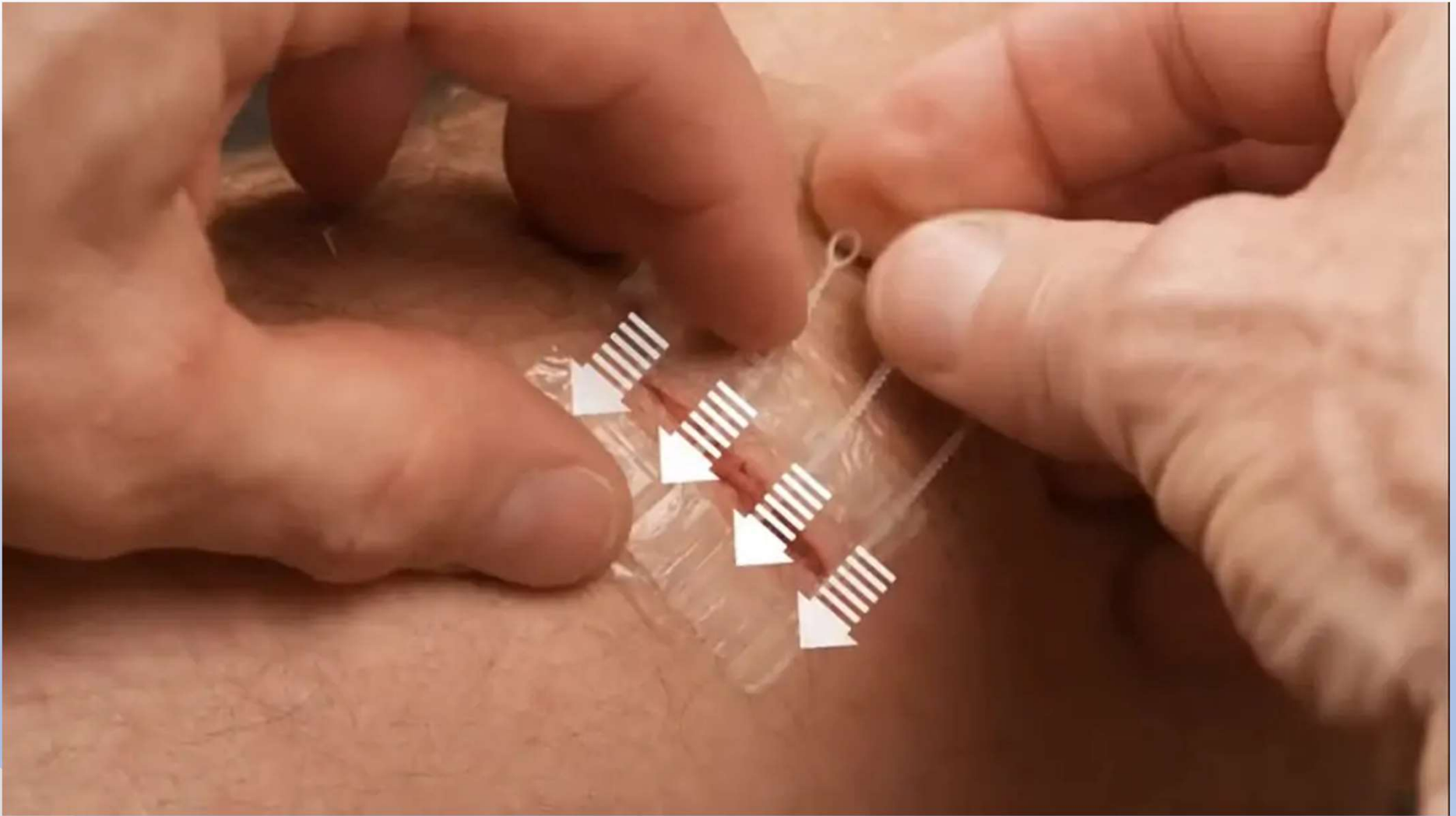
CritiSeal



Chest Wound Seal

 Developed and Manufactured by
Be Safe Paramedical South Africa

www.be-safe.co.za info@be-safe.co.za
Tel: +27 (21)7884681 Fax: +27 (21) 7881830







Antidote Chart

Expiration: January 2012



*This educational poster is not intended for individual patient care. If you are caring for a known or suspected poisoned pt, please contact your regional poison control center for patient specific management. Funded by Fougere.

Antidote	Poison/Drug/Toxin	Usual Adult Dose* (Always contact OPCC for instructions)	Recommended Stocking
Antivenin, snake - Crotalidae (Crofab®)	Pit Vipers (rattlesnakes, copperheads, cottonmouths, timber rattlers)	4-6 vials depending on symptoms (may require repeat doses)	8-10 vials (Min 18 if receiving transfer pts)
Antivenin, spider - Latrodectus mactans	Black widow bites	1 vial (diluted) over 15-30 min	0-1 vial
Atropine Sulfate	Alpha 2 agonists (clonidine, guanfacine); Cholinergic agents (donepezil, pyridostigmine, tacrine) Bradycardia-producing drugs (beta blockers, calcium channel blockers, digitalis) Muscarine-containing mushrooms (Clitocybe and Inocybe) Nerve agents, organophosphate and carbamate insecticides	0.5 - 2mg IV	Min 100 mg to 1 gm Available in various formulations
Benzodiazepines - (Diazepam, Lorazepam)	Seizures, anxiety and agitation, Sympathomimetic induced HTN Alcohol or sedative-hypnotic withdrawal Excess rigidity (strychnine, black widow, dyskinesia, tetanus) Chloroquine and hydroxychloroquine	Diazepam: 0.1- 0.2 mg/kg or 5-10mg IV Lorazepam: 0.05mg/kg IM or 1-2 mg IV	Diazepam: 100 mg or Lorazepam: 24 mg
Benzotropine (Cogentin®)	Dystonic reactions (neuroleptics, metoclopramide)	1-2mg IV/IM, 1-2 mg QID PO	6 mg (IV/IM/PO)
Bromocriptine	Neuroleptic malignant syndrome (haloperidol, antipsychotics)	2.5 -10 mg PO TID-QID	30 mg
Calcium disodium EDTA	Lead	2-4g IV over 24 hours (Adult)	2 x 5 ml amps
Calcium chloride and Calcium gluconate (10%)	Beta Blockers, calcium channel blockers Fluoride salts (NaF), hydrofluoric acid (HF) Hyperkalemia (not digoxin induced), hypomagnesemia	Ca Cl: 5-10ml IV q 5-10 min Ca Gluc: 10-20 ml IV q 5-10 min	Ca Cl: 10-15 x 10 ml vial Ca Gluc: 20-30 x 10ml vial
L-Carnitine	Valproic Acid	100mg/kg slow IV bolus	7 grams
Cyanide kit or Cyanokit®	Cyanide		1-2 kits
Cyproheptadine (Periactin®)	Serotonin syndrome causing drugs (SSRI, TCA, MAOI, meperidine)	4-8mg PO q 1-4h	100 x 4mg tablets
Dantrolene	Malignant hyperthermia (anesthetic agents)	1 mg/kg IV (max 10mg/kg)	35 x 20mg vials
Deferoxamine (Desferal®)	Iron salts	15 mg/kg/hr IV	12 x 500mg vials
Digoxin-antibodies (DigiFab®, DigiBind®)	Digoxin Cardiac glycoside-containing plants (foxglove and oleander)	Empiric: Acute: 10-20 vials Chronic: 5-6 vials	Min 10 vials (Each vial binds 0.5mg digoxin)
Dimercaprol (BAL)	Arsenic, Mercury, Gold, Lead (Combine with EDTA for lead)	3 mg/kg IM q 4-6h	2-6 x 3ml ampules
Ethanol	Ethylene Glycol Methanol	Loading dose 750 mg/kg IV Maintenance 100-150 mg/kg/h IV (titrate to serum 100-150 mg/dL)	6 L of 5% alcohol (Not needed if have fomepizole)
flumazenil (Romazicon®)	Benzo-diazepines, Zaleplon, and Zolpidem	0.2 - 3 mg IV (Max: 3mg-adult, 1mg-child)	3 vials
folic acid and leucovorin (Leucovorin®)	Methanol Methotrexate, trimetrexate, pyrimethamine, trimethoprim	50mg IV q 4h x 6 doses 5-15 mg	Folic acid: 3 x 50mg vial Folinic acid: 2 x 100mg



EPIPEN[®]

This kit contains: Cette trousse comprend:

- Your EpiPen Training Device (contains no needle or epinephrine). Le dispositif de démonstration (EpiPen) (ne contient ni aiguille, ni épinephrine)
- Visual instructions on how to use your EpiPen. Des instructions visuelles sur la façon d'utiliser EpiPen.
- A guide to additional resources on severe allergies. Un guide exposant les ressources additionnelles sur les allergies graves.

Practice with your
EpiPen Training Device.
Exercez-vous avec le dispositif de
démonstration EpiPen.

Visit our consumer site at EpiPen.ca
to view or download videos on
when and how to use EpiPen.
Visitez notre site grand public
EpiPen.ca pour visionner ou télécharger
des vidéos sur le moment et la façon
d'utiliser EpiPen.

Getting started with the EpiPen[®] Auto-Injector.

See inside for instructions
on how to use EpiPen and more.

EpiPen and EpiPen Jr (epinephrine) Auto Injectors are
indicated for the emergency treatment of anaphylactic
reactions in patients who are determined to be at increased
risk for anaphylaxis, including individuals with a history of
anaphylactic reactions. Titration of the epinephrine dosage
strength is determined according to patient body weight.

EPIPEN[®]
Manufactured and Marketed by C.D. Lang

Trusted for over 25 years.



Medical Durable Power of Attorney for Health Care Decisions

I, _____, Declarant, hereby appoint: _____
PRINT OR TYPE YOUR NAME NAME OF AGENT

AGENT'S HOME TELEPHONE # WORK TELEPHONE # AGENT'S HOME ADDRESS

as my agent to make health care decisions for me if and when I am unable to make my own health care decisions. This gives my agent the power to consent, to refuse or stop any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel, get information and sign forms necessary to carry out those decisions.

If the person named as my agent is not available or is unable to act as my agent, then I appoint the following person(s) to serve in the order listed below:

2. _____ 3. _____
AGENT NAME AGENT NAME

HOME TELEPHONE # WORK TELEPHONE # HOME TELEPHONE # WORK TELEPHONE #

By this document I intend to create a Medical Durable Power of Attorney which shall take effect upon my incapacity to make my own health care decisions and shall continue during that incapacity.

My agent shall make health care decisions as I may direct below or as I make known to him or her in some other way. If I have not expressed a choice about the health care in question, my agent shall base his/her decision on what he/she believes to be in my best interest.

a. Statement of desires concerning life-prolonging care, treatment, services and procedures:

b. Special provisions and limitations:

BY SIGNING HERE, I INDICATE THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.

SIGNATURE OF PERSON CREATING MEDICAL DURABLE POWER OF ATTORNEY (DECLARANT) DATE

OPTIONAL BUT RECOMMENDED

Colorado law does not require this instrument to be witnessed; however, it is recommended to obtain the signature of two witnesses or a notary. This is not required by Colorado law but may make this document more acceptable in other states.

SIGNATURE OF WITNESS SIGNATURE OF WITNESS

HOME ADDRESS HOME ADDRESS

DATE DATE

*See back of this form for important information regarding Medical Durable Power of Attorney for Health Care Decisions.
Once complete, put a copy in the patient's chart and give the original document to the patient.*





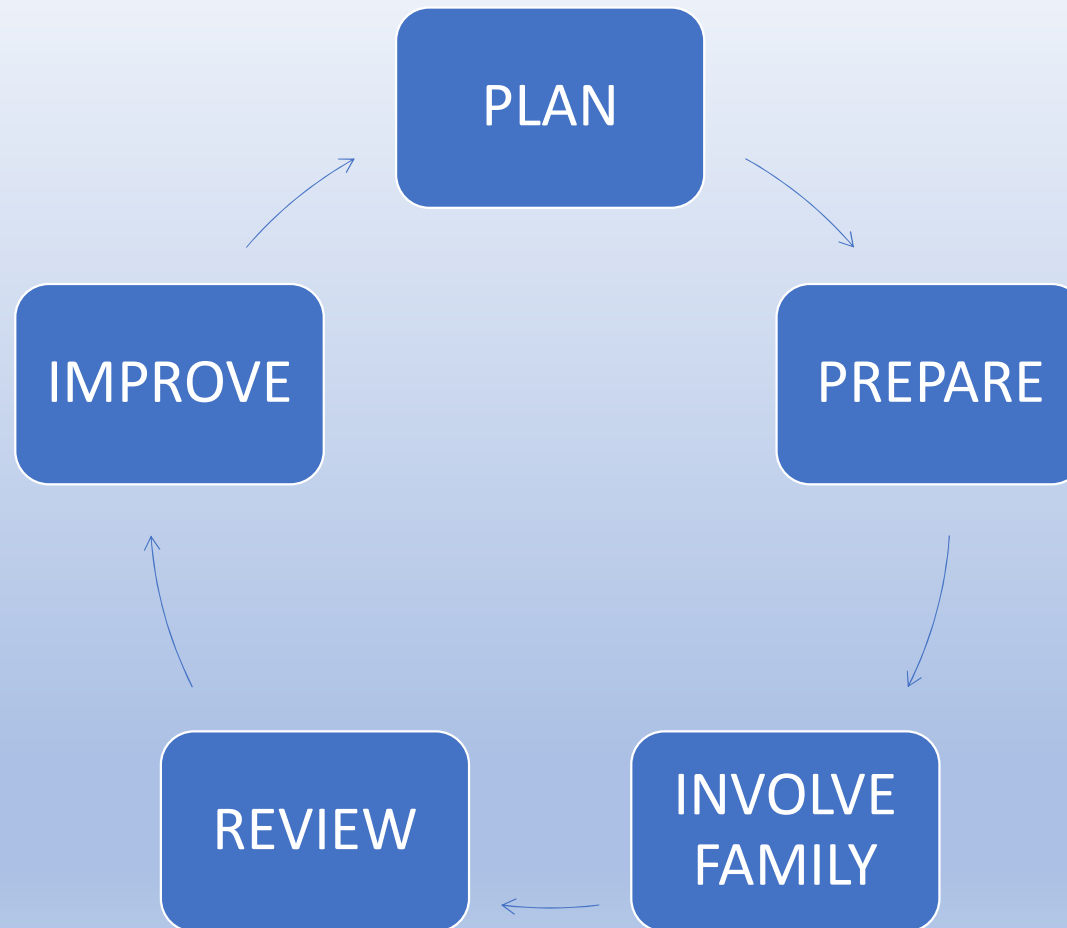
Advance
Medical
Directives



ADVANCE PLANNING IS NOT OPTIONAL

REVIEW & REFRESH
YOUR
PLANS EVERY 6
MONTHS

**CHECK YOUR KITS
EVERY 6 MONTHS
KEEP YOUR KITS
UP TO DATE**



**YOU CAN BE
BETTER PREPARED
FOR MOST
EVERYTHING
EXCEPT...**

BULLET-PROOF SPACE MONSTERS THAT EAT PEOPLE



BEING PREPARED
IS AN
ATTITUDE

NOT SOMETHING YOU DO



**MAKE YOUR KITS
REFINE YOUR PLANS
START NOW
NEVER QUIT**



LIFE HAPPENS
THINGS HAPPEN
STAY AHEAD OF THE GAME WITH YOUR PLAN
BE PREPARED
“LIVE LONG & PROSPER” *

* MR. SPOCK

THAT'S IT

