Medical Checklist

Mission Operations Directorate
Operations Division

Generic, Rev K
May 12, 2006

NOTE
For STS-121 and subsequent flights
PCN-3 (July 6, 2007) Sheet 1 of 1

List of Implemented Change Requests (482s):
MED-326
MED-327
MED-328
MED-329

Incorporate the following:
1. Replace iii thru vi, ix thru xii
2. Replace Section 5 (26 pages)

NOTE
For STS-118 and subsequent flights

Prepared by: [Signature]
Book Manager

Approved by: [Signature]
Manager, Shuttle Procedures Management

Accepted by: [Signature]
FDF Manager

Encl: 34 pages

File this PCN immediately behind the front cover as a permanent record
PCN-2 (Feb 2, 2007) Sheet 1 of 1

List of implemented Change Requests (482s):
MED-320
MED-321
MED-322
MED-323
MED-324

Incorporate the following:
1. Replace iii thru viii
2. Replace 1-1 and 1-2, 1-7 and 1-8, 1-11 thru 1-20, 1-25 and 1-26, 1-31 and 1-32, 1-35 and 1-36, 1-39 and 1-40, 1-43 and 1-44
3. Replace 4-3 and 4-4
4. Replace 7-7 and 7-8
5. Replace 8-1 thru 8-4, 8-9 thru 8-12, 8-19 and 8-20, 8-23 and 8-24
6. Replace section 9 (8 pages)

Prepared by: [Signature]  
Book Manager

Approved by: [Signature]  
Manager, Shuttle Procedures Management

Accepted by: [Signature]  
FDF Manager

Encl: 54 pages

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List of Implemented Change Requests (482s):
MED-317
MED-318
MED-319

Incorporate the following:
1. Replace iii thru vi
2. Replace 1-7 and 1-8
3. Replace 2-3 and 2-4
4. Replace 3-3 and 3-4, 3-11 and 3-12
5. Replace 5-5 and 5-6
6. Replace 6-5 and 6-6, 6-11 and 6-12
7. Replace 8-5 thru 8-12, 8-15 and 8-16, 8-19 and 8-20

NOTE
For STS-116 and subsequent flights

Prepared by: Jerry Goodard
Book Manager

Approved by: [Signature]
Manager, Shuttle Procedures Management

Accepted by: [Signature]
FDF Manager

Encl: 30 pages

File this PCN immediately behind the front cover as a permanent record
MISSION OPERATIONS DIRECTORATE

MEDICAL CHECKLIST

GENERIC, REVISION K
May 12, 2006

PREPARED BY:

Jerry Woodard
Book Manager

APPROVED BY:

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Wyle Life Sciences

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Manager
Space Medicine – Medical Operations

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FDF Manager

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MED/ALL/GEN K
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**AREAS OF TECHNICAL RESPONSIBILITY**

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This Medical Checklist (Med C/L, JSC-48031) now supports all missions including Extended Duration Orbiter (EDO). The EDO Medical Checklist (EDO Med C/L, JSC-48092) information has been incorporated and is no longer printed separately.
# MEDICAL CHECKLIST

**LIST OF EFFECTIVE PAGES**

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IMMEDIATE LIFE SUPPORT

BREATHING DIFFICULTY

If difficulty develops during eating and person can talk/cough/whisper:
   1. No action but continue to monitor

If difficulty develops during eating and person unable to breathe:
   2. Go to CHOKING, 1-4 >>

If difficulty develops after exposure to dust/chemicals and person has wheezing/shortness of breath:
   3. Remove from exposure to chemical/irritant
   4. Protect others from exposure
   5. Contact Surgeon

Med  6. Using stethoscope (Airway Subpack-9), listen to Locker breath sounds for wheezing, crackles, or decreased breath sounds

If wheezing, crackles, or decreased breath sounds present:
   7. *Proventil Inhaler (Drug Subpack-11)
      Dose: 2 puffs initially. May repeat in 1-2 hr if necessary, then 2 puffs every 4 to 6 hr as needed for continued wheezing

   8. Don QDM for 100% O2 until MCC Surgeon advises otherwise
## CHOKING

### OBSTRUCTED AIRWAY – CONSCIOUS ADULT

<table>
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<th>Activity</th>
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| 1.   | “Are you choking?”  
      | Victim may be using “Universal Distress Signal” of choking: clutching neck between thumb, index finger |
|      | Perform Heimlich Maneuver:  
      | 2. Deliver 6-10 abdominal thrusts  
      | 3. Repeat thrusts until either foreign body expelled or victim becomes unconscious (see below) |
| 4.   | Perform finger sweep |
| 5.   | Open airway – head-tilt/chin lift  
      | Attempt to ventilate by mouth-to-mouth resuscitation – Two Breaths |
| 6.   | Perform 6-10 abdominal thrusts  
      | If unsuccessful:  
      | 7. Repeat steps 4-6 Two Times |
|      | If unable to ventilate:  
      | 8. Go to CPR (CARDIOPULMONARY RESUSCITATION), 1-6; prepare for CRICOTHYROTOMY, 1-19 |

---

**Adult W/Obstructed Airway Becomes Unconscious**

1. “Are you choking?”  
   Victim may be using “Universal Distress Signal” of choking: clutching neck between thumb, index finger  
2. Deliver 6-10 abdominal thrusts  
3. Repeat thrusts until either foreign body expelled or victim becomes unconscious (see below)  
4. Perform finger sweep  
5. Open airway – head-tilt/chin lift  
   Attempt to ventilate by mouth-to-mouth resuscitation – Two Breaths  
6. Perform 6-10 abdominal thrusts  
   If unsuccessful:  
   7. Repeat steps 4-6 Two Times  
   If unable to ventilate:  
   8. Go to CPR (CARDIOPULMONARY RESUSCITATION), 1-6; prepare for CRICOTHYROTOMY, 1-19
OBSTRUCTED AIRWAY – UNCONSCIOUS ADULT

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<th>Activity</th>
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<td>1.</td>
<td>Open airway – head-tilt/chin lift</td>
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<tr>
<td>2.</td>
<td>Attempt to ventilate/mouth-to-mouth</td>
</tr>
<tr>
<td>3.</td>
<td>Airway remains obstructed, reattempt ventilation</td>
</tr>
<tr>
<td>4.</td>
<td>Perform 6-10 abdominal thrusts</td>
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<tr>
<td>5.</td>
<td>Perform finger sweep</td>
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<tr>
<td>6.</td>
<td>Attempt to ventilate</td>
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<td>If unsuccessful:</td>
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<td>7.</td>
<td>Repeat steps 4-6 Two Times</td>
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<td>If unable to ventilate:</td>
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<tr>
<td>8.</td>
<td>Go to CPR (CARDIOPULMONARY RESUSCITATION), 1-6. For several failed attempts to intubate and unable to mask ventilate, contact Surgeon for possible cricothyrotomy (CRICOTHYROTOMY, 1-19)</td>
</tr>
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</table>
CPR (CARDIOPULMONARY RESUSCITATION)

PATIENT RESTRAINT

Med Locker Rescuer restraint belt (2)

Pip pin (insert into holes within locker latches)

Patient restraint belt (2)

NOTE
A second rescuer restraint belt may be used to position an additional rescuer to assist w/CPR

Figure 1-1.- Restraints.
CPR (CARDIOPULMONARY RESUSCITATION) (Cont)

<table>
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| 1.   | Open airway  
      | Look, feel, listen |
| 2.   | If blockage suspected, refer to  
      | CHOKING; OBSTRUCTED AIRWAY, 1-4 |
| 3.   | If not breathing, insert oral airway  
      | (see 1-11) |
| 4.   | Unstow RESUSCITATOR and follow Cue Card procedures |
| 5.   | Ventilate twice per Cue Card procedure, step 7, or perform mouth-to-mouth resuscitation |
| 6.   | Observe chest rise |
| 7.   | Check for circulation by feeling for carotid pulse |
| 8.   | Begin compression/ventilation cycles:  
      | 30 compressions/2 ventilations for one (1) person CPR |
| 9.   | 30 compressions/2 ventilations for two (2) person CPR |
| 10.  | Rate of compression is 80-100 per min |
| 11.  | Feel for pulse after 1 min, then every 2 min |
| 12.  | Contact Surgeon |

1-7 MED/ALL/GEN K,2
CARDIAC MONITORING

Donning

1. Unstow Operational Bioinstrumentation System (OBS) (see fig 1-2):
   Med OBS Belt w/Signal Conditioner
   Locker Sternal Harness
   IVA Cable
   Biomed Cable, if needed
   Electrode Attachment Kit
   Alcohol Pads
   (Electrode Attachment Kit,
   Airway Subpack-10,
   IV Admin-18, Drug Subpack-16,
   Drug Subpack-Spine, Trauma Subpack-6)

Figure 1-2.- Medical locker.
2. Swab electrode sites w/Alcohol Pads; let dry
3. Connect: IVA Cable to side of Signal Conditioner, silver end of Sternal Harness to top of Signal Conditioner (see fig 1-3)
4. Don OBS Belt w/Signal Conditioner
5. Apply small amount of electrode gel to electrodes
6. Remove stomaseal protective coverings from electrodes
7. Attach electrodes to chest; secure w/tape

Figure 1-3.- Electrodes.
**Operation**
R10 BIOMED CH 1(2):
1. PS (for CDR, MS2 seats; connect Biomed Cable to A15)
2. MS (for PLT, MS1 seats; connect Biomed Cable to A11)
3. MIDDECK L (for middeck port seat S7; connect Biomed Cable to MO62M; LEFT)
4. MIDDECK CTR (for middeck center seat S5; connect Biomed Cable to MO62M; CENTER)
5. MIDDECK R (for middeck stbd seat S6; connect Biomed Cable to MO62M; RIGHT)
6. Connect IVA Cable to Biomed Cable

**Doffing and Stowage**
1. Remove electrodes, doff belt, discard stomaseals (3)
2. Disconnect IVA Cable from Signal Conditioner, Biomed Cable
3. Using Alcohol Pads, clean electrodes, air dry, or wipe dry
4. Apply new stomaseals to electrodes (3)
5. Stow OBS:
   Med
   - OBS Belt w/Signal Conditioner
   - Sternal Harness
   - IVA Cable
   - Biomed Cable
   - Electrode Attachment Kit

  Locker
ORAL AIRWAY

Oral Airway (Airway Subpack-3)

1. Insert oral airway while pointing it toward head (as shown)

2. Rotate oral airway 180 deg so it points toward feet

3. Final position

Figure 1-4.- Oral airway insertion (for unconscious, breathing patient).
**OXYGEN – SUPPLEMENTAL**

* Use Quick Don Mask (QDM) for oxygen delivery to crewmember who is awake, breathing but needs protection of airway from toxins, smoke, or DCS (bends)

**NOTE**

Use RESUSCITATOR for unconscious patient

**INTUBATION (ILMA)**

See cover of Airway Subpack or Cue Card section

**RESUSCITATOR**

See inside cover of Medical Accessory Kit or Cue Card section

**INTUBATION, ENDOTRACHEAL**

Indications: Inability of rescuer to ventilate patient who is not breathing w/conventional methods (mouth-to-mouth, mouth-to-mask); inability of patient to protect her/his own airway (coma, loss of gag reflex, or cardiac arrest); need for prolonged artificial ventilation

1. Unstow:

   | Med   | Tracheal Tube (Airway Subpack-20) |
   | Med   | Stilet (Airway Subpack-6) |
   | Locker | Syringe (10 cc) (Airway Subpack-15, Trauma Subpack-22, EENT Subpack-20) |
   |       | Lubricant (water-soluble) (Airway Subpack-13, Trauma Subpack-9) |
   |       | Laryngoscope Handle w/med Blade (Airway Subpack-5) |
   |       | End-Tidal CO2 Detector (Airway Subpack-7) |
   |       | Toomey Syringe suction device (Airway Subpack-4) |
   |       | Ziplock Bag (12 in X 12 in) (Airway Subpack-4, IV Admin-1, CCK) |
   |       | Stethoscope (Airway Subpack-12) |
   | Misc  | RESUSCITATOR |
   |       | Restraints: Patient |
   | Stowage | Gray Tape |
   |       | Towels |

1-12 MED/ALL/GEN K,2
Contact Surgeon while proceeding w/following:

2. Restrain crewmember w/CPR patient restraints (see fig 1-5, Restraints)

   CAUTION
   If any suspicion of neck trauma, crewmember’s head will require continuous immobilization. One crewmember should use both hands to stabilize patient’s head. Continue with step 5

3. If no neck trauma suspected, place rolled towel(s) under crewmember’s hyperextended neck

   Figure 1-5.- Patient restrained.

4. Place Gray Tape over crewmember’s forehead to immobilize head against middeck locker

5. Continue to ventilate/oxygenate patient (see RESUSCITATOR. See inside cover of Medical Accessory Kit or Cue Card section) while preparing for intubation

6. Remove Tracheal Tube from pkg; leave stylet in place and unfold tube; lubricate cuffed end of Tracheal Tube w/water soluble lubricant
7. Firmly insert syringe, filled w/6-cc air, into one-way valve/pilot balloon on Tracheal Tube; leave connected
8. Do not inflate balloon

Assemble, if necessary:

![Laryngoscope diagram]

Figure 1-6.- Laryngoscope.

9. Extend Laryngoscope blade to 90 deg position
   Laryngoscope light
10. Open mouth w/fingers of right hand

WARNING
Avoid pressure on lips, teeth

11. Suction fluid from mouth, throat w/Toomey Syringe suction device; discharge syringe into Ziplock Bag or towel
12. Hold Laryngoscope in left hand
    Insert blade in right side of mouth displacing tongue to left
13. Advance blade into space between base of tongue, epiglottis (vallecula)

14. Lift tongue w/Laryngoscope blade tip to expose vocal cords

* If unable to see vocal cords due to fluid, *
* remove laryngoscope then use Toomey *
* Syringe suction device (Airway Subpack-4) to remove fluid. Ventilate *
* patient w/RESUSCITATOR for another *
* 1-2 minutes (about once every 3-4 sec) *
* before again attempting intubation. *
* Re-insert Laryngoscope and again *
* attempt intubation *

Whenever needed:
15. Suction fluid from back of throat w/Toomey Syringe suction device; discharge syringe into Ziplock Bag or towel
16. While watching, advance cuffed end of Tracheal Tube along right side of mouth into trachea until entire cuff is about 1 cm below vocal cords.

**WARNING**
Hold Tracheal Tube FIRMLY in place, until proper placement confirmed, tube secured.

17. Inflate Tracheal Tube cuff w/air (8-10 cc) from syringe. Remove syringe, remove stylet from tube.
18. Remove mask from RESUSCITATOR.
19. Connect RESUSCITATOR to Tracheal Tube.
Ventilate/oxygenate lungs:
20. Squeeze RESUSCITATOR until chest rises (no more than 1-2 sec)
21. Release RESUSCITATOR to allow passive exhalation
22. Repeat every 4-5 sec

**WARNING**
Do not interrupt ventilation for > 15 sec

Figure 1-9.- CO2 detector.

23. Connect End-Tidal CO2 Detector between Tracheal Tube and RESUSCITATOR

24. √End-Tidal CO2 Detector color changes from purple to yellow w/each breath
   * If no color change, deflate cuff w/syringe; *
   * remove tube. Ventilat/oxygenate *
   * w/RESUSCITATOR/mask for 1-2 *
   * minutes. Reattempt intubation from step 5*

25. If reqd, continue ventilation
26. W/stethoscope, listen to chest for equal breath sounds on both sides
   If breath sounds not equal:
   27. Withdraw 0.5 in; recheck breath sounds

28. If reqd, continue ventilation
29. Secure tube to face using Tape
30. Unstow:
   Blood Pressure Cuff (IV Admin-1)
   Thermometer (EENT Subpack-3)

31. Obtain vital signs

   MET:

   Blood Pressure:

   Pulse:

   Respiratory Rate:

   Temperature:

32. Apply ECG electrodes (see CPR
   (CARDIOPULMONARY RESUSCITATION),
   CARDIAC MONITORING, 1-8)

33. Continue resuscitation as indicated
CRICOTHYROTOMY
(for victim w/obstructed airway or failed intubation attempts)

Indications: Obstruction of upper airway that cannot be cleared by CPR techniques; inability to obtain/maintain open airway w/tracheal intubation

**WARNING**
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

1. Unstow:

<table>
<thead>
<tr>
<th>Med</th>
<th></th>
<th>(Airway Subpack-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locker</td>
<td>End-Tidal CO2 Detector</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol Pads</td>
<td>(Airway Subpack-10, IV Admin-18, Drug Subpack-16, Drug Subpack-Spine, Trauma Subpack-6)</td>
</tr>
<tr>
<td>^Povidone-Iodine Swab</td>
<td>(Airway Subpack-10)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gauze Pads (sterile)</td>
<td>(Airway Subpack-11)</td>
</tr>
<tr>
<td></td>
<td>Toomey Syringe suction device</td>
<td>(Airway Subpack-4)</td>
</tr>
<tr>
<td></td>
<td>Tape</td>
<td>(Airway Subpack-9, IV Admin-13, Trauma Subpack-34, EENT Subpack-9)</td>
</tr>
<tr>
<td></td>
<td>Gloves</td>
<td>(Airway Subpack-8, IV Admin-14, CCK, EENT Subpack-7)</td>
</tr>
<tr>
<td></td>
<td>Lubricant (water-soluble)</td>
<td>(Airway Subpack-13, Trauma Subpack-9)</td>
</tr>
</tbody>
</table>

Tracheostomy Items:
- Alcohol Pads (Airway Subpack-10)
- Scissors, Straight (Airway Subpack-2)
- Forceps, Curved (Airway Subpack-19)
- Tracheal Hook (Airway Subpack-2)
- Silk Sutures (2-3) (Airway Subpack-11)
- Tracheostomy Tube (Airway Subpack-1)
- Tracheostomy Tube holder (Airway Subpack-1)
- Scalpel (Airway Subpack-2)
- Stethoscope (Airway Subpack-12)

RESUSCITATOR

Restraints:
- Patient (2 belts)
- Rescuer (2 belts, if needed)

Misc
- Gray Tape

Stowage
- Towels
Contact Surgeon while proceeding w/following:

2. Restrain crewmember w/CPR patient restraints (fig 1-10)

**CAUTION**

If any suspicion of neck trauma, crewmember’s head will require continuous immobilization. One crewmember should use both hands to stabilize patient’s head. Continue with step 5

3. If no neck trauma suspected, position the patient:
   Flex the neck and extend the chin
4. Place Gray Tape over crewmember’s forehead to immobilize head against middeck locker

![Figure 1-10.- Patient restrained.](image)

![Figure 1-11.- Tracheostomy tube.](image)

5. Lubricate cuffed Tracheostomy Tube w/water-soluble lubricant
Locate Cricothyroid membrane (fig 1-12):

6. Don Gloves. Use index finger to locate Adam’s Apple (thyroid cartilage)
7. Slide down, feel for next ridge (cricoid cartilage)

8. Feel for small triangular soft spot above this ridge. This is the Cricothyroid membrane

9. Cleanse neck w/ Povidone-Iodine Swab. Cleanse neck w/ Alcohol Pads

10. If right-handed, grasp trachea w/ left hand and hold between middle finger and thumb until procedure is finished (see figure 1-13). Use Scalpel to make 1-cm long midline vertical incision in skin over Cricothyroid membrane

Figure 1-12.- Airway anatomy.

Figure 1-13.- Trachea restraint.
11. Insert left index finger and feel cricoid cartilage and larynx.

12. Insert sharp end of Tracheal Hook into Cricothyroid membrane (fig 1-15). Use blunt end to elevate and retract trachea. The trachea should become superficial.

Figure 1-14.- Tracheal hook.

Figure 1-15.- Tracheal hook insertion.
13. Place blade of Scalpel next to Tracheal Hook. Make 1-cm long horizontal incision into membrane. Air should bubble out of trachea (see figure 1-16)

**WARNING**
Briskly bleeding blood vessels may be clamped w/forceps

![Figure 1-16.- Incision placement.](image)

14. Enlarge incision opening by spreading the Straight Scissors or Curved Forceps

![Figure 1-17.- Opening enlargement.](image)

15. Insert Tracheostomy Tube sideways until tip is in trachea
16. Turn tube so that it moves down the trachea toward the feet
17. To advance tube into trachea, gently push until faceplate rests against skin
18. Leave tube in position in trachea
   Remove dilator (fig 1-18)

Figure 1-18.- Removal of dilator.

19. Do not let go of Tracheostomy Tube until it is
   securely tied around patient’s neck (fig 1-19)

Figure 1-19.- Tracheostomy tube secure position.

20. Fill syringe w/3-cc air and connect to one-way
   valve/pilot balloon on Tracheostomy Tube. Inflate
   the cuff balloon
21. Remove mask from RESUSCITATOR. Connect RESUSCITATOR directly to end of the Tracheostomy Tube

22. Check for proper tube placement by ventilating the lungs. Squeeze RESUSCITATOR for 1-2 sec, and release. Look for the symmetric rise and fall of the chest

23. Once proper tube placement has been verified, connect End-Tidal CO2 Detector between Tracheostomy Tube and RESUSCITATOR (fig 1-20)

![Figure 1-20.- CO2 detector.](image)

**NOTE**
End-Tidal CO2 Detector color changes from purple to yellow w/each breath. No color change may indicate improper placement of the tube

**WARNING**
If no color change, verify chest movement w/respirations. If no chest movement, contact surgeon IMMEDIATELY (if surgeon directs removal of tube, deflate cuff)

24. Manually ventilate crewmember with RESUSCITATOR for 1-2 sec and then releasing to allow passive exhalation. Repeat every 4-5 sec.

---

1-25 MED/ALL/GEN K,2
NOTE
If vomiting occurs, clear mouth w/Toomey Syringe suction device. Expel vomitus into Ziplock Bag

25. W/stethoscope, listen to chest for equal breath sounds on both sides

26. Continue ventilation; ensure tube securely in place

27. Unstow:
   Med        Blood Pressure Cuff (IV Admin-1)
   Locker     Thermometer (EENT Subpack-3)

28. Obtain vital signs
   MET:     _____  _____  _____
   Blood Pressure:    _____  _____  _____
   Pulse:        _____  _____  _____
   Respiratory Rate:  _____  _____  _____
   Temperature:     _____  _____  _____

29. Continue resuscitation as indicated. Apply ECG electrodes (see fig 1-2, Electrodes, 1-8)
**OTHER EMERGENCIES**

**ABDOMINAL INJURY**

* If no pulse or respiration, perform *
* CPR using patient/rescuer *
* restraints (see CPR *
* (CARDIOPULMONARY *
* RESUSCITATION), 1-6) *
* *
* If inadequate respiration, provide *
* supplemental O2 (see CPR *
* (CARDIOPULMONARY *
* RESUSCITATION), OXYGEN – *
* SUPPLEMENTAL, 1-12) *

1. Control bleeding w/direct pressure, Gauze Pads  
    (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)

2. Unstow:  
    Med    Blood Pressure Cuff (IV Admin-1)  
    Locker Stethoscope (Airway Subpack-12)  
    Thermometer (EENT Subpack-3)

3. Evaluate vital signs  
    MET:  
    Blood Pressure:  
    Pulse:  
    Respiratory Rate:  
    Temperature:

4. Bandage with:  
    Kling (Trauma Subpack-12)  
    Kerlix (Trauma Subpack-2)  
    Tape (Trauma Subpack-34,  
    IV Admin-13,  
    Airway Subpack-9,  
    EENT Subpack-9)
WARNING
Do not replace protruding intestines

If intestines protruding:
5. Cover w/Kerlix, tape in place, moisten w/Saline (IV Admin-1, Saline Supply Bag, Middeck Locker, EENT Subpack-1), bandage

WARNING
Any abdominal trauma may cause internal bleeding which can produce abdominal rigidity. Continue to monitor vital signs, assess for developing shock (refer to SHOCK, 1-44) or abdominal rigidity

6. Perform abdominal exam

Visual inspection (bruises, swelling): __________

Bowel sounds (type, frequency): __________

Palpation (rigid, pain): __________

If vomiting:
7. Inspect for blood (black/red coffee grounds); keep airway clear

8. Contact Surgeon

9. Start I.V. line (see INJECTIONS, INTRAVENOUS (I.V.), Intravenous Fluid Infusion w/Y-Type Catheter Extension and Administration Set, 4-11)
ALLERGIC REACTION

SEVERE REACTION

NOTE
Institute rapid treatment if pallor, sweating, or breathing difficulty occur.

Symptoms: Difficulty breathing
Signs: Pallor, sweating, difficulty breathing, low blood pressure, rapid pulse, wheezing

WARNING
Symptoms may follow exposure to any substance to which an individual has become allergic, including substances to which he has never had previous reaction. Severe reaction w/development of shock possible (see SHOCK, 1-44)

1. Provide supplemental O2 (see CPR (CARDIOPULMONARY RESUSCITATION), OXYGEN – SUPPLEMENTAL, 1-12)

2. Unstow:
   Med Locker
   Blood Pressure Cuff (IV Admin-1)
   Stethoscope (Airway Subpack-12)
   Epi Pen Injector (Drug Subpack-9)

3. Remove Epi Pen from plastic yellow vial. Remove gray safety cap and discard cap in trash. Simultaneously provide O2

4. Place black tip on outer thigh

NOTE
Do not put thumb over end of unit. Epi Pen may NOT be used through clothing

5. Using quick motion, press firmly and hold in place for 10 sec
6. Remove Epi Pen injector from patient and restow used unit, needle end first, into plastic yellow vial. Place white cap back on yellow vial and mark as “USED”

7. Restow yellow vial in Drug Subpack-9

8. Monitor pulse, respiration, blood pressure

\[
\begin{align*}
\text{MET:} & \quad \_\_\_\_ \quad \_\_\_\_ \\
\text{Blood Pressure:} & \quad \_\_\_\_ \quad \_\_\_\_ \\
\text{Pulse:} & \quad \_\_\_\_ \quad \_\_\_\_ \\
\text{Respiratory Rate:} & \quad \_\_\_\_ \quad \_\_\_\_ \\
\end{align*}
\]

9. Contact Surgeon

10. While waiting for Epinephrine to take effect, unstow Tubex Injector (Drug Subpack-19) and Injectable Epinephrine (Drug Subpack-5) and temp stow. If time allows, review INJECTIONS, TUBEX INJECTOR TECHNIQUE (4-28) and SUBCUTANEOUS (4-26)

11. If no improvement in breathing or blood pressure has occurred within 5 min from first injection, give additional Epinephrine as follows: Load Tubex Injector w/injectable medication (see INJECTIONS, TUBEX INJECTOR TECHNIQUE, 4-28) *Epinephrine (Drug Subpack-5)

\[
\begin{align*}
\text{Dose:} & \quad \text{Inject 0.3 to 0.5-ml subcutaneously (see INJECTIONS, SUBCUTANEOUS, 4-26)}
\end{align*}
\]

12. Reload Tubex Injector w/injectable medication:

*Benadryl (Injectable) (Drug Subpack-13)

(see general WARNING, 6-2)

\[
\begin{align*}
\text{Dose:} & \quad \text{Inject 1 ampule intramuscularly (see INJECTIONS, TUBEX INJECTOR TECHNIQUE, 4-28 and INTRAMUSCULAR, 4-24)}
\end{align*}
\]
13. Reload Tubex Injector w/injectable medication:
   *Dexamethasone (Drug Subpack-28)
   Dose: Inject 1 cc (10 mg/cc) intramuscularly
   (see INJECTIONS, TUBEX
   INJECTOR TECHNIQUE, 4-28 and
   INTRAMUSCULAR, 4-24)

14. If blood pressure and pulse are stable and wheezing
   persists, use *Proventil Inhaler (Drug Subpack-11).
   Inhaler should be discharged (puffed) during
   inhalation

   **NOTE**
   Shake inhaler gently back and forth a
   few times

   Before putting inhaler into mouth, take one deep
   breath and exhale normally. Next, slowly take
   another deep breath and, about halfway into this,
   seal mouth around Inhaler Tube and squeeze to
   discharge while inhaling. At this point, hold the
   breath for several seconds, then exhale normally.
   Repeat for the second puff

   Dose: 2 puffs initially. May repeat in 1 hr, then
   2 puffs every 4 hr

   **Possible side effects:** Tremor, palpitations,
   fast heart rate, nausea, increased
   blood pressure
BURNS – MAJOR

NOTE
Electrical burns may cause severe internal injury in spite of minimal skin damage. May also produce irregular heart rhythm including cardiac arrest.

* If unable to detect pulse and/or respiration, perform CPR using patient/rescuer restraints (see CPR (CARDIOPULMONARY RESUSCITATION), 1-6)

* If unconscious and patient cannot maintain airway, insert oral airway (see CPR (CARDIOPULMONARY RESUSCITATION), ORAL AIRWAY, 1-11, or INTUBATION, ENDOTRACHEAL, 1-12) and provide manual ventilation using RESUSCITATOR (see inside cover of Medical Accessory Kit or Cue Card section)

* If conscious, provide supplemental O2 with QDM

1. Unstow:
   Med: Blood Pressure Cuff (IV Admin-1)
   Locker: Stethoscope (Airway Subpack-12)
   Thermometer (EENT Subpack-3)

2. Evaluate vital signs
   MET:
   Blood Pressure:
   Pulse:
   Respiratory Rate:
   Temperature:

   1-32 MED/ALL/GEN K,2
3. Estimate degree of burn:
   - First degree – superficial reddening of skin, pain
     (like a sunburn)
   - Second degree – blisters, red skin, swelling, pain
   - Third degree – pain often minimal, skin may
     appear white, charred, may resemble second
degree burn

   **NOTE**
   Area of palm of hand equals approx
   1% (for estimation)

4. Estimate area of burn:
   - Head – 9%
   - Chest, Abdomen – 18%
   - Back – 18%
   - Arms (each) – 9%
   - Legs (each) – 18%

5. Contact Surgeon for further treatment options. Those
   options may include the following steps

   **WARNING**
   ^ Do not allow this item to come in contact
   with EMU. EV and IV crewmembers must
   contact Surgeon prior to use

6. Apply thin layer of ^Silvadene Cream (Trauma
   Subpack-20) to burn using tongue depressor (EENT
   Subpack-34)

7. Unstow:
   - Med: Sterile Drapes (Trauma Subpack-24)
   - Locker: Saline
      - (Saline Supply Bag,
        EENT Subpack-1,
        IV Admin-1,
        Middeck Locker)
   - Kling (Trauma Subpack-12)
   - Tape (Trauma Subpack-34,
      IV Admin-13,
      Airway Subpack-9,
      EENT Subpack-9)
   - Misc: Towel
   - Stowage
8. Cover burn w/clean Sterile Drapes moistened w/Saline

9. Wrap area loosely w/Kling bandage and tape

**NOTE**
Will need to give a volume of I.V. fluids equal to 2ml/kg/% surface area of burn (if second or third degree) over 8-hr period

10. Increase fluid intake. Consult Surgeon whether to establish I.V. or not (see INJECTIONS, INTRAVENOUS (I.V.), 4-11)

11. For pain relief, see PAIN RELIEF, 5-3
CHEST INJURY

* If no pulse or respiration, perform CPR using patient/rescuer restraints (see CPR (CARDIOPULMONARY RESUSCITATION), 1-6)
* If unconscious and patient cannot maintain airway, insert oral airway (see CPR (CARDIOPULMONARY RESUSCITATION) ORAL AIRWAY, 1-11, or INTUBATION, ENDOTRACHEAL, 1-12); provide manual ventilation using RESUSCITATOR (see inside cover of Medical Accessory Kit or Cue Card section)
* If conscious, provide supplemental O2 with QDM

1. Unstow:
   Med Blood Pressure Cuff (IV Admin-1)
   Locker Stethoscope (Airway Subpack-12)
   Thermometer (EENT Subpack-3)

2. Evaluate vital signs

   MET:
   Blood Pressure:
   Pulse:
   Respiratory Rate:
   Temperature:

   ______ ______ ______ ______
   ______ ______ ______ ______
   ______ ______ ______ ______
   ______ ______ ______ ______
   ______ ______ ______ ______
WARNING
Do not remove an impaled object from chest. Bandage around object using Xeroform gauze (Trauma Subpack-11)

3. Cover any puncture wound to chest w/Xeroform Gauze (Trauma Subpack-11)

4. Control bleeding, provide airtight bandage w/following:
   Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)
   Kling (Trauma Subpack-12)
   Kerlix (Trauma Subpack-2)
   Ace Bandages (Trauma Subpack-3,13)
   Telfa Pads (EENT Subpack-22)

5. Use stethoscope (Airway Subpack-12) to listen to lungs. Note absence or decrease in breath sounds (may indicate lung collapse)

6. Contact Surgeon

CHEST PAIN

* If no pulse or respiration, perform CPR using patient/rescuer restraints (see CPR (CARDIOPULMONARY RESUSCITATION)), 1-6)

* If unconscious and patient cannot maintain airway, insert oral airway (see CPR (CARDIOPULMONARY RESUSCITATION), ORAL AIRWAY, 1-11, or INTUBATION, ENDOTRACHEAL, 1-12); provide manual ventilation using RESUSCITATOR (see inside cover of Medical Accessory Kit or Cue Card section)

* If conscious, provide supplemental O2 with QDM

1-36 MED/ALL/GEN K,2
1. Unstow:
   - Med Locker
   - Blood Pressure Cuff (IV Admin-1)
   - Stethoscope (Airway Subpack-12)
   - Thermometer (EENT Subpack-3)

2. Evaluate vital signs
   - MET:
   - Blood Pressure: _____ _____ _____
   - Pulse: _____ _____ _____
   - Respiratory Rate: _____ _____ _____
   - Temperature: _____ _____ _____

3. Chest Examination
   - Heart Sounds:
     - Regular/Irregular: _____ _____ _____
   - Breath Sounds:
     - Increased: _____ _____ _____
     - Decreased: _____ _____ _____
     - Absent: _____ _____ _____
     - Crackles: _____ _____ _____
     - Wheezes: _____ _____ _____
     - Chest Wall Motion:
       - symmetrical/asymmetrical: _____ _____ _____
     - Skin Color:
       - (bluish, grayish, pale): _____ _____ _____

1-37 MED/ALL/GEN K
4. Attach ECG leads (see CPR (CARDIOPULMONARY RESUSCITATION), CARDIAC MONITORING, 1-8)

5. Ascriptin (Drug Subpack-Spine)  
   (see WARNING, 6-3)  
   Dose: 1 tab

6. Contact Surgeon

**EYE – PENETRATING OBJECT**

<table>
<thead>
<tr>
<th>WARNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not remove object penetrating eyeball. Do not remove any tissue extruding from eyeball</td>
</tr>
</tbody>
</table>

1. Unstow:  
   Med Eye Pads (2) (EENT Subpack-4)  
   Locker Eye Shield (EENT Subpack-4)  
   Tape (Trauma Subpack-34, IV Admin-13, Airway Subpack-9, EENT Subpack-9)

2. Place single eye patch lightly over injured eye w/eyelid closed, if possible. Tape metal Eye Shield over eye patch

3. Close unaffected eye w/eye patch also. Tape in place firmly enough so that patient cannot blink

4. Contact Surgeon
HEAD OR NECK INJURY

WARNING
With trauma to neck, possibility of fracture and/or spinal cord damage must be considered. Never move victim’s neck.

* If no pulse or respiration, perform CPR using patient/rescuer restraints (see CPR (CARDIOPULMONARY RESUSCITATION), 1-6)
* If unconscious and patient cannot maintain airway, insert oral airway (see CPR (CARDIOPULMONARY RESUSCITATION), ORAL AIRWAY, 1-11, or INTUBATION, ENDOTRACHEAL, 1-12); provide manual ventilation using RESUSCITATOR (see inside cover of Medical Accessory Kit or Cue Card section)
* If conscious, provide supplemental O2 with QDM

1. Unstow:
   Med Blood Pressure Cuff (IV Admin-1)
   Locker Stethoscope (Airway Subpack-12)
   Thermometer (EENT Subpack-3)

2. Evaluate vital signs

   MET:
   Blood Pressure:
   Pulse:
   Respiratory Rate:
   Temperature:

   1-39 MED/ALL/GEN K,2
3. If bleeding, control with pressure, Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2) or Telfa Pads (EENT Subpack-22)

4. Bandage with:
   - Kling (Trauma Subpack-12)
   - Kerlix (Trauma Subpack-2)
   - Ace Bandages (Trauma Subpack-3,13)

If neck injury suspected:
5. Immobilize head, neck using:
   - Med Kling (Trauma Subpack-12)
   - Locker Kerlix (Trauma Subpack-2)
   - Misc Ace Bandages (Trauma Subpack-3,13)
   - Misc Gray Tape
   - Stowage Towels

6. Quantify level of consciousness:

<table>
<thead>
<tr>
<th>Eye Opening (E)</th>
<th>Verbal Response (V)</th>
<th>Motor Response (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Spontaneous</td>
<td>5 = Normal conversation</td>
<td>6 = Normal</td>
</tr>
<tr>
<td>3 = To voice</td>
<td>4 = Disoriented conversation</td>
<td>5 = Localizes to pain</td>
</tr>
<tr>
<td>2 = To pain</td>
<td>3 = Words, but not coherent</td>
<td>4 = Withdraws to pain</td>
</tr>
<tr>
<td>1 = None</td>
<td>2 = No words, only sounds</td>
<td>3 = Elbows flexed (Decorticate posture)</td>
</tr>
<tr>
<td></td>
<td>1 = None</td>
<td>2 = Elbows extended (Decerebrate posture)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 = None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total = E + V + M</td>
</tr>
</tbody>
</table>

Record Total (E + V + M) every 15 min if total less than 15:

MET: _____ _____ _____ _____ _____ _____

Total: _____ _____ _____ _____ _____ _____
7. Examine eyes

   Pupil size:
   
   Pinpoint ____ Normal ____ Dilated ____

   Difference in pupil size:
   
   R > L ____ R = L ____ R < L ____

   Med Reaction to light (Otoscope, head removed, Locker EENT Subpack-32):
   
   Present _____ Absent _____

8. Examine ears w/Otoscope, nose for blood or clear fluid

9. Contact Surgeon

10. Watch for vomiting; keep airway clear
SEIZURES

NOTE
Do not use Valium Autoinjector through clothing

Med 1. *Valium Autoinjector (Drug Subpack-22) (see WARNING, 6-13)
Locker
Dose: 2-cc intramuscularly ASAP

* If patient conscious, provide supplemental *
* O2 (see CPR (CARDIOPULMONARY) *
* RESUSCITATION), OXYGEN – *
* SUPPLEMENTAL, 1-12) *

2. Tear open protective plastic packet by pulling apart the split end of the Autoinjector

WARNING
If patient has a thin lateral thigh muscle, injection must be administered in the upper outer quadrant of the buttocks

3. Determine whether to give the injection in the thigh or buttocks. The outer middle of the thigh is the preferred injection site

WARNING
DO NOT cover or hold the black needle end with your hand or fingers

4. Use your dominant hand and grasp the Autoinjector with the black needle end extending beyond the thumb and index finger
5. Use your other hand to pull the safety cap off the Autoinjector base. When safety cap is off, Autoinjector can be fired
6. Position the black end of the Autoinjector perpendicular against the injection site
WARNING
DO NOT inject into areas close to the hip, knee, or thigh bone. For buttocks injections, inject the Valium only into the upper outer portion of the buttocks.

WARNING
DO NOT use a jabbing motion when injecting. It may result in injury to the crewmember.

7. Apply firm even pressure to the Autoinjector until it activates and pushes the needle into the injection site. Hold the Autoinjector in place for at least 10 sec. You should be able to feel the Autoinjector activate.

8. Carefully pull the Autoinjector straight out from the injection site. Massage the injection site if time permits.

9. If seizure is continuing 5 min after first Valium injection, give additional Valium as follows:
   *Valium (Injectable) (Drug Subpack-22)
   Dose: SLOWLY 2 ml intravenously (over 1-2 min) (see INJECTIONS, PREFILLED SYRINGE TECHNIQUE, 4-27, and Medication Administration thru Y-Type Catheter Extension Set, 4-18)

10. Unstow patient/rescuer restraints (Med Locker)

11. Secure patient to middeck lockers w/restraints (see CPR (CARDIOPULMONARY RESUSCITATION), 1-6)

12. Start I.V. (see INJECTIONS, INTRAVENOUS (I.V.), 4-11)

13. Contact Surgeon

14. If seizure stops, it can recur. Have *Valium Autoinjector (Drug Subpack-22) ready

15. Attach ECG leads (see CPR (CARDIOPULMONARY RESUSCITATION), CARDIAC MONITORING, 1-8)
SHOCK

NOTE
Most critical step is identifying/treating underlying cause.

Basic causes of shock are:
Heart damage
Loss of circulating blood volume
(bleeding, burns, dehydration)
Blood pooling (allergy, pain, drugs, heat stroke, infection)

Signs:
Pulse – rapid, weak, thready
Respiration – shallow, irregular, labored
Blood Pressure – low, falling
Mental State – confused, sluggish, anxious
Eyes – pupils dilated
Skin – cold, clammy, sweating

* If no pulse or respiration, perform CPR
  * using patient/rescuer restraints (see CPR (CARDIOPULMONARY RESUSCITATION), 1-6)
  * If unconscious and patient cannot
    * maintain airway, insert oral airway
    * (see CPR (CARDIOPULMONARY RESUSCITATION), ORAL AIRWAY, 1-11, or INTUBATION, ENDOTRACHEAL, 1-12); provide
    * manual ventilation using
    * RESUSCITATOR (see inside cover of Medical Accessory Kit or Cue Card section)
  * If conscious, provide supplemental O2 with QDM

1. Unstow:
   Med Blood Pressure Cuff (IV Admin-1)
   Locker Stethoscope (Airway Subpack-12)
   Thermometer (EENT Subpack-3)

1-44 MED/ALL/GEN K,2
2. Evaluate vital signs

MET: _______ _______ _______

Blood Pressure: _______ _______ _______

Pulse: _______ _______ _______

Respiratory Rate: _______ _______ _______

Temperature: _______ _______ _______

If bleeding:
3. Apply pressure w/Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)

4. Prevent loss of body heat
5. Start I.V. (see INJECTIONS, INTRAVENOUS (I.V.), 4-11). Begin infusing 1 L of normal Saline (IV Admin-1, Saline Supply Bag, EENT Subpack-1)
6. Attach ECG leads (see CPR (CARDIOPULMONARY RESUSCITATION), CARDIAC MONITORING, 1-8)
7. Contact Surgeon
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SECTION 2

A THRU B

ABDOMINAL INJURY (see EMERGENCY, 1-27)
ABDOMINAL PAIN .............................................................. 2-2
ALLERGIC REACTION ....................................................... 2-3
MILD-TO-MODERATE REACTION .................................. 2-3
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BREATHING DIFFICULTY (see EMERGENCY, 1-3)
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BURNS – MAJOR (see EMERGENCY, 1-32)
BURNS – MINOR ................................................................. 2-8
ABDOMINAL PAIN

1. Unstow:
   Med
   Locker
   Blood Pressure Cuff (IV Admin-1)
   Stethoscope (Airway Subpack-12)
   Thermometer (EENT Subpack-3)

2. Evaluate vital signs
   MET:
   Blood Pressure: ______  ______  ______
   Pulse: ______  ______  ______
   Respiratory Rate: ______  ______  ______
   Temperature: ______  ______  ______

3. Perform abdominal exam, evaluate all 4 quadrants
   Visual inspection
   (bruises, swelling): ___________
   Bowel sounds (presence
   or absence, type,
   frequency): ___________
   Palpation (rigid, pain,
   rebound tenderness): ___________

Prior to treatment:
4. Contact Surgeon

   If urinary symptoms (burning, frequency, pain,
   discomfort):
   5. Go to BLADDER INFECTION, 2-5

   If unable to urinate:
   6. Go to URINARY RETENTION, 5-18

2-2 MED/ALL/GEN K
ALLERGIC REACTION

MILD-TO-MODERATE REACTION

Symptoms: Eyes may itch, burn, water. Nose may be congested. Throat, lungs may feel “tight”

Signs: Red, watery eyes. Clear discharge from nose. Rash/hives may be present on chest, back, abdomen, arms, or legs

Med 1. Refresh Plus (artificial tears, eye drops) (EENT Subpack-16)
    as needed for dry, itchy eyes

Locke

Antihistamines:
2. Benadryl (oral) (Drug Subpack-42) for relief of itching (see general WARNING, 6-2)
   Dose: 1-2 cap every 4-6 hr as needed
   -OR-
   *Claritin (Drug Subpack-43) antihistamine, anti-allergy (see general WARNING, 6-2)
   Dose: 10 mg once daily

Decongestants:
3. Sudafed (Drug Subpack-Spine) for relief of congestion (see WARNING, 6-12)
   Dose: 2 tabs every 6 hr as needed
   -OR-
   Guaifenex PSE (Drug Subpack-44)
   Dose: 1 tab every 12 hr as needed
   -OR-
   Afrin (EENT Subpack-19)
   Dose: 1-2 sprays every 12 hr as needed
ALTITUDE SICKNESS

NOTE
Symptoms of altitude sickness may be result of planned or unplanned cabin depressurization or PPO2 reduction that results in pressure altitude equivalent ≥ 8000 ft

Symptoms: Headache, nausea, vomiting, shortness of breath, cough, difficulty sleeping, lethargy, weakness

1. *Diamox (Drug Subpack-43)
   (see WARNING, 6-5)
   Dose: 1/2-1 tab every 24 hr for total of 3 doses

2. Contact Surgeon

BACK PAIN

1. Knee to chest position

Pain relief:

Med Locker
2. Ascriptin (Drug Subpack-Spine)
   (see WARNING, 6-3)
   Dose: 1-2 tabs every 4-6 hr as needed
   -OR-
   Tylenol (Drug Subpack-Spine)
   Dose: 1-2 tabs every 4-6 hr as needed
   -OR-
   Motrin (Drug Subpack-Spine)
   (see WARNING, 6-9)
   Dose: 1 tab every 4-6 hr as needed w/food and drink

   * If unsuccessful, see *
   * PAIN RELIEF, 5-3 *

Muscle relaxant:

3. *Valium (oral) (Drug Subpack-20)
   (see WARNING, 6-2, 6-13)
   Dose: 1/2-1 tab every 6-8 hr as needed for severe spasm/pain
# BLADDER INFECTION

**Symptoms:** Pain, spasms, feeling of “heaviness” in groin; fever may or may not be present

**Signs:** Frequent, small volume, painful urination, cloudy or bloody urine

### Med Locker
1. Don non-sterile Gloves (IV Admin-12, Airway Subpack-8, EENT Subpack-7, CCK)
2. Check urine w/Chemstrip 10 SG (Trauma Subpack-15):
   3. Hold two Cotton Swabs (EENT Subpack-34) together under urine stream to saturate
   4. Pass two Cotton Swabs over Chemstrip, compare w/color chart
5. Dispose of Cotton Swabs, Chemstrip

### Wet Trash
1. Record Chemstrip results in following table:

<table>
<thead>
<tr>
<th>Chemstrip #</th>
<th>#1 Name</th>
<th>#2 Name</th>
<th>#3 Name</th>
<th>#4 Name</th>
<th>#5 Name</th>
<th>#6 Name</th>
<th>#7 Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

- Specific Gravity
- pH
- Leukocytes (neg, trace, pos)
- Nitrate (neg, pos)
- Protein (mg/dL)
- Glucose (mg/dL)
- Ketones (neg, +, ++, ++++)
- Urobilinogen (mg/dL)
- Bilirubin (neg, pos)
- Hgb (ery/µL)

Table cont next page
<table>
<thead>
<tr>
<th>Chemstrip #</th>
<th>#8</th>
<th>#9</th>
<th>#10</th>
<th>#11</th>
<th>#12</th>
<th>#13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>Name</td>
<td>Name</td>
<td>Name</td>
<td>Name</td>
<td>Name</td>
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<td></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

- **Specific Gravity**
- **pH**
- **Leukocytes (neg, trace, pos)**
- **Nitrate (neg, pos)**
- **Protein (mg/dL)**
- **Glucose (mg/dL)**
- **Ketones (neg, +, ++, ++++)**
- **Urobilinogen (mg/dL)**
- **Bilirubin (neg, pos)**
- **Hgb (ery/µL)**

7. Increase daily fluid intake, take antibiotic

**Antibiotics:**

<table>
<thead>
<tr>
<th>Med</th>
<th>8. <strong>Bactrim DS (Drug Subpack-38)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Locker</td>
<td>(see WARNING, 6-3)</td>
</tr>
<tr>
<td></td>
<td>Dose: 1 tab 2X/day for 3 days</td>
</tr>
<tr>
<td>-OR-</td>
<td></td>
</tr>
<tr>
<td>*Cipro (Drug Subpack-40)</td>
<td>(see WARNING, 6-6)</td>
</tr>
<tr>
<td></td>
<td>Dose: 1 tab 2X/day for 3 days</td>
</tr>
<tr>
<td>-OR-</td>
<td></td>
</tr>
<tr>
<td>*Duricef (Drug Subpack-40)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose: 1 cap 2X/day for 3 days</td>
</tr>
<tr>
<td>-OR-</td>
<td></td>
</tr>
<tr>
<td>*Augmentin (Drug Subpack-37)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose: 1 tab 2X/day for 7 days</td>
</tr>
</tbody>
</table>
Pain/spasm relief:
9. Pyridium (Drug Subpack-17)
   Dose: 1 tab 3X/day as needed for pain
   (may color urine orange)

   * If no improvement in 24 hr, *
   * contact Surgeon           *

BRONCHITIS (COUGH)

Symptoms: Lung congestion, “tightness” in chest, fatigue, fever,
productive cough (w/mucus)

Med 1. Cough Lozenges (Drug Subpack-45)
   Locker Dose: As needed

Antibiotics:
2. *Zithromax (Drug Subpack-36)
   Dose: 2 tabs initial dose, then 1 tab/day
   for 5 days
   -OR-

   *Cipro (Drug Subpack-40)
   Dose: 1 tab 2X/day for 10 days
   -OR-

   *Duricef (Drug Subpack-40)
   (see WARNING, 6-6)
   Dose: 1 cap 2X/day for 10 days
   -OR-

   *Augmentin (Drug Subpack-37)
   Dose: 1 tab 3X/day for 10 days
BURNS – MINOR

WARNING
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

Med 1. Cool first, second degree burns w/Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2) moistened w/CHILLED water

 Locker 2. Clean skin around burn w/^Povidone-Iodine Swabs (IV Admin-19, Airway Subpack-10, Trauma Subpack-7)

 3. Apply ^Silvadene Cream (Trauma Subpack-20) to burn

 4. Bandage with:
   Adaptic Bandages or Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, Trauma Subpack-5, EENT Subpack-2)
   Kling (Trauma Subpack-12)
   Kerlix (Trauma Subpack-2)
   Tape (Trauma Subpack-34, IV Admin-13, Airway Subpack-9, EENT Subpack-9)
   Telfa Pads (EENT Subpack-22)

 5. For pain relief, see PAIN RELIEF, 5-3

 6. Contact Surgeon
SECTION 3

C THRU E

CARDIAC MONITORING (see CPR (CARDIOPULMONARY RESUSCITATION), 1-8)
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CHEST PAIN (see EMERGENCY, 1-36)
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CONGESTION, NASAL

Decongestants:

- **Med Sudafed (Drug Subpack-Spine)**
  - Dose: 2 tabs every 6 hr as needed
- **Locker**
  - (see WARNING, 6-12)
  - Dose: 2 tabs every 6 hr as needed
- **Guaifenesin PSE (Drug Subpack-44)**
  - Dose: 1 tab every 12 hr as needed
- **Afrin (ENT Subpack-19)**
  - Dose: 1-2 sprays every 12 hr as needed

CONSTIPATION

1. Increase fluid intake; exercise

- **Med Dulcolax (oral) (Drug Subpack-30)**
  - Dose: 1-2 tabs as needed for constipation
- **Locker**
  - Dulcolax (suppository) (Drug Subpack-39)
  - Dose: One suppository as needed for constipation
DCS – DECOMPRESSION SICKNESS (BENDS)

NOTE
Symptoms of DCS may be result of:
Inadequate or interrupted prebreathe time
Inadequate nitrogen purge from EMU
Strenuous, prolonged EVA
Severe dehydration during EVA
Loss of cabin or suit pressure.

Primary treatment principles consist of repressurization and 100% O2 over time

1. Determine if following symptoms present:
   CUFF CLASS
   1: Mild pain, at single or multiple sites and/or single extremity paresthesia. Difficult to distinguish from suit pressure points. Symptoms do not interfere with performance
   2: Moderate CUFF 1 symptoms that interfere with performance or symptoms that resolve upon repress
   3: Severe CUFF 1 symptoms or migratory, truncal or multiple site paresthesia, unusual headache
   4: Serious symptoms – Central neurological (spotted vision, slurred speech, coordination difficulty, loss of sensation, headache, seizures, unconsciousness), cardiopulmonary (chest pain, cough, shortness of breath)

2. If symptoms present, go to 19.1 DCS TREATMENT (EVA, EMER PROCS)
## EVA DCS EXAMINATION SCORECARD

**IN-SUIT EXAM** (Questions 1-20 only); **OUT-OF-SUIT EXAM** (Questions 1-27)

### Instructions:
1. To be performed at periodic intervals throughout DCS treatment procedure
2. Mark the MET time of examination in the top row
3. Circle any abnormal finding in the appropriate item row for the correct exam time column
   (AB = abnormal, NL = normal, Y = yes, N = no)
4. Report any abnormal findings during PMC
5. Questions 21 through 27 included only in DCS Out-of-Suit examinations
6. Questions in bold should be asked verbatim

### IN-SUIT EXAM

<table>
<thead>
<tr>
<th>Item #</th>
<th>Examination Question/Challenge</th>
<th>MET time of examination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Consciousness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Level of Consciousness: Crewmember is awake, alert and responsive</td>
<td>AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL</td>
</tr>
<tr>
<td>2</td>
<td>Orientation: “What Flight Day or day of the week is it? What are the names and positions of your fellow Crewmembers?” (Crewmember answers all correctly)</td>
<td>AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL</td>
</tr>
<tr>
<td><strong>Verbal Function</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Object Naming: Crewmember correctly names three readily identifiable objects (Can be chosen at random from available objects)</td>
<td>AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL</td>
</tr>
<tr>
<td>4</td>
<td>Reading, Speech: Crewmember correctly reads from EVA checklist without difficulty and without speech changes or difficulties</td>
<td>AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL</td>
</tr>
<tr>
<td><strong>Emotional Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The Crewmember’s emotional display is normal and appropriate</td>
<td>AB NL AB NL AB NL AB NL AB NL AB NL AB NL AB NL</td>
</tr>
<tr>
<td>Item #</td>
<td>Examination Question/Challenge</td>
<td>MET time of examination</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td></td>
<td>Symptoms (Crewmember answers the following questions)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>“Do you have any chest pain?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>7</td>
<td>“Do you have any difficulty breathing?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>8</td>
<td>“Do you have any coughing, or pain with deep breathing?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>9</td>
<td>“Are you experiencing fatigue beyond what you would expect from the EVA?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>10</td>
<td>“Do you feel lightheaded or dizzy?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>11</td>
<td>“Do you have moderate to severe headache?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>12</td>
<td>“Do you have any pain beyond what you would expect from post-EVA suit discomfort?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>13</td>
<td>“Do you feel any tingling or numbness?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>14</td>
<td>“Do you have any trouble moving or weakness in your arms or legs?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
<tr>
<td>15</td>
<td>“Do you have any double vision, loss of vision, or distortion of vision?”</td>
<td>Y N Y N Y N Y N Y N Y N Y N Y N</td>
</tr>
</tbody>
</table>

**Facial Nerves**

| 16 | Facial Muscles: Crewmember raises eyebrows, squeezes eyes shut, and puffs up cheeks without difficulty | AB NL AB NL AB NL AB NL AB NL AB NL AB NL |

**Strength**

| 17 | Arm Bending Strength: Crewmember bends elbow, with palm toward face and holds for two seconds against examiner resistance. Repeat both sides | AB NL AB NL AB NL AB NL AB NL AB NL AB NL |
| 18 | Leg Bending Strength: Crewmember bends knee and holds for two seconds against examiner resistance. Repeat both sides | AB NL AB NL AB NL AB NL AB NL AB NL AB NL |
### IN-SUIT EXAM (Cont)

<table>
<thead>
<tr>
<th>Item #</th>
<th>Examination Question/ Challenge</th>
<th>MET time of examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td><strong>Finger-to-Finger:</strong> Starting with hands wide apart, Crewmember easily and accurately touches fingertips together with eyes closed</td>
<td>AB AB AB AB AB AB AB AB AB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NL NL NL NL NL NL NL NL NL</td>
</tr>
</tbody>
</table>

#### Sensory Function

<table>
<thead>
<tr>
<th>Item #</th>
<th>Examination Question/ Challenge</th>
<th>MET time of examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td><strong>Gross Sensation:</strong> Examiner squeezes Crewmember’s forearms, feet, and knees through suit. Crewmember should feel squeezing of the forearms, feet, and knees</td>
<td>AB AB AB AB AB AB AB AB AB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NL NL NL NL NL NL NL NL NL</td>
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</tbody>
</table>

### OUT-OF-SUIT EXAM (Includes questions 21-27)

<table>
<thead>
<tr>
<th>Item #</th>
<th>Examination Question/ Challenge</th>
<th>MET time of examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td><strong>Blood Pressure:</strong> Record systolic and diastolic blood pressure using blood pressure cuff, stethoscope</td>
<td>AB AB AB AB AB AB AB AB AB</td>
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<td>NL NL NL NL NL NL NL NL NL</td>
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<tr>
<td>22</td>
<td><strong>Pulse:</strong> Record pulse in beats/minute</td>
<td>AB AB AB AB AB AB AB AB AB</td>
</tr>
<tr>
<td>23</td>
<td><strong>Temperature:</strong> Record temperature</td>
<td>AB AB AB AB AB AB AB AB AB</td>
</tr>
<tr>
<td>24</td>
<td><strong>Breath Sounds:</strong> Breath sounds should be equal and symmetric on both sides, without cracks or wheezes</td>
<td>AB AB AB AB AB AB AB AB AB</td>
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<tr>
<td>25</td>
<td><strong>Skin examination:</strong> Skin should be normal in appearance without areas of abnormal paleness, redness, or marbling</td>
<td>AB AB AB AB AB AB AB AB AB</td>
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<td>NL NL NL NL NL NL NL NL NL</td>
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<tr>
<td>26</td>
<td><strong>Fine Sensation:</strong> Crewmember uses own hands to identify any areas of altered sensation. No abnormal areas should be identified (If any, mark boundaries with pen)</td>
<td>AB AB AB AB AB AB AB AB AB</td>
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<tr>
<td></td>
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<td>NL NL NL NL NL NL NL NL NL</td>
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<tr>
<td>27</td>
<td><strong>Hearing:</strong> Crewmember identifies and touches snapping fingers without difficulty with eyes closed</td>
<td>AB AB AB AB AB AB AB AB AB</td>
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<td></td>
<td></td>
<td>NL NL NL NL NL NL NL NL NL</td>
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</tbody>
</table>
DCS TREATMENT (POST SUIT DOFFING)

NOTE
If patient experiencing difficulty breathing, chest discomfort, or is otherwise in distress, go to CPR (CARDIOPULMONARY RESUSCITATION), 1-6

1. Perform DCS OUT-OF-SUIT EXAM, 3-7

AFTERCARE

NOTE
Expect possible ‘S66 CABIN PPO2’ msg

1. Apply QDM and deliver oxygen for a total of 2 hours
   C7
2. LEH O2 SPLY 1,2 (two) – OP
   C6,
3. LEH O2 vlv – OP
   MO32M,
   MO69M
4. Minimize physical activity
5. Hydrate w/ 1 liter/hour for 2 hours orally or by Saline I.V. if unable to drink. (Breaking QDM seal to hydrate is allowed) (Refer to INJECTIONS, INTRAVENOUS (I.V.), 4-11)
6. Contact Surgeon (consider medications)
7. Perform BENDS TREATMENT ADAPTER (BTA) INSTALLATION; BTA PREP (EVA, EMU CONT PROCS) for possible RECURRENT DCS symptoms

LATE DCS SYMPTOMS

Definition: First presentation of symptoms occurs Post-EVA after recompression and EMU doffing

A. CUFF CLASS 1,2,3

NOTE
If symptoms worsen or do not improve after 20 minutes of treatment, increase cabin pressure to 14.7 psi.

Expect possible ‘S66 CABIN PPO2’ msg

1. Apply QDM and deliver oxygen for a total of 2 hours
   C7
2. LEH O2 SPLY 1,2 (two) – OP
   C6,
3. LEH O2 vlv – OP
   MO32M,
   MO69M
4. Perform DCS OUT-OF-SUIT EXAM (3-7) every 15-30 minutes and report changes to Surgeon
5. Minimize physical activity
6. Hydrate w/ 1 liter/hour for 2 hours orally or by Saline i.V. if unable to drink. (Breaking QDM seal to hydrate is allowed) (Refer to INJECTIONS, INTRAVENOUS (I.V.), 4-11)
7. Perform BENDS TREATMENT ADAPTER (BTA) INSTALLATION; BTA PREP (EVA, EMU CONT PROCS) for DCS symptoms refractory to oxygen/hydration therapy
8. Contact Surgeon (consider medications and BTA Ops)

B. CUFF 4 (Cardiopulmonary and CNS symptoms)

NOTE
If patient experiencing difficulty breathing, chest discomfort, or is otherwise in distress, go to CPR (CARDIOPULMONARY RESUSCITATION), 1-6.

Expect possible ‘S66 CABIN PPO2’ msg

1. Apply QDM and deliver oxygen
2. \( ^{\Delta} \) LEH O2 SPLY 1,2 (two) – OP
3. \( ^{\Delta} \) LEH O2 vlv – OP MO32M, MO69M

If docked to ISS and hatches open:
4. Remove ODS air duct extension from vestibule, stow
5. Close ODS Hatch per decal
6. \( ^{\Delta} \) Equal vlv (two) – OFF, capped

NOTE
Expect possible ’S66 CABIN P’, ‘S66 CABIN PPO2’ msgs

7. Increase cabin pressure to 15.56 psi
   \( ^{\Delta} \) DIRECT O2 vlv – OP
   When CABIN P = 15.56 psia,
   \( ^{\Delta} \) DIRECT O2 vlv – CL

8. Perform DCS OUT-OF-SUIT EXAM (3-7) every 15-30 minutes and report changes to Surgeon
9. Perform BENDS TREATMENT ADAPTER (BTA) INSTALLATION; BTA PREP (EVA, EMU CONT PROCS). Continue w/subsequent steps concurrently until ready to initiate BTA treatment in EMU
10. Minimize physical activity
11. Hydrate w/ 1 liter/hour for 2 hours orally or by Saline
    i.V. if unable to drink. (Breaking QDM seal to
    hydrate is allowed) (Refer to INJECTIONS,
    INTRAVENOUS (I.V.), 4-11)
12. Contact Surgeon (consider medications and BTA
    Ops)
13. Check MCC for DEORBIT PREP

RECURRENT DCS
Definition: Reappearance of symptoms after initial treatment
completed

FOR ALL CUFF SYMPTOMS: Go to LATE DCS
SYMPTOMS CUFF 4 (3-9) treatment procedure

DCS – OTHER DECOMPRESSION PROBLEMS
(BAROTRAUMA)

NOTE
Symptoms result from reduction in
barometric pressure and expansion of
trapped gas. Symptoms may occur
during decompression preceding EVA
or following loss of cabin pressure

Symptoms: Abdominal distention, ear pain, inability to clear ear,
loss of hearing acuity, sinus pain, toothache, jaw pain

If progressive pain:
1. REPRESS (DEPRESS/REPRESS Cue Card) thru
   AIRLOCK REPRESS
2. Go to PAIN RELIEF, 5-3
DIARRHEA

1. Increase fluid intake
2. Avoid solid foods, milk products for 24 hr

If fever present:
3. Contact Surgeon

Antidiarrheal medication:

4. Pepto-Bismol (Drug Subpack-31)
   Dose: 2 tabs every 30-60 min as needed to maximum of 16 tabs/day
   -OR-
   NOTE
   Use only if symptoms severe w/very frequent stools

Imodium (Drug Subpack-30)
Dose: 2 caps initially, then 1 cap after each unformed stool to maximum of 8 caps/day

5. Contact Surgeon

EAR EXAMINATION

1. Unstow Otoscope (EENT Subpack-32)

2. Evaluate eardrum (see fig 3-1). Determine presence of Congestion, Internal Infection, Ruptured Eardrum, or Ear Canal Infection and see appropriate procedure for treatment

Figure 3-1.- Right eardrum.
EAR PROBLEMS

CONGESTION (SEROUS OTITIS MEDIA)

Symptoms: Decreased hearing, feeling of fullness in ear, possible pain, inability to clear ear

Signs: Dull/retracted eardrum, bubbles behind eardrum

Decongestants:

Med 1. Sudafed (Drug Subpack-Spine)
    (see WARNING, 6-12)
    Dose: 2 tabs every 6 hr as needed
    -OR-
    Guaifenesin PSE (Drug Subpack-44)
    Dose: 1 tab every 12 hr as needed
    -OR-
    Afrin (EENT Subpack-19)
    Dose: 1-2 sprays in each nostril every 12 hr as needed

INTERNAL INFECTION (OTITIS MEDIA)

Symptoms: Pain, sensation of warmth, decreased hearing in affected ear

Signs: Red, bulging eardrum, no normal landmarks on exam (see illustration)

1. Contact Surgeon

Antibiotics:

Med 2. *Augmentin (Drug Subpack-37)
    Dose: 1 cap every 8 hr for 10 days
    -OR-
    *Bactrim DS (Drug Subpack-38)
    (see WARNING, 6-3)
    Dose: 1 tab every 12 hr for 10 days

Decongestants:

3. Sudafed (Drug Subpack-Spine)
    (see WARNING, 6-12)
    Dose: 2 tabs every 6 hr as needed
    -OR-
    Guaifenesin PSE (Drug Subpack-44)
    Dose: 1 tab every 12 hr as needed
EAD CANAL INFECTION (EXTERNAL OTITIS)

Symptoms: Pain, decreased hearing in affected ear

Signs: Redness, debris, pus in external ear canal, pain w/movement of ear

WARNING
Do not proceed w/steps 1 or 2 if ruptured eardrum suspected. Refer to RUPTURED EARDRUM, 3-14

Med  1. Pope Otowick (EENT Subpack-27):
    Locker Insert Pope Otowick in affected ear canal w/tweezers (EENT Subpack-34)

Eardrops:

2. Tobradex (EENT Subpack-28)
   Note: Tobradex is a dual-purpose ophthalmic and ear medication
   Dose: Saturate Pope Otowick w/drops until fully expanded in ear canal. Repeat saturation 4X/day

Pain medications:

3. Ascriptin (Drug Subpack-Spine)
   (see WARNING, 6-3)
   Dose: 1-2 tabs every 4 hr as needed
   -OR-
   Tylenol (Drug Subpack-Spine)
   Dose: 1-2 tabs every 4 hr as needed
   -OR-
   *Vicodin (Drug Subpack-21)
   (see WARNING, 6-2, 6-13)
   Dose: 1-2 tabs every 4-6 hr as needed
RUPTURED EARDRUM

Symptoms: Pain, difficulty hearing
Signs: Perforated eardrum, blood on eardrum

1. Contact Surgeon

Antibiotics:

Med 2. *Augmentin (Drug Subpack-37) (see WARNING, 6-3)
   Dose: 1 cap every 8 hr for 10 days
   -OR-

*Bactrim DS (Drug Subpack-38) (see WARNING, 6-3)
Dose: 1 tab every 12 hr for 10 days

Pain medications:

3. Ascriptin (Drug Subpack-Spine) (see WARNING, 6-3)
   Dose: 1-2 tabs every 4 hr as needed
   -OR-

Tylenol (Drug Subpack-Spine)
Dose: 1-2 tabs every 4 hr as needed

EAR/SINUS BLOCK

NOTE
Symptoms may occur during recompression from EVA

Symptoms: Ear pain, inability to clear middle ear, loss of hearing acuity, sinus pain, facial pain

1. Stop recompression; gently attempt equalization of pressure in middle ear

If unsuccessful or sinus pain present:
2. If possible, depressurize airlock until symptoms relieved
3. Slowly resume recompression
4. Contact Surgeon
EYE EXAMINATION

WARNING
For chemical burn or penetrating object, immediately refer to appropriate procedure (EYE – PENETRATING OBJECT, 1-38, or CHEMICAL BURN, 3-17)

1. Unstow:
   Med
   Otoscope (EENT Subpack-32)
   Locker
   Ophthalmoscope Head (EENT Subpack-5)
   Fluorescein Strips (EENT Subpack-6)
   Cotton Swabs (EENT Subpack-34)
   Gauze Pads (EENT Subpack-2, IV Admin-14, Airway Subpack-11, Trauma Subpack-14)
   Alcaine (EENT Subpack-12)
   Refresh Plus (artificial tears, eye drops) or (EENT Subpack-16)
   Magnifying Glasses (EENT Subpack-17)
   Magnifying Glasses Strap (EENT Subpack-1)

2. Remove Otoscope head; remove light source; attach Ophthalmoscope head

Appearance:
3. Observe lids, lashes, conjunctiva, sclera; note any matted material, redness, swelling of lids, excess tearing, etc
4. Note size of pupils, particularly any size difference of two pupils. Shine light into each eye, one at a time; note change in pupil size

Check for redness:
5. Observe white of eye for redness; note what quadrant(s) of eye is(are) red
6. Determine if one or both eyes affected

If in addition to redness there is blurred vision, pain, abnormal sensitivity to light, or matted material (pus) in eye:
7. Contact Surgeon
√For foreign body:

8. Observe upper and lower lids, cornea for foreign body
9. √Lower lid. Have patient look up, pull down on lid
10. √Upper lid. Have patient look down; place cotton swab at top of upper lid; grasp upper lashes. Pull out and up on lashes; fold lid over swab, which can then be removed (fig 3-2)
11. √Eyeball. Have patient look in all six directions of gaze (fig 3-3)
12. Return eyelid to its normal position by having patient blink or look up

Figure 3-2.- Eyelid eversion.

Figure 3-3.- Eye landmarks; 6 directions of gaze.
Fluorescein stain (check for corneal abrasion):

**WARNING**
Do not use more than two drops Alcaine per treatment as corneal damage may occur. Do not rub eyes for 30 min following anesthetic administration.

13. **Alcaine (EENT Subpack-12)**
   Dose: 1-2 drops in affected eye

   **WARNING**
   Do NOT repeat Alcaine dose w/o contacting Surgeon.

14. Place 1-2 drops of Refresh Plus artificial tears on Fluorescein strip. Touch strip to lower, inner eyelid until yellow-green film covers eye.
15. Use blue light setting on Ophthalmoscope; shine light on cornea, sclera.
16. Area of more intense staining, which does not clear w/blinking, may be abrasion.
17. Rinse twice w/Refresh Plus artificial tears.

**EYE PROBLEMS**

**CHEMICAL BURN (SHUTTLE EMERGENCY EYEWASH (SEE) GOGGLES)**

1. Unstow:
   Food: Drinking water container, straw
   Lockers: SEE (goggles, tubing, connectors), pH strip
   CCK: Towels
   Misc: Stowage

2. Prior to SEE configuration, use drinking water container, straw for eye irrigation. Use towels to prevent water from escaping.
3. Remove PHS hose QD from Galley auxiliary port, making sure orange stopcock is perpendicular to direction of flow; replace w/SEE QD.
4. Turn Galley knob MV2 cw until it stops (ambient).
5. Twist lock SEE-WCS connector to Waste Collection System (WCS) urinal hose

6. Don SEE goggles (place outflow side of goggles on affected eye)

7. Configure WCS for urine collection

8. Activate water flow by turning orange stopcock parallel to direction of flow

9. Flush eyes – keep eyes open

If unable to keep affected eye open due to pain, apply:

Med 10. *Alcaine (EENT Subpack-12)

Locker Dose: 1-2 drops in affected eye

**WARNING**
Do NOT repeat Alcaine dose w/o contacting Surgeon

11. Continue flushing for at least 10 min. Contact Surgeon

12. During (after) SEE use, absorb excess water w/towels

If obstruction exists in WCS urine hose:

13. Hose filter may need to be cleaned/replaced

14. Touch sclera w/pH strip to wet

   If pH neutral, go to step 15

   If pH not neutral, continue flushing w/SEE until pH neutral

15. Perform EYE EXAMINATION, Fluorescein stain, steps 13 thru 17, 3-17, for affected eye(s)
WARNING
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use.

If corneal staining is seen with Fluorescein stain:

16. If available, use Video Camera for photo-documentation (closeup and macroviews)

Med 17. *Cyclogyl (EENT Subpack-11)
Locker Dose: 1 drop in affected eye

18. *Ciloxan Ointment (EENT Subpack-15)
Dose: Apply 1/2-inch ribbon of ointment in lower lid 3X/day

19. Repeat Fluorescein stain every 12 hr until staining no longer seen

For pain:

Med 20. *Vicodin (Drug Subpack-21)
Locker (see WARNING, 6-2, 6-13)
Dose: 1-2 tabs every 4-6 hr as needed

21. Restain eye in approx 12 hr
Contact Surgeon w/results

If no corneal staining seen with Fluorescein stain:

Med 22. *Ciloxan Ointment (EENT Subpack-15)
Locker Dose: Apply 1/2-inch ribbon of ointment in lower lid 3X/day

23. Restain eye in 6-12 hr
Contact Surgeon w/results
FOREIGN BODY/ABRASION

Symptoms: “Grain of sand” feeling under eyelid, pain, sensitivity to light, blurred vision

Signs: Red eye, excess tears, may see foreign body; area of intense staining on Fluorescein examination, usually irregular in shape (see EYE EXAMINATION, 3-11)

1. Contact Surgeon

   **WARNING**
   Do not use more than two drops Alcaine per treatment as corneal damage may occur. Do not rub eyes for 30 min following anesthetic administration

Pain relief:

Med 2. *Alcaine (EENT Subpack-12)*

Locker

Dose: 1-2 drops in affected eye

   **WARNING**
   Do NOT repeat Alcaine dose w/o contacting Surgeon

Mechanical removal:

If foreign body seen:

3. Try to remove by flushing eye w/Refresh Plus artificial tears (EENT Subpack-16). Blot excess fluid

If unsuccessful:

Med 4. Moisten Cotton Swab (EENT Subpack-34); try to gently dislodge foreign body by rotating swab

Locker

5. If everted, return eyelid to its normal position by having patient blink

6. Stain eye w/Fluorescein strip (EENT Subpack-6), using blue light examination (see EYE EXAMINATION, steps 14-15, 3-17)

If unsuccessful in removing foreign body:

7. Contact Surgeon
WARNING
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

If cornea shows scratch highlighted by fluorescein:

8. *^Ciloxan Ointment (EENT Subpack-15)
Med
Locker

Dose: Apply 1/2-inch ribbon of ointment in lower lid 3X/day

-OR-

*Genoptic Ophthalmic Ointment (EENT Subpack-14)
Dose: Apply small amount to eye prior to patching

9. *Cyclogyl (EENT Subpack-11)
Dose: 1 drop in affected eye

WARNING
Do not patch if signs of infection present, patient wears contact lens, or corneal ulcer suspected

Patch eye if needed for relief of discomfort:
10. Unstow:

Med
Locke

Eye Pads (2) (EENT Subpack-4)

Tape (EENT Subpack-9, IV Admin-13, Airway Subpack-9, Trauma Subpack-34)

11. Fold one Eye Pad in half; place over closed eyelid; cover w/second unfolded pad
12. Tape in place firmly enough so that patient cannot blink eyelid
13. Remove patch after 24 hr; repeat Fluorescein eye exam
CORNEAL ULCER

Symptoms: Marked eye discomfort, pain, moderate-to-significant sensitivity to light, blurred vision

**NOTE**
Overnight wear of contact lenses can result in corneal ulcer

Signs: Marked redness of eye, eye examination shows white lesion on cornea, and Fluorescein examination shows intensely staining well-circumscribed round lesion on cornea (see EYE EXAMINATION, Fluorescein stain, steps 13 thru 17, 3-17)

**WARNING**
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

1. Contact Surgeon

**WARNING**
Do not patch eye

Antibiotics:

Med 2. **Ciloxan Ointment (EENT Subpack-15)**

Locker Dose: Apply 1/2-inch ribbon of ointment in lower lid 3X/day

Pain relief:

3. **Vicodin (EENT Subpack-21)**
(see WARNING, 6-2, 6-13)
Dose: 1-2 tabs every 4-6 hr as needed for pain

4. Do not use contact lenses if ulcer suspected
HERPETIC VIRAL OCULAR INFECTION

Symptoms: Tearing, photophobia, pain

Signs: Red eye, corneal ulcers showing branch-like pattern when Fluorescein-stained

1. Contact Surgeon
2. Perform EYE EXAMINATION, Fluorescein stain, steps 13 thru 17, 3-17

**WARNING**
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

If Fluorescein stain suggestive of herpetic keratitis:

Med Locker
3. *Viroptic (Drug Subpack-1)*
   Dose: 1 drop every 3 hr; max 9 drops/day
4. *^Ciloxan Ointment (EENT Subpack-15)*
   Dose: Apply 1/2-inch ribbon of ointment in lower lid 3X/day

IRRITATION/INFECTION

Symptoms: Mild discomfort (if any), burning, itching, blurred vision

Signs: Red eye, “matted” material in lids and at corners of eye, swelling around eye

1. Contact Surgeon

Antibiotics:

Med Locker
2. *Genoptic Ophthalmic Ointment (EENT Subpack-14)*
   Dose: Apply small amount to eye 2X/day
SECTION 4
F THRU N

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4-2 I.V. assembly with Y-type Catheter Extension

4-3 Medication administration technique

4-4 Tourniquet placement

4-5 Removal of I.V. needle

4-6 Surface anatomy

4-7 Prefilled syringe

4-8 Tubex injector

4-9 Suture placement

4-10 Laceration closure using skin stapler

4-11 Skin staple remover

4-12 Nasal speculum

4-13 Nasal packing

4-14 Nasal catheter insertion
FRACTURE/DISLOCATION

* If no pulse or respiration, perform CPR using patient/rescuer restraints (see CPR (CARDIOPULMONARY RESUSCITATION), 1-6)
* If unconscious and patient cannot maintain airway, insert oral airway (see CPR (CARDIOPULMONARY RESUSCITATION), ORAL AIRWAY, 1-11), or INTUBATION, ENDOTRACHEAL, 1-12); provide manual ventilation using RESUSCITATOR (see inside cover of Medical Accessory Kit or Cue Card section)
* If conscious, provide supplemental O2 with QDM

1. Control bleeding w/direct pressure, Gauze Pads (Trauma Subpack-14)

2. Unstow:

<table>
<thead>
<tr>
<th>Med Locker</th>
<th>Blood Pressure Cuff (IV Admin-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stethoscope (Airway Subpack-12)</td>
</tr>
<tr>
<td></td>
<td>Thermometer (EENT Subpack-3)</td>
</tr>
<tr>
<td></td>
<td>Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)</td>
</tr>
</tbody>
</table>

3. Evaluate vital signs

MET:
Blood Pressure:
Pulse:
Respiratory Rate:
Temperature:

4-3 MED/ALL/GEN K,2
4. Bandage with:
   Med    Kling   (Trauma Subpack-12)
   Locker  Kerlix  (Trauma Subpack-2)
   Ace Bandages  (Trauma Subpack-3,13)
   Telfa Pads   EENT Subpack-22)

WARNING
Fractures of pelvis, upper leg can result in large blood loss and shock. Dislocations treated as fractures

If fracture open (bone protruding thru skin or caused by projectile):
5. Bandage with:
   Med    Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)  
   Locker  Kerlix  (Trauma Subpack-2)
   Kling   (Trauma Subpack-12)
   Ace Bandages   (Trauma Subpack-3,13)

6. \(\sqrt{\text{Pulse distal to fracture location}}\)

If no pulse or if joint dislocated:
7. Contact Surgeon immediately for instructions to set fracture
   If pulse intact:
8. Splint fracture

9. Splint w/Kerlix, Kling, Ace, any available rigid materials such as FDF Cover, rolled checklist, IFM tools, etc.

10. If finger fracture suspected, splint finger w/Finger Splint (Trauma Subpack-23)

11. Contact Surgeon
HEMORRHOID

Signs: Anal pain or itching

Med 1. Anusol HC Suppositories (Drug Subpack-41)
   Locker Dose: 1 suppository every 12 hr as needed

2. Drink plenty of fluids to prevent constipation

HOT CABIN (Total loss thermal cntl – TIG > 2.5 hr)

1. Wear minimal clothing; limit physical activity

Med 2. Unstow Skin Temp Monitors (EENT Subpack-23).
   Locker Temp which appears in green is actual temp to be recorded

3. After drying skin, apply Skin Temp Monitors to forehead or trunk

4. Record pulse rate and skin temp every hr

5. All crewmembers immediately begin drinking 8-oz chilled water every 15 min. Consume one Salt Tab (Drug Subpack-Spine) w/every other container of water
INDIGESTION (UPSET STOMACH)

WARNING
Refer to CHEST PAIN, 1-36, for any associated chest pain, pressure or sweating or difficulty breathing or arm pain

Med 1. Pepto-Bismol (Drug Subpack-31)
   Locker Dose: 2 tabs every 30-60 min as needed to maximum of 16 tabs/day
   -OR-
   Antacid:
   2. Mylanta (Drug Subpack-35)
      Dose: 2-4 tabs well chewed between meals and at bedtime. May take 2 tabs between this schedule as needed to maximum of 12 tabs/day
INJECTIONS

WARNING
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

INTRAVENOUS (I.V.)

- Butterfly Needle (one-time dose only)
- Intravenous Fluid Infusion w/Y-Type Catheter Extension and Administration Set
- Medication Administration w/Existing I.V. Flow
- Removal of IV Administration Set/Intracatheter w/Y-Type Catheter Extension Set left in place
- Medication Administration thru Y-Type Catheter Extension Set
- Y-Type Catheter Extension Maintenance Flush

If necessary:
1. Perform CPR (CARDIOPULMONARY RESUSCITATION), CARDIAC MONITORING, Donning, 1-8, then:
2. Contact Flight Surgeon before giving any I.V. medication

Figure 4-1.- Existing I.V. flow.
**Figure 4-2.- I.V. assembly with Y-type Catheter Extension.**

**Butterfly Needle Procedure** (one-time dose only)

DO NOT leave in vein

1. Prepare Gray Tape to secure supplies
2. Unstow:

<table>
<thead>
<tr>
<th>Medication Category</th>
<th>Items Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Locker</td>
<td>Tubex Injector (Drug Subpack-19, Drug Subpack-Spine, Trauma Subpack-31)</td>
</tr>
<tr>
<td></td>
<td>Injectable Medication (Contact Surgeon for appropriate medication) (Drug Subpack, Trauma Subpack, EENT Subpack)</td>
</tr>
<tr>
<td></td>
<td>Gloves, non-sterile (IV Admin-12, Airway Subpack-8, EENT Subpack-7, CCK)</td>
</tr>
<tr>
<td></td>
<td>^Povidone-Iodine Swab (IV Admin-19, Airway Subpack-10, Trauma Subpack-7)</td>
</tr>
<tr>
<td></td>
<td>Alcohol Pads (IV Admin-18, Airway Subpack-10, Drug Subpack-16, Drug Subpack-Spine, Trauma Subpack-6)</td>
</tr>
<tr>
<td></td>
<td>Butterfly Needle, 21ga (IV Admin-17)</td>
</tr>
<tr>
<td></td>
<td>Penrose Tubing (tourniquet) (IV Admin-16)</td>
</tr>
</tbody>
</table>
Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2)

Bandaid (IV Admin-20, Drug Subpack-Spine, Drug Subpack-12, Trauma Subpack-11)

Sharps Container

3. Open Butterfly Needle, temp stow package
4. Load Tubex Injector w/desired medication and unsheathe needle (see INJECTIONS, TUBEX INJECTOR TECHNIQUE, 4-28)

Unstow Butterfly Needle (IV Admin-17)

Figure 4-3.- Medication administration technique.
5. Insert needle of Medication Tubex Injector into rubber port of Butterfly Needle
6. Remove air bubbles from tubing by expelling 1-2 drops of medication. Temp stow assembly
7. Tighten tourniquet around upper arm. Don Gloves
8. Select site. Cleanse site w/Povidone-Iodine Swab; fan to dry. Repeat w/Alcohol Pad; fan to dry
9. Unsheathe Butterfly Needle. Capture vein w/thumb and index finger of non-dominant hand. W/needle bevel up, while holding plastic wings, puncture skin over vein
10. Pull back Medication Tubex Injector plunger, check for blood return

   **NOTE**
   If no blood visible, gentle traction may be used on needle to establish flow.
   Procedure may need to be repeated

11. REMOVE TOURNIQUET. Inject medication. Retrieve Gauze Pads, remove Butterfly Needle quickly, apply pressure w/Gauze Pads
12. Withdraw Medication Tubex Injector from Butterfly port. Carefully remove medication cartridge and place in Sharps container. Return Tubex Injector to Drug Subpack
13. Return Butterfly Needle to package, wrap securely w/Gray Tape and ensure it is returned to IV Admin Kit. Do not put needles in Wet Trash
Intravenous Fluid Infusion w/Y-Type Catheter Extension and Administration Set

Equipment setup:

Misc
1. Prepare Gray Tape to secure supplies

Stowage
2. Consult Flight Surgeon for appropriate saline quantity
3. Unstow:

Med
Saline, 500 ml Bag OR (IV Admin-1, OR (IV Admin-17)
Saline Supply Bag)

250 ml Bag
Med
(IV Admin-14,
Locker
Saline, 500 ml Bag
IV Admin-17)
Stowage
Saline Supply Bag
(IV Admin-17)

I.V. Administration Set
(Transfer Set)
(IV Admin-17)
Blood Pressure Cuff
(IV Admin-1)
Gauze Pads
(IV Admin-14,
Airway Subpack-11,
Trauma Subpack-14,
EENT Subpack-2)

Med
Lever Lock Cannula
(IV Admin-17)
Y-Type Catheter Extension Set
(IV Admin-17)
Gloves, non-sterile
(IV Admin-12,
Airway Subpack-8,
CCK,
EENT Subpack-7)

Med
^Povidone-Iodine Swab
(IV Admin-19,
Airway Subpack-10,
Trauma Subpack-7)

Med
Alcohol Pads
(IV Admin-18,
Airway Subpack-10,
Drug Subpack-Spine,
Drug Subpack-16,
Trauma Subpack-6)

I.V. Intracatheter:
18ga OR (IV Admin-8,9)
20ga (IV Admin-10,11)

Penrose Tubing (tourniquet) (IV Admin-16)
Op Site (transparent dressing) (IV Admin-14,
Tape (Four 4-inch strips) (IV Admin-13,
Airway Subpack-9,
Trauma Subpack-34,
EENT Subpack-9)

4-11 MED/ALL/GEN K
4. Remove from packages:
   - Saline Bag
   - I.V. Administration Set (Transfer Set)
   - Y-Type Catheter Extension Set

   **NOTE**
   Make sure roller clamp on I.V. Administration Set is CLOSED (roller is snug at narrow end)

5. Remove saline bag cap (blue) from Saline bag. Remove cap from spike on I.V. Administration Set (Transfer Set). Plug spike into Saline port (see fig 4-1)

6. Relocate and open Lever Lock Cannula package. ONLY TOUCH EDGES OF CANNULA

7. Remove cap on free end of I.V. Administration Set and connect to uncovered end of Lever Lock Cannula (tighten w/clockwise rotation)

8. Clean one access port on Y-Type Catheter Extension Set w/Alcohol Pad

9. Remove cap on Lever Lock Cannula and insert into access port on Y-Type Catheter Extension Set

   **NOTE**
   Do NOT remove cap on Y-Type Catheter Extension

10. Open Gauze Pad package. Open roller clamp; squeeze Saline bag to prime I.V. line and purge air; absorb Saline w/ Gauze Pad. Close roller clamp

11. Wrap Blood Pressure Cuff tightly around bag; inflate to 100 mmHg

   **NOTE**
   Blood Pressure Cuff can be removed later for patient use by clamping I.V. line shut. Roller clamp can be left CLOSED while patient’s blood pressure being taken. When roller clamp is OPEN, bag can be manually squeezed to infuse Saline
Patient preparation:

12. Place tourniquet around upper arm (see fig 4-4). Don Gloves. Relocate open Gauze. Relocate Sharps Container

13. Select site. Cleanse site w/Povidone-Iodine Swab; fan to dry. Repeat w/Alcohol Pad; fan to dry

14. Remove I.V. Intracatheter from package.

15. Rotate Teflon catheter 360 deg in its sheath to loosen catheter

16. Capture vein w/thumb and index finger of non-dominant hand. W/needle bevel up, puncture skin over vein. Observe for blood return in casing

**NOTE**
If no blood visible, gentle traction may be used on needle to establish flow.
Procedure may need to be repeated

17. Drop angle of needle and advance 1-2 mm more to ensure catheter properly placed in vein

18. Advance/slide Teflon catheter off needle into vein while holding needle stationary
NOTE
If resistance met, DO NOT FORCE catheter into vein. If unable to establish flow, dispose of catheter and repeat procedure at a new site with new equipment.

19. While holding needle in place, REMOVE TOURNIQUET FROM UPPER ARM
20. Remove cap from free end of Y-Type Catheter Extension Set
21. Occlude vein by applying pressure above catheter tip with finger
22. Remove I.V. needle leaving catheter in vein and quickly attach Y-Type Catheter Extension Set. Stop Occlusion (see fig 4-5)

![Figure 4-5.- Removal of I.V. needle.](image)

23. Discard I.V. Needle into Sharps container. Clean excess blood at site with Gauze
24. Secure Catheter Assembly to skin with Opsite (transparent dressing) or a tape “chevron”
25. Secure excess I.V. tubing by looping from site to wrist area and back to site with tape “chevrons”
26. OPEN roller clamp. Adjust rate per Surgeon consultation
27. Refer to INJECTIONS, CATHETER DRESSING CHANGES (DAILY), 4-22
28. For removal procedures, refer to INJECTIONS, REMOVAL OF Y-TYPE CATHETER EXTENSION, 4-23

**NOTE**
If NO flow established, gently manipulate catheter to re-establish flow. If swelling around site is visible or if unable to re-establish flow, remove catheter, dispose of set and repeat procedure at a new site

**Medication Administration with Existing I.V. Flow**

1. Prepare Gray Tape to secure supplies
2. Contact Flight Surgeon before giving any I.V. medication
3. Unstow:
   - Gloves, non-sterile (IV Admin-12, Airway Subpack-8, CCK, EENT Subpack-7)
   - Alcohol Pads (IV Admin-18, Airway Subpack-10, Drug Subpack-Spine, Drug Subpack-16, Trauma Subpack-6)
   - Tubex Injector (Drug Subpack-19, Drug Subpack-Spine, Trauma Subpack-31)
   - Injectable Medication or Prefilled Syringe
     (Contact Surgeon for appropriate medication) (Drug Subpack, Trauma Subpack, EENT Subpack)
   - Sharps Container
4. Don Gloves
5. Load Tubex Injector w/desired medication cartridge or attach plunger to prefilled syringe (see INJECTIONS, TUBEX INJECTOR TECHNIQUE, 4-28, or PREFILLED SYRINGE TECHNIQUE, 4-27)
6. Stop flow to I.V. Assembly, CLOSE roller clamp on I.V. tubing (see fig 4-1)
7. Clean free access port on Y-type Catheter Extension OR I.V. Administration Set w/Alcohol Pad
8. Unsheath Medication Tubex Injector Needle and insert into I.V. port
9. Inject medication. Withdraw Medication Tubex Injector from I.V. port. Open roller clamp to resume flow. Carefully remove medication cartridge or prefilled syringe and place in Sharps container
10. Return Tubex Injector to Drug Subpack
Removal of I.V. Administration Set/Intracatheter w/Y-Type Catheter Extension Set left in place

Misc
1. Prepare Gray Tape to secure supplies

Stowage
2. Contact Flight Surgeon before removing I.V. Administration Set

3. Unstow:
   Med Gloves, non-sterile (IV Admin-12, Airway Subpack-8, CCK, EENT Subpack-7)
   Locker Gauze Pads (IV Admin-14, Airway Subpack 11, Trauma Subpack 14, EENT Subpack-2)

4. Stop flow to I.V. Assembly, CLOSE roller clamp on I.V. tubing (see fig 4-1)
5. Close clamps on Y-Type Extension Set by sliding clamp over tubing to lock
6. Untape I.V. Administration tubing from arm, leaving Intracatheter w/Y-Type Catheter Extension Set secure
7. Don Gloves
8. Remove Lever Lock Cannula and I.V. Administration Set from Y-Type Catheter Extension Set port by disconnecting Lever Lock Cannula and Y-Type Catheter Extension Set
9. Wrap empty Saline bag and I.V. Administration Set w/Gray Tape and discard

NOTE
Y-Type Catheter Extension Set must be flushed w/Saline every 8 hr. Medication administration can be substituted as a flushing procedure
Medication Administration thru Y-Type Catheter Extension Set

Misc
1. Prepare Gray Tape to secure supplies Stowage
2. Contact Flight Surgeon before giving any I.V. medication

3. Unstow:
   - Med Syringe (3 cc) (IV Admin-2,3,4,5,6,7)
   - Locker Saline, 500 ml Bag OR (IV Admin-1, Saline Supply Bag)
   - 250 ml Bag (Middeck Locker)
   - Tubex Injector (Drug Subpack-19, Drug Subpack-Spine, Trauma Subpack-31)
   - Injectable Medication or Prefilled Syringe (Drug Subpack, Trauma Subpack, EENT Subpack)
   - Alcohol Pads (IV Admin-18, Airway Subpack-10, Drug Subpack-16, Drug Subpack-Spine, Trauma Subpack-6)

Sharps Container

4. Load Tubex Injector w/desired medication cartridge or attach plunger to prefilled syringe (see INJECTIONS, TUBEX INJECTOR TECHNIQUE, 4-28, or PREFILLED SYRINGE TECHNIQUE, 4-27)

5. Clean rubber medication port of Saline bag w/Alcohol Pad. Uncap 3-cc syringe, temp stow cap on Gray Tape

6. Fill 3-cc syringe w/saline from Saline bag and recap syringe needle by spearing cap; temp stow

7. Clean free access port on Y-Type Catheter Extension Set w/Alcohol Pad

8. Unsheathe Medication Tubex Injector Needle and insert into Y-Type Catheter Extension Set port

9. Unclamp tubing w/sliding lock; inject medication from Medication Tubex Injector
NOTE
If NO flow established, gently manipulate catheter to re-establish flow. If swelling around site visible or if unable to re-establish flow, remove catheter, dispose of set and repeat procedure at new site.

10. Reclamp tubing and withdraw needle. Re-sheathe needle by spearing cap on Gray Tape; temp stow
11. Uncap 3-cc syringe; insert into Y-Type Catheter Extension Set port and unclamp tubing w/sliding lock
12. OPEN roller clamp. Inject entire amount saline from 3-cc syringe. Reclamp tubing and remove 3-cc syringe. Discard syringe with needle in Sharps container
13. Carefully disassemble Medication Tubex Injector. Remove medication cartridge w/needle or prefilled syringe and place in Sharps container
14. Return Tubex Injector to Drug Subpack
Y-Type Catheter Extension Maintenance Flush

NOTE
Y-Type Catheter Extension device must be flushed w/Saline every 8 hr. Medication administration can be substituted as a flushing procedure

Misc
1. Prepare Gray Tape to secure supplies

Stowage

2. Unstow:
   Med Syringe (3 cc) (IV Admin-2,3,4,5,6,7)
   Locker Saline, 500 ml Bag OR (IV Admin-1, Saline Supply Bag)
   250 ml Bag (Middeck Locker)
   Alcohol Pads (IV Admin-18, Airway Subpack-10, Drug Subpack-16, Drug Subpack-Spine, Trauma Subpack-6)
   Sharps Container

3. Clean rubber medication port of Saline bag w/Alcohol Pad. Uncap 3-cc syringe, temp stow cap on Gray Tape
4. Fill 3-cc syringe w/saline from Saline bag and recap syringe needle by spearing cap; temp stow
5. Clean access port on Y-Type Catheter Extension Set w/Alcohol Pad
6. Uncap 3-cc syringe; insert into Y-Type Catheter Extension Set port and unclamp tubing w/sliding lock
7. Inject saline from 3-cc syringe until NO BLOOD is visible in tubing

NOTE
If NO flow established, gently manipulate catheter to re-establish flow. If swelling around site visible or if unable to re-establish flow, remove catheter, dispose of set and repeat procedure at new site

4-20 MED/ALL/GEN K
8. Reclamp tubing w/sliding lock and remove 3-cc syringe
9. If blood visible in second access port, repeat 3-cc syringe flush on second port
10. Discard syringe(s) in Sharps container

NOTE
A small amount of blood may remain in tubing close to insertion site
CATHETER DRESSING CHANGES (DAILY)

1. Unstow:
   Med Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2)
   Locker
   Tape (IV Admin-13, Airway Subpack-9, Trauma Subpack-34, EENT Subpack-9)
   Gloves, non-sterile (IV Admin-12, Airway Subpack-8, CCK, EENT Subpack-7)

   NOTE
   W/routine flushing, saline lock (Y-type Catheter Extension) is normally kept in place for 3 days, or until evidence of infection

2. Don Gloves
3. Remove existing gauze dressing
4. Examine site for evidence of infection. Consult Flight Surgeon
5. Tape new folded Gauze Pad in place
6. Use Coban (IV Admin-1) over dressing for stability, if desired
REMOVAL OF Y-TYPE CATHETER EXTENSION

1. Unstow:
   Med Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2)
   Locker
   Gloves, non-sterile (IV Admin-13, Airway Subpack-9, Trauma Subpack-34, EENT Subpack-9)
   Ziplock Bag (IV Admin-1, Airway Subpack-4, CCK)

2. Don Gloves
3. Remove transparent dressing and tape from catheter site
4. As catheter is removed from vein, apply pressure to site w/Gauze Pad
5. Place catheter in Ziplock Bag, label as bio-hazardous, and discard
INTRAMUSCULAR

1. Unstow:
   Med Tubex Injector (Drug Subpack-19, Drug Subpack-Spine, Trauma Subpack-31)
   Locker
   Injectable Medication (Drug Subpack, Trauma Subpack, EENT Subpack)
   Alcohol Pads (IV Admin-18, Airway Subpack-10, Drug Subpack-16, Drug Subpack-Spine, Trauma Subpack-6)
   Gauze Pads (IV Admin-14, Airway Subpack 11, Trauma Subpack 14, EENT Subpack-2)

2. Recommended site is upper outer quadrant of buttocks (see fig 4-6, Surface anatomy, 4-25); shoulder may also be used w/nonirritating medication. Consult w/Surgeon for nonirritating medications

3. Load Tubex Injector w/desired medication (see INJECTIONS, TUBEX INJECTOR TECHNIQUE, 4-28)

4. Clean wide area w/Alcohol Pad

5. Insert needle w/quick thrust (perpendicular to muscle) to 3/4 of needle length

6. For blood return
   If blood return:
   7. Withdraw needle; expel blood onto Gauze Pad; reinsert needle
   If no blood return:
   8. Inject medication over several sec

9. Quickly remove needle

10. Apply pressure to injection site (2-3 min) w/Alcohol Pad or Gauze Pad

11. Carefully remove medication cartridge from Tubex Injector

12. Dispose of medication cartridge in Sharps container (Med Locker). Restow Tubex Injector to original location
N-45 = Shoulder (deltoid) injection site
K-54 = Buttocks injection site

Figure 4-6.- Surface anatomy.
SUBCUTANEOUS

1. Unstow:
   Med Tubex Injector (Drug Subpack-19,
   Locker Drug Subpack-Spine,
   (Drug Subpack-
   Trauma Subpack-31)
   Trauma Subpack,
   EENT Subpack)
   Injectable Medication
   Alcohol Pads (IV Admin-18,
   Airway Subpack-10,
   Drug Subpack-16,
   Drug Subpack-Spine,
   Trauma Subpack-6)
   Gauze Pads (IV Admin-14,
   Airway Subpack 11,
   Trauma Subpack 14,
   EENT Subpack-2)

2. Load Tubex Injector w/desired medication (see
   INJECTIONS, TUBEX INJECTOR TECHNIQUE,
   4-28)
3. Clean shoulder area w/Alcohol Pad (see fig 4-6,
   Surface anatomy, 4-25)
4. Remove cap from needle. Pinch skin between
   thumb, fingers of free hand
5. Insert needle w/quick thrust to 1/2 needle length at
   shallow (no more than 30 deg) angle to skin
6. √ For blood return

   If blood return:
   7. Withdraw needle; expel blood onto Gauze Pad;
      insert needle again
   If no blood return:
   8. Inject medication over several sec. Should
      produce bump under skin
9. Carefully remove medication cartridge from Tubex
   Injector
10. Dispose of medication cartridge in Sharps container
    (Med Locker). Restow Tubex Injector to original
    location

4-26 MED/ALL/GEN K
PREFILLED SYRINGE TECHNIQUE

1. Unstow:
   Med Syringe, Plunger
   Locker
   (Drug Subpack)

2. Screw plunger on syringe
3. Express air from syringe

Figure 4-7.- Prefilled syringe.
TUBEX INJECTOR TECHNIQUE

1. Unstow:
   Med Tubex Injector (Drug Subpack-Spine, Drug Subpack-19, Trauma Subpack-31)
   Locker Injectable Medication (Drug Subpack, Trauma Subpack, EENT Subpack)

2. Screw Tubex Injector plunger rod into plunger of medication until resistance is felt
3. Place fingers on wings and with other hand loosen ribbed collar to OPEN position (labeled on collar)
4. Slide ribbed collar + wings over medication cartridge
5. Holding wings, tighten ribbed collar onto medication cartridge
6. To inject medication, see appropriate drug administration technique (INTRAVENOUS (I.V.), 4-7, INTRAMUSCULAR, 4-24, or SUBCUTANEOUS, 4-26)
7. Once used, hold wings with one hand and unscrew ribbed collar with other hand. Slide wings + ribbed collar back toward plunger. Unscrew entire Tubex Injector from medication cartridge
8. Dispose of medication cartridge w/needle in Sharps container (Med Locker)
9. Restow Tubex Injector in original location
Tubex Injector
(Drug Subpack-Spine, Drug subpack-19, Trauma Subpack-31)

Plunger rod

Ribbed collar

Wings

Tubex Injector (Stowage Configuration)

Medication cartridge

Tubex Injector (Operational Configuration)

Figure 4-8.- Tubex injector.
LACERATIONS

WARNING

^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

MAJOR LACERATIONS

1. Don non-sterile Gloves (IV Admin-12, Airway Subpack-8, EENT Subpack-7)

2. Control bleeding by applying pressure over wound w/Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)

3. Unstow:
   ^Povidone-Iodine Swabs (Trauma Subpack-7, IV Admin-19, Airway Subpack-10)
   Saline, 100 ml (EENT Subpack-1)
   Gloves, Sterile (Trauma Subpack-24)
   Drape, Sterile (Trauma Subpack-24)
   Tubex Injector (Trauma Subpack-31, Drug Subpack-19, Drug Subpack-Spine)
   Surgical Instrument Assembly (Trauma Subpack-33)
   Needle, 18ga (Trauma Subpack-29, EENT Subpack-18)
   Syringe (10 cc) (Airway Subpack-15, EENT Subpack-20)
   Alcohol Pads (Trauma Subpack-6, IV Admin-18, Airway Subpack-10, Drug Subpack-16, Drug Subpack-Spine)
   Suture (Surgeon will advise) (Trauma Subpack-17,18)
   ^Xylocaine, 2% (Trauma Subpack-30)
   Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)
   Kling (Trauma Subpack-12)
   Tegaderm transparent dressing (Trauma Subpack-4)
   ^Bactroban Ointment (Trauma Subpack-19)
4. Contact Surgeon and photodocument the wound. Continue to photodocument the wound every 24 hrs

5. Gently cleanse wound edge w/ Povidone-Iodine Swab

6. Insert Xylocaine, 2% (see WARNING, 6-14) into Tubex Injector (see INJECTIONS, TUBEX INJECTOR TECHNIQUE, 4-28)

7. Insert needle into wound edge

8. For blood return

If blood return:
   9. Withdraw needle
   10. Expel blood onto Gauze Pad
   11. Repeat steps 7, 8

If no blood return:
   12. Inject enough Xylocaine to raise small bump under skin. Advance needle parallel to wound edge
   13. Repeat process to anesthetize wound edge
   14. Repeat process on opposite side

Wound cleansing/preparation; clean all wounds before repairing:

15. Twist and lock 18ga Needle onto 10 cc Syringe

16. Clean rubber port on Saline bag w/ Alcohol Pad

17. Remove cap and insert needle into rubber port on Saline bag; fill syringe w/saline

18. Carefully recap needle and remove from syringe

19. Flush laceration and adjacent skin w/saline; use Gauze Pads to assist cleaning as needed

20. Repeat until wound is thoroughly flushed (10 times is recommended)

21. Clean w/ Povidone-Iodine Swabs. Clean skin several inches beyond wound edge

22. Irrigate wound w/remaining saline. Blot dry w/sterile Gauze Pads

Cont next page

4-31 MED/ALL/GEN K
23. Don sterile Gloves w/o touching outer Glove surface
24. Obtain sterile drape and remove protective covering over adhesive. Place center hole in drape over wound; tape drape edges to patient
25. Inspect wound closely for foreign bodies. Remove any foreign bodies found and irrigate again
26. Consult Surgeon for appropriate suture technique (sutures, tissue adhesive, staples)

**Laceration Closure Using Sutures**

Med Locker

1. Unstow suture material (see list, 4-30)
2. Have assistant secure Surgical Instrument Assembly on lockers w/Velcro
3. Set needle in needle holder. Place small point blunt forceps in nondominant hand; gently pick up skin edge; place first suture at midpoint of laceration, 2-3 mm from wound edge
4. Reset Needle w/needle holders. Pick up opposite skin edge w/Forceps, repeat process from “inside out” (i.e., from wound edge to skin). (Needle should enter, exit skin at points equally distant from both wound edges)
5. Pull suture together until skin edges are approximated (do not pull tight); secure suture w/instrument tie. Trim sutures, leaving 1 cm for suture removal
6. Place additional sutures at midpoint of each wound section; sutures should be spaced 4-5 mm apart (fig 4-9)

![Figure 4-9.- Suture placement.](image)
Wound dressing:
7. Clean suture line gently w/Saline solution on Gauze Pads; apply Bactroban Ointment
8. Photodocument the laceration every 24 hrs
9. Apply Tegaderm transparent dressing to wound; cover w/Gauze Pads; secure w/Tape or Kling roll bandage
10. Reapply ointment once per day for 4-5 days; keep wound clean, dry, covered
11. Consult Surgeon for suture removal schedule (see Suture and Staple Removal, 4-35)

Laceration Closure Using Skin Stapler

Med 1. Don sterile Gloves (Trauma Subpack-24) without touching outer Glove surface
    Locker 2. Remove Skin Stapler from packaging (Trauma Subpack-21) and handle as sterile item
    3. Approximate and evert skin surfaces w/fingers or Forceps (Trauma Subpack-25)
    4. Position Skin Stapler on midpoint of wound
    5. Squeeze Skin Stapler actuating lever while maintaining pressure on wound

Figure 4-10.- Laceration closure using skin stapler.

6. Place additional staples at midpoint of each wound section; should be 1 cm apart when complete
7. If staple placed abnormally across wound, complete laceration repair if possible, then refer to Suture and Staple Removal, 4-35
8. When repair complete, restow Skin Stapler in pack
9. Consult Surgeon on staple removal schedule (see Suture and Staple Removal, 4-35)
Laceration Closure Using Tissue Adhesive

Use for small wounds of face, trunk, and proximal extremities

Do not use on the following:
- Wounds crossing a joint
- Dirty/contaminated wounds
- Wounds w/jagged edges
- Wounds that require deep sutures
- Non-superficial wounds on hands/feet

Med 1. Unstow:
   Locker  ^Dermabond (Trauma Subpack-27)

WARNING
Wear Goggles (CCK) and Gloves (CCK) while applying ^Dermabond

2. Dry wound edges and skin

3. Approximate wound edges with gloved fingers or Forceps (Trauma Subpack-25), maintaining proper eversion of skin

4. Remove applicator. Apply pressure at applicator midpoint, crushing internal glass ampule

5. Gently squeeze applicator to express the liquid

   NOTE
   ^Dermabond must be used immediately before polymerization

6. Use gentle brushing strokes to apply a thin film of liquid to the wound edge

   NOTE
   Avoid seepage into wound as it may delay healing

7. Adhesive should extend at least 1/2 cm on each side of apposed wound edges

8. Build up 3-4 layers of adhesive
9. Maintain approximation of the wound edges until adhesive sets and forms a flexible film (should occur 1 min after last application)

NOTE
DO NOT apply ointment or medication on top of adhesive.

Avoid getting adhesive wet

10. Apply a dry adhesive using Tegaderm (Trauma Subpack-4) or Bandaid (Trauma Subpack-11) over wound, but NOT Steri-Strips

11. Adhesive will slough off in 5-10 days

Suture and Staple Removal

NOTE
Remove suture on face in 4 days. Remove sutures from other parts of the body in 5-7 days. Sutures across a joint or sutures in the scalp may be left in place for 8-10 days

Suture Removal:

Med Locker

1. Unstow:
   Surgical Instrument Assembly (Trauma Subpack-33)
   Ziplock Bag (IV Admin-1, Airway Subpack-4, CCK)
   Forceps (Trauma Subpack-25)

2. Carefully remove wound dressing

   WARNING
   DO NOT cut both sides of suture; a small portion of suture will be left under skin

3. Using Forceps, gently lift suture knot away from skin and cut one side of suture
4. Slowly pull to remove entire suture, discard in Ziplock Bag

5. Continue until all sutures are removed

6. Contact Surgeon w/description of laceration following suture removal and for advice on wound dressing

**Staple Removal:**

1. Unstow:
   - Skin Staple Remover (Trauma Subpack-21)
   - Ziplock Bag (IV Admin-1, Airway Subpack-4, CCK)

2. Remove Skin Staple Remover from packaging

3. Carefully remove dressing from stapled wound

4. Insert teeth of Skin Staple Remover between staple and skin

5. Squeeze levers of Skin Staple Remover together (see fig 4-11)

![Figure 4-11.- Skin staple remover.](image)

6. Place removed staple in Ziplock Bag

7. Continue until all staples removed
NOTE
If Skin Staple Remover required to remove abnormally placed staple during repair, wipe thoroughly w/Alcohol Pad (IV Admin-18, Airway Subpack-10, Drug Subpack-16, Drug Subpack-Spine, Trauma Subpack-6)

Med 8. Place new dressing using ^Bactroban Ointment (Trauma Subpack-19), Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2) and Kling (Trauma Subpack-12)

MINOR LACERATIONS

Med 1. Stop bleeding by applying pressure over wound w/Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2)

If bleeding uncontrolled:
2. Apply pressure bandage over cut
3. Go to MAJOR LACERATIONS, 4-30

4. After bleeding controlled, cleanse skin adjacent to wound w/^Povidone-Iodine Swabs (IV Admin-19, Airway Subpack-10, Trauma Subpack-7) or Alcohol Pads (IV Admin-18, Airway Subpack-10, Drug Subpack-16, Drug Subpack-Spine, Trauma Subpack-6)
5. Photodocument the laceration now and every 24 hrs
6. Use Steri-Strips (Trauma Subpack-16), ^Benzoin swabs (Trauma Subpack-8) to close cut
7. Contact Surgeon for healing timeline
8. Dress wound with:
   - ^Bactroban Ointment (Trauma Subpack-19)
   - Adaptic Bandages (Trauma Subpack-5)
   - or Gauze Pads (Trauma Subpack-14, IV Admin-14, Airway Subpack-11, EENT Subpack-2)
   - or Bandaids (Trauma Subpack-11, IV Admin-20, Drug Subpack-8, Drug Subpack-12, Drug Subpack-Spine)
   - Kling (Trauma Subpack-12)
   - Kerlix (Trauma Subpack-2)
   - Ace Bandage (Trauma Subpack-3,13)
   - Telfa Pads (EENT Subpack-22)

9. Contact Surgeon

MOTION SICKNESS (also see VOMITING, 5-20)

Symptoms: Headache, sleepiness, lethargy, stomach awareness, decreased appetite, flushed feeling, “tumbling gyros” w/head movements, excess salivation, nausea, vomiting

Countermeasures:
   1. Rest
   2. Extra fluids, bland diet as able
   3. Move slowly; avoid head movements

MILD MOTION SICKNESS

No vomiting, mild nausea; give antinausea, antivomiting drugs:

Med
   - ^Phenergan (suppository) (Drug Subpack-10)
     (see WARNING, 6-2, 6-10)
     Dose: 1 every 6 hr as needed
   - OR-
     - ^Phenergan (oral) (Drug Subpack-15)
       (see WARNING, 6-2, 6-10)
       Dose: 1-2 tabs every 4-6 hr as needed
MODERATE-TO-SEVERE MOTION SICKNESS

Nausea, vomiting, fatigue, inability to eat; give antinausea, antivomiting drugs:

Med Locked *Phenergan (Injectable) (Drug Subpack-Spine)

(see WARNING, 6-2, 6-10)
Dose: Inject 1/2 to 1 cc intramuscularly every 6 hr (see INJECTIONS, INTRAMUSCULAR, 4-24)

-OR-

*Phenergan (suppository) (Drug Subpack-10)

(see WARNING, 6-2, 6-10)
Dose: 1 every 6 hr as needed

MUSCLE SPASM (DRUG SIDE EFFECT)

Signs: Muscles tight, contracted; eyes may be “rolled up” into head (rare reaction to medication such as Phenergan)

1. Contact Surgeon


(see general WARNING, 6-2)
Dose: 1 ml IM (see INJECTIONS, INTRAMUSCULAR, 4-24, and TUBEX INJECTOR TECHNIQUE, 4-28)

NAUSEA/VOMITING

Med Locked *Phenergan (oral) (Drug Subpack-15)

(see WARNING, 6-2, 6-10)
Dose: 1-2 tabs every 4-6 hr as needed

-OR-

*Phenergan (suppository) (Drug Subpack-10)

(see WARNING, 6-2, 6-10)
Dose: 1 every 6 hr as needed

-OR-

*Phenergan (Injectable) (SMS Kit, Drug Subpack-Spine)

(see WARNING, 6-2, 6-10)
Dose: Inject 1/2 ml intramuscularly every 6 hr as needed (see INJECTIONS, INTRAMUSCULAR, 4-24)
NOSEBLEED

**WARNING**
Do not administer Ascriptin or Motrin. Use Tylenol for pain. If both nasal cavities are packed, patient may require supplemental oxygen.

1. Pinch nose just below nasal bone applying direct, uninterrupted pressure for 10 min

**WARNING**
Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use.

If bleeding continues:

Med
2. Unstow:

   Med Locker
   Cotton Balls (EENT Subpack-22)
   Nasal speculum (EENT Subpack-26)
   Forceps, Blunt (Trauma Subpack-25)
   Afrin (EENT Subpack-19)
   Silver Nitrate Stick (EENT Subpack-34)
   ^Bactroban Ointment (Trauma Subpack-19)

4. Remove Cotton Balls; check nose for bleeding site w/nasal speculum (fig 4-12)

Figure 4-12.- Nasal speculum.
If bleeding site located:
5. Touch area 3-4 times w/Silver Nitrate stick
6. Apply ^Bactroban Ointment to affected area using clean cotton ball

If bleeding site not located or bleeding continues:
7. Contact Surgeon
8. Unstow:
   Med    Saline, 100 ml (EENT Subpack-1)
   Locker Needle, 18ga (EENT Subpack-18, Trauma Subpack-29)
   Syringe (10 cc) (EENT Subpack-20, Airway Subpack-15, Trauma Subpack-22)
   Tape (EENT Subpack-9, IV Admin-13, Airway Subpack-9, Trauma Subpack-34)
   ^Neosporin Plus (EENT Subpack-25)
   Nasal Packing (EENT Subpack-21)

**CAUTION**
Do not insert cotton balls beyond point of visibility, where they can be easily removed

9. To anesthetize nasal cavity, apply small amount of ^Neosporin Plus to cotton balls (do not exceed 5-g ointment). Using forceps, pack nose
10. Apply pressure for 5 min; remove cotton balls
11. Grasp drawstring end of packing; quickly insert along floor of nasal cavity until drawstring reaches anterior nasal opening (see fig 4-13)

If packing not fully expanded 30 sec after placement:
12. Place 18ga Needle on end of Syringe
13. Insert into port on bag of Saline
14. Fill Syringe w/Saline
15. Remove Needle from Syringe
16. Irrigate Nasal Packing w/Saline
17. Tape drawstring over end of nose, trim excess
18. Nasal Packing may be left in place up to 48 hr

Med 19. *Augmentin (Drug Subpack-37)*
Locker Dose: 1 tab 3X/day

20. Contact Surgeon before removing packing

![Nasal packing diagram](image)

If bleeding continues:
21. Contact Surgeon
22. Unstow:
   Med Nasal Catheter (EENT Subpack-21)
   Locker

Test Nasal Catheter prior to insertion:
23. Inject 10 cc saline into valve on Nasal Catheter
24. Inspect balloon for integrity
25. Withdraw saline from catheter w/syringe
26. Apply *Neosporin Plus* to Nasal Catheter device to lubricate for insertion
27. Remove nasal packing from nose and replace w/Nasal Catheter; quickly insert along floor of nasal cavity until sponge fully inserted (fig 4-14)
28. Gently inject 10 cc saline into valve on Nasal Catheter
If sponge on Nasal Catheter device not fully expanded 30 sec after placement:
29. Irrigate sponge w/saline using syringe
30. Adjust retaining ring on Nasal Catheter until it gently rests against the nose
31. Nasal Catheter may be left in place up to 48 hrs
32. *Augmentin (Drug Subpack-37)
   Locker Dose: 1 tab 3X/day
33. Contact Surgeon before removing catheter
SECTION 5
O THRU Z

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<td>5-2b Dose Mode Display</td>
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<th>Med Locker</th>
<th>Ascriptin (Drug Subpack-Spine)</th>
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<tbody>
<tr>
<td></td>
<td>(see WARNING, 6-3)</td>
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<tr>
<td>Dose:</td>
<td>1-2 tabs every 4-6 hr as needed</td>
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-OR- Tylenol (Drug Subpack-Spine)

Dose: 1-2 tabs every 4-6 hr as needed

-OR- Motrin (Drug Subpack-Spine)

(see WARNING, 6-9)

Dose: 1 tab every 4-6 hr as needed with food and drink

-OR- *Vicodin (Drug Subpack-21)

(see WARNING, 6-2, 6-13)

Dose: 1-2 tabs every 4-6 hr

-OR-

NOTE

For Demerol and Morphine Sulfate, see INJECTIONS, INTRAMUSCULAR (4-24) and TUBEX INJECTOR TECHNIQUE (4-28)

*Demerol (Drug Subpack-25)

(see WARNING, 6-2, 6-5)

Dose: Inject 1 cc intramuscularly every 3-4 hr as needed

-OR- *Morphine Sulfate (Drug Subpack-23,24)

(see general WARNING, 6-2)

Dose: Inject 1/2 cc intramuscularly every 3-4 hr as needed

-OR-
NOTE
Handle Duragesic Patch using non-sterile Gloves (IV Admin-12, Airway Subpack-8, EENT Subpack-7, CCK). Pain relief w/patch does not occur rapidly

WARNING
If contact w/gel is made by other crew-members, wash contaminated area w/generous amounts of water

*Duragesic Patch (Drug Subpack-8)
(see general WARNING, 6-2, 6-6)
Dose: 1 patch. Apply to shoulder, upper arm, abdomen, flank, chest, or back. Remove after 72 hr

RADIATION
HIGH RATE DOSIMETER – DOSE MEASUREMENT

PARTS:
Passive Dosimetry Kit
High Rate Dosimeter (two)

1. Unstow one of the High Rate Dosimeters

NOTE
Dose Rate scale will be displayed in 0.001 to 999 cGy/hr or Gy/hr. The display has three indicators, ALARM, AUD, and VIS. Any or all of these indicators may or may not be displayed depending on previous use
2. Press and hold ON/OFF button for 3 seconds
   Verify High Rate Dosimeter – ON
   Verify mode on display is RATE
   Refer to figure 5-1b for nominal ON screen

* If the display does not activate within 5 seconds, or if the letter "b" is displayed
* To replace the Batteries, perform HIGH RATE DOSIMETER – BATTERY CHANGEOUT, steps 2 to 4a, then:

3. Record DOSE value in High Rate Dosimeter Dose Rate/Dose Measurements Table
NOTE
After pressing the DOSE button, there is an initial screen that will be displayed for a few seconds, after which, the Dose Value will be displayed.
The display will automatically return to the RATE Mode within 10 seconds.
Dose scale will be displayed in 0 to 999 cGy or Gy

4. Press and release the DOSE button
   Verify mode on display is DOSE
   Refer to figures 5-2a and 5-2b

![Initial Display in DOSE Mode](image1)
![DOSE Mode Display](image2)

5. Record DOSE value in High Rate Dosimeter Dose Rate/Dose Measurements Table
   If the display transitions to RATE Mode before measurement can be recorded, repeat step 4

6. Press and hold ON/OFF button for approximately 3 seconds
   Observe “---” on display
   Verify High Rate Dosimeter – OFF (display blank)

7. Stow High Rate Dosimeter in Passive Dosimetry Kit

8. Unstow second High Rate Dosimeter and repeat steps 2 to 7

9. Call down readings to MCC-H

5-6 MED/ALL/GEN K,3
10. If further measurements over time are required by MCC-H

| Temporarily stow Passive Dosimetry Kit |
| If no further measurements are required |
| Stow Passive Dosimetry Kit |

### High Rate Dosimeter Dose Rate/Dose Measurements Table

<table>
<thead>
<tr>
<th>GMT</th>
<th>High Rate Dosimeter - 1</th>
<th>High Rate Dosimeter - 2</th>
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<tbody>
<tr>
<td></td>
<td>Dose Rate</td>
<td>Dose</td>
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### HIGH RATE DOSIMETER – BATTERY CHANGEOUT

**NOTE**
New batteries should have >1 year shelf life from time of installation

1. Unstow one of the two High Rate Dosimeters

2. √ High Rate Dosimeter – OFF (display blank)

   If High Rate Dosimeter is ON (display active)
   Press and hold ON/OFF button for 3 seconds
   Observe “---” on display
   Verify High Rate Dosimeter – OFF (display blank)
Figure 5-3.- High Rate Dosimeter (OFF).

3. Changing out Batteries
   a. Lift D-Ring and turn 1/4 turn counterclockwise
      Refer to figure 5-4

   b. Swing Battery door open, remove old Batteries, and discard
Figure 5-4.- Battery Installation Polarity.

NOTE
Polarity markings “+” and “-” are visible on the black seal around the Battery wells

c. Insert four new AAA Batteries as shown in figure 5-4

d. Close Battery door
   Turn fastener clockwise until hardstop (1/4 turn)
   Push D-Ring down flat

4. Verifying function

NOTE
The display has three indicators, ALARM, AUD, and VIS. Any or all of these indicators may or may not be displayed depending on previous use

a. Press and hold ON/OFF button for 3 seconds
   Verify High Rate Dosimeter – ON
   Refer to figure 5-5 for nominal ON screen
b. Press and hold ON/OFF button for approximately 3 seconds
   Observe “---” on display
   Verify High Rate Dosimeter – OFF (display blank)

c. Stow High Rate Dosimeter in Passive Dosimetry Kit

d. Repeat steps 2 to 4c for second High Rate Dosimeter

5. Stow Passive Dosimetry Kit

SINUS PROBLEMS

Symptoms: Facial pain, ear pain, tooth pain, congestion

Med 1. Unstow: 
   Locker Thermometer (EENT Subpack-3)

   Temperature: ____________

Decongestants:
   2. Sudafed (Drug Subpack-Spine)
      (see WARNING, 6-12)
      Dose: 2 tabs every 6 hr as needed
      -OR-

      Guaifenesin PSE (Drug Subpack-44)
      Dose: 1 tab every 12 hr as needed
      -OR-

      Afrin (EENT Subpack-19)
      Dose: 1-2 sprays every 12 hr as needed

If fever:

Antibiotics:
   3. *Augmentin (Drug Subpack-37)
      Dose: 1 cap 2X/day for 10-14 days
      -OR-

      5-10 MED/ALL/GEN K,3
**Bactrim DS (Drug Subpack-38)**  
(see WARNING, 6-3)  
Dose: 1 tab 2X/day for 10-14 days  
-OR-  
**Duricef (Drug Subpack-40)**  
(see WARNING, 6-6)  
Dose: 1 cap every 12 hr for 10-14 days

Pain medication:  
4. **Ascriptin (Drug Subpack-Spine)**  
   Dose: 1-2 tabs every 4-6 hr as needed  
   -OR-  
   **Tylenol (Drug Subpack-Spine)**  
   Dose: 1-2 tabs every 4-6 hr as needed

5. Contact Surgeon

**SKIN INFECTION**

*Signs: Skin is red, warm, tender; pus may be seen coming out of localized point*

1. Contact Surgeon. Place Ruler (Trauma Subpack-26) in proximity of infection and photodocument the infection every 24 hrs

**Antibiotics:**

Med Locker  
2. **Augmentin (Drug Subpack-37)**  
   Dose: 1 tab 2X/day for 5 days  
   -OR-  
   **Cipro (Drug Subpack-40)**  
   Dose: 1 tab 2X/day for 10 days  
   -OR-  
   **Duricef (Drug Subpack-40)**  
   (see WARNING, 6-6)  
   Dose: 1 cap every 12 hr for 10 days  
   -OR-  
   **Zithromax (Drug Subpack-36)**  
   Dose: 2 tabs initial dose, then 1 tab/day for 5 days

5-11 MED/ALL/GEN K,3
SKIN – MINOR ABRASIONS

1. Clean affected area thoroughly w/Saline (IV Admin-1, EENT Subpack-1, Saline Supply Bag, Middeck Locker); blot dry gently w/Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2)

2. Place Ruler (Trauma Subpack-26) in proximity of the wound and photodocument the wound every 24 hrs

3. Dress wound w/^Bactroban Ointment (Trauma Subpack-19). Cover w/Bandaid (IV Admin-20, Drug Subpack-12, Drug Subpack-Spine, Trauma Subpack-11) or w/Gauze Pads for large abrasions. Wrap Gauze Pads w/Kerlix, Kling (Trauma Subpack-2,12) to hold in place

4. Repeat above procedure and inspect abrasion once daily or at any time wound becomes wet or contaminated

5. Notify Surgeon at next routine Private Medical Conference (PMC)

SKIN RASH

WARNING
^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use

ALLERGIC RASH

Signs: Skin is red, warm; may have hives or blisters

Med 1. ^Topicort (EENT Subpack-28)
   Locker Dose: Apply thin layer 2X/day until rash resolved (rub in well, avoid contact w/eyes)

   Antihistamines for relief of itching:
   2. Benadryl (oral) (Drug Subpack-42)
      (see general WARNING, 6-2)
      Dose: 1 cap every 6 hr as needed
         -OR-
      *Claritin (Drug Subpack-43)
      (see general WARNING, 6-2)
      Dose: 10 mg once daily

5-12 MED/ALL/GEN K,3
3. Contact Surgeon for further dosing. Place Ruler (Trauma Subpack-26) in proximity of rash and photodocument the rash every 24 hrs

**FUNGAL RASH**

Signs: Skin is red, scaly; oval/round patches w/central scales may be present

Med 1. ^Lotrimin AF Cream (Trauma Subpack-26)
    Locker Dose: Apply thin layer 2X/day for duration of flight (rub in well; avoid contact w/eyes)

2. Contact Surgeon for further dosing. Place Ruler (Trauma Subpack-26) in proximity of rash and photodocument the rash every 24 hrs

**SLEEPING PROBLEMS (INSOMNIA)**

<table>
<thead>
<tr>
<th>WARNING</th>
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<tbody>
<tr>
<td>Both PLT and CDR</td>
</tr>
<tr>
<td>-OR-</td>
</tr>
<tr>
<td>Both CMOs</td>
</tr>
<tr>
<td>may not use sedatives/hypnotics simo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for bed before taking Restoril or Ambien. DO NOT continue work after taking medication</td>
</tr>
</tbody>
</table>

Med 1. *Ambien (Drug Subpack-Spine)  *(see general WARNING, 6-2)
    Locker Dose: 1 tab 30 min prior to sleep period
    -OR-
    *Restoril (Drug Subpack-Spine)  *(see general WARNING, 6-2)
    Dose: 1 or 2 caps 30 min prior to sleep period
SORE THROAT
Signs: Red throat, swollen glands in neck, pus on tonsils

Antibiotics:
Med  *Zithromax (Drug Subpack-36)
Locker Dose: 2 tabs initial dose, then 1 tab/day for 5 days
-OR-
*Duricef (Drug Subpack-40)
Dose: 1 cap 2X/day for 10 days
-OR-
*Augmentin (Drug Subpack-37)
Dose: 1 cap every 12 hr for 10 days

SPACE MOTION SICKNESS (see MOTION SICKNESS)

STRAINS/SPRAINS

Misc 1. Wet towel w/CHILLED water; apply to injury for
Stowage 10 min. Repeat 3 times
Med 2. Immobilize tendon sprain w/figure-eight
Locker Ace bandage (Trauma Subpack-3,13)

Pain relief:
3. Ascriptin (Drug Subpack-Spine)
(see WARNING, 6-3)
Dose: 1-2 tabs every 4-6 hr as needed
-OR-
Tylenol (Drug Subpack-Spine)
Dose: 1-2 tabs every 4-6 hr as needed
-OR-
Motrin (Drug Subpack-Spine)
(see WARNING, 6-9)
Dose: 1 tab every 4-6 hr as needed w/food and drink
-OR-
*Vicodin (Drug Subpack-21)
(see WARNING, 6-2, 6-13) if pain is severe
Dose: 1-2 tabs every 4-6 hr

4. For finger sprains:
   Unless there is a deep laceration to palm side of
   finger, apply Finger Splint (Trauma Subpack-23)
   to the finger (foam side to the palm side of
   finger) and keep in place w/Kerlix (Trauma
   Subpack-2)
TOOTHACHE

**Infection**, signs/symptoms: Swelling, fever, tender/raised lymph nodes under lower jaw, redness around affected tooth, dull ache when biting, usually no pain w/hot or cold, but may be present w/multi-rooted teeth
   Treatment: Antibiotics, avoidance of tooth, and pain medication

**Cracked Tooth**, signs/symptoms: Sharp stabbing pain when biting down or upon release, unusual cold sensitivity. May or may not be visible signs of a crack
   Treatment: Avoidance of tooth, and pain medication

**Pulpitis**, signs/symptoms: Painful stimulus to either heat and/or cold, may have pain to bite pressure, spontaneous pain w/o provocation
   Treatment: Avoidance of tooth, and pain medication

   1. Contact Surgeon

   **Antibiotics:**
   Med 2. *Augmentin (Drug Subpack-37)*
   Locker Dose: 1 tab 2X/day for 10 days w/food and drink

   Pain relief, mild to moderate:
   Med 3. Eugenol (contained in 3 needleless Tubex syringes - 1 ml) (Toothache Kit, EENT Subpack-35)
   Unstow Tubex Injector (Trauma Subpack-31, Drug Subpack-Spine, Drug Subpack-19)

   (see Tubex Injector Technique, 4-28)
   Apply drop of Eugenol directly on affected tooth or apply using cotton pellet and tweezers

   4. Ascriptin (Drug Subpack-Spine)
   (see WARNING, 6-3)
   Dose: 2 tabs every 4-6 hr as needed
   -OR-

   Tylenol (Drug Subpack-Spine)
   Dose: 2 tabs every 4-6 hr as needed
   -OR-

   Motrin (Drug Subpack-Spine)
   (see WARNING, 6-9)
   Dose: 1 tab every 4-6 hr as needed w/food and drink
Pain relief, severe:
5. *Vicodin (Drug Subpack-21)  
   (see WARNING, 6-2, 6-13)  
   Dose: 1-2 tabs every 4-6 hr as needed  
   -OR-  
   *Xylocaine w/Epinephrine (Injectable)  
   (EENT Subpack-30) (see WARNING, 6-14)  
   (see DENTAL INJECTION TECHNIQUE, step 6)

DENTAL INJECTION TECHNIQUE

1. Unstow:  
   Dental Syringe (EENT Subpack-33)  
   *Xylocaine w/Epinephrine (anesthetic) (EENT Subpack-30)  
   Needle, Short (upper injection) (EENT Subpack-36)  
   Needle, Long (lower injection) (EENT Subpack-29)

2. Load dental syringe:  
   Withdraw plunger; insert metal end of dental carpule into syringe body by sliding toward threaded end; snap into place

3. Push plunger arrow into dental carpule; ensure head of arrow firmly seated
4. Open needle by twisting off clear cap

**NOTE**
For upper injections use short needle; For lower injections use long needle

5. Screw needle cartridge into syringe by turning cw until firmly seated

6. To inject, remove yellow needle cap. For upper injections, see figure 5-6. For lower injections, see figures 5-7a and 5-7b

**WARNING**
Draw back gently on syringe before injection. Reposition needle if blood is seen

7. Upper Dental Anesthesia:
Place needle at height of moveable membrane (mucobuccal fold) above fixed gum tissue. Insert needle; direct needle to root apex of tooth to be anesthetized. Draw back gently on syringe to ensure no blood

8. Inject 1/2 carpule of dental anesthetic directly over root apex. Wait 5 min; pain should subside

9. Lower (mandibular) Anesthesia:
Place thumb in deepest portion of coronoid notch of mandibular ramus and use center of thumb as guide for needle height (see figs 5-7a and 5-7b)
Figure 5-6.- Upper molar anesthesia.

10. Insert needle at point where seam between the cheek and throat turns upward (fig 5-7a).

11. Barrel of syringe is kept over the third and fourth teeth on opposite side of the injection (fig 5-7b). Insert needle until bone is contacted and only 5 to 10 mm of needle remains exposed.
   If bone not contacted:
   12. Withdraw needle 5-10 mm; reinsert needle w/syringe barrel over teeth 4 and 5.
   If bone contacted and more than 5-10 mm of needle remains exposed:
   13. Withdraw needle 5-10 mm; reinsert needle w/syringe barrel over teeth 2 and 3. Draw back gently on syringe to ensure no blood.

14. Inject slowly, over 1 min, the entire contents of syringe; remove needle.

15. Wait 5 min; pain should subside.

16. Contact Surgeon and re-inject if necessary.
Figure 5-7a.- Lower (mandibular) molar anesthesia #1.

Figure 5-7b.- Lower (mandibular) molar anesthesia #2.

Inferior alveolar nerve

Coronoid Notch

Dental syringe (EENT Subpack-33) w/Long needle (EENT Subpack-29)

Barrel of syringe over teeth 3 and 4 back on opposite side of injection

Coronoid Notch

Seam of cheek and throat

Dental syringe (EENT Subpack-33) w/Long needle (EENT Subpack-29)
TEMPORARY FILLING

**WARNING**
Use only if missing portion of filling or tooth does not include an exposed pulp. If dental pulp exposed, see **EXPOSED PULP**

1. Unstow:
   - Med: Gauze Pads (EENT Subpack-2)
   - Locker: Temporary filling (EENT Subpack-24), Dental carver (EENT Subpack-26)

2. Squeeze filling material onto finger
3. Place in tooth, wipe off excess w/Gauze Pad (EENT Subpack-2)
4. Bite and rub teeth together, then open mouth and adjust filling slightly out of bite using Gauze Pad (EENT Subpack-2) and/or dental carver (EENT Subpack-26)
5. Allow 5 min for initial set; be careful with filling for at least 24 hr

**EXPOSED PULP**

**NOTE**
Don non-sterile Gloves (CCK) and Goggles (CCK) to apply Eugenol. Consider use of Dental Injection if painful prior to exposure of pulp

1. Unstow:
   - Med: Tubex Injector (Trauma Subpack-31, Drug Subpack-Spine, Drug Subpack-19)
   - Locker: Toothache Kit (tweezers, cotton pellets, Tubex Syringes) (EENT Subpack-35)
   - Med: Gauze Pads (EENT Subpack-2)
   - Locker: Dental Explorer Probe (EENT Subpack-26)

2. Assemble Tubex Injector (see Tubex Injector Technique, 4-28)
3. Remove 1 cotton pellet from box with supplied tweezers (EENT Subpack-35), resizing cotton pellet as necessary to fit opening of pulp
4. Remove red cap from Tubex Injector and apply enough Eugenol to cotton pellet to lightly moisten it. Remove excess Eugenol by squeezing out excess w/Gauze Pad (EENT Subpack-2)
5. Place lightly moistened cotton pellet into exposed pulp area of tooth, using tweezers and Dental Explorer Probe (EENT Subpack-26) to push pellet into the ‘hole’
6. Keep pellet in place for remainder of mission. Check daily and replace if covered w/food debris. Replace w/new pellet and Eugenol if persistent pain

**WARNING**
Do not place filling in tooth w/ exposed pulp

**REPLACING CROWN w/TEMPORARY CEMENT**

**NOTE**
If no pain, especially when eating or drinking, stow crown in secure location; can safely be replaced upon return to Earth

1. Unstow:
   - Cotton Swabs (EENT Subpack-34)
   - Dental carver (EENT Subpack-26)
   - Dycal Base (EENT Subpack-1)
   - Dycal Catalyst (EENT Subpack-1)
   - Dental Explorer Probe (EENT Subpack-26)
   - Dental floss (Personal Hygiene Kits)
   - Tongue depressor (EENT Subpack-34)
   - Gauze Pads (4) (EENT Subpack-2)

2. Remove residual cement from crown and tooth, utilizing dental carver (EENT Subpack-26)
3. Carefully check fit of crown by replacing on tooth and biting down. Remove and dry crown. Dry and isolate tooth as well as possible w/rolled Gauze Pad (EENT Subpack-2)
4. Place a 1/2-inch line of both Dycal Base and Dycal Catalyst (EENT Subpack-1) on one end of Tongue Depressor (EENT Subpack-34) and mix well using stick end of cotton swab (EENT Subpack-34)
5. Place small portion of Dycal mixture around inside walls of crown; seat crown on tooth using a positive rocking force. Place cotton tip end of swab over crown and have patient bite down for 3 sec. Remove cotton swab and have patient bite down to determine if crown is fully seated
   If crown not fully seated:
   6. Carefully remove crown by prying up at different locations on crown margin w/dental carver (EENT Subpack-26) until crown is loose. Remove crown; return to step 2
   If crown fully seated:
   7. Replace cotton swab over crown and have patient continue biting on swab w/moderate pressure for 5 min
   8. Gently clean remaining cement from around gum w/Dental Explorer Probe (EENT Subpack-26) and dental floss (Personal Hygiene Kits). (Place a knot in center of 18-inch piece of dental floss; glide it back and forth gently between the crown and the adjacent teeth to clean cement from between the teeth)
URINARY RETENTION

WARNING

^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use.

1. Unstow:

Med Gloves, sterile (Trauma Subpack-24)
Locker Urine Chemstrips 10 SG (Trauma Subpack-15)
^Povidone-Iodine Swabs (Trauma Subpack-7, IV Admin-19, Airway Subpack-10)
Cotton Swabs (EENT Subpack-34)
Catheter, Foley OR (Trauma Subpack-10)
Catheter, Straight Lubricant (water soluble) (Trauma Subpack-9, Airway Subpack-13)
Ambulatory Leg-Bag (Trauma Subpack-1)
Syringes (10 cc) (Airway Subpack-15, Trauma Subpack-22, EENT Subpack-20)
Saline (IV Admin-1, Saline Supply Bag, Middeck Locker, EENT Subpack-1)
Needle, 22ga (Trauma Subpack-22)

2. Consult Surgeon for catheter type. Surgeon will provide use and resterilization techniques for Straight Catheter

3. Expose patient

4. Don sterile Gloves

5. Clean catheter insertion site on patient w/^Povidone-Iodine Swabs

For males:

6. Cleanse tip of penis w/^Povidone-Iodine Swab from urethra outward

For females:

7. Cleanse area of urethra w/^Povidone-Iodine Swab, cleansing from urethra towards vagina only (front to back)
8. Connect catheter to Ambulatory Leg-Bag

9. Cover tip of catheter w/Water Soluble Lubricant

10. Insert catheter w/firm pressure until urine flows. Continue inserting to approx 2 cm depth (fig 5-8)

![Diagram showing catheter insertion]

Figure 5-8.- Catheter insertion.

11. Maintain catheter in place until urine flow ceases

To determine if catheter should be removed:

12. Contact Surgeon

**WARNING**

Do not pull on catheter while balloon is inflated

If catheter to remain inserted:

13. Inflate balloon w/syringe using 5-cc saline

14. Release small amount of urine from Leg Bag

15. Perform urine Chemstrip 10 SG testing

16. Go to BLADDER INFECTION, 2-5
VOMITING (also see MOTION SICKNESS, 4-38)

1. Avoid solid foods, milk products for 24 hr
2. Maintain fluid intake

After vomiting:
3. Wait 20 min prior to drinking frequent small amounts of fluid

If abdominal pain present, or blood noted in vomitus:
4. Contact Surgeon, see ABDOMINAL PAIN, 2-2

Anti-Vomiting Medication:

Med 5. *Phenergan (oral) (Drug Subpack-15)
      Locker  Dose: 1-2 tabs every 4-6 hr as needed
             -OR-
             *Phenergan (suppository) (Drug Subpack-10)
             Dose: 1 every 6 hr as needed
             -OR-
             *Phenergan (Injectable) (Drug Subpack-Spine)
             Dose: Inject 1/2 to 1 cc intramuscularly every 6 hr (see INJECTIONS, INTRAMUSCULAR, 4-24)

YEAST INFECTION

Symptoms: Vaginal itching/burning
           White vaginal discharge

Signs: White vaginal discharge
       Vaginal redness

Treatment:
Med 1. *Diflucan (Drug Subpack-18)
      Locker  Dose: 1 tab by mouth

Possible side effects: Headache, nausea, abdominal pain, diarrhea. Symptoms are usually transient

2. Contact Surgeon if not resolved in 2-3 days
SECTION 6
MEDICATION SIDE EFFECTS

MEDICATION SIDE EFFECTS ..............................................  6-2
MEDICATION SIDE EFFECTS

*Contact Surgeon before giving any medication marked w/asterisk.
In emergency or when orbiter LOS, begin appropriate treatment;
call Surgeon as soon as possible

**WARNING**
^ Do not allow this item to come in contact with EMU. EV
and IV crewmembers must contact Surgeon prior to use

**WARNING**
Following drugs should not be used together as they may
cause excessive drowsiness in combination: Ambien,
Benadryl, Claritin, Demerol, Duragesic Patch (Fentanyl),
Morphine Sulfate, Phenergan, Restoril, Valium, Vicodin

acetaminophen – See TYLENOL
acetaminophen w/codeine – See TYLENOL #3
*acetazolamide – See DIAMOX

AFRIN – Long-acting topical nasal decongestant
Possible side effects: Burning, stinging, sneezing, or
increased nasal discharge. Usage more frequently than
directed can produce chronic nasal congestion

*albuterol – See PROVENTIL INHALER

*ALCAINE (proparacaine) – Anesthetic eye drops for eye exams
  * Do NOT repeat Alcaine dose  *
  * w/o contacting Surgeon  *

ALEVE (naproxen) – Pain reliever
Possible side effects: Abdominal pain, nausea, heartburn

*AMBIEN (zolpidem) – Used to induce sleep
Possible side effects: Anxiety, fatigue, headache, irritability,
nausea, vomiting, abdominal pain, tremors, double vision
(see general WARNING, 6-2)

*amikacin – See AMIKIN

*AMIKIN (amikacin) – I.V. antibiotic

*amoxicillin/clavulanate – See AUGMENTIN
ANUSOL HC – Suppository for relief of pain/itching from hemorrhoids or other rectal problems
   Possible side effects: Discontinue if anal irritation develops/worsens

Artificial Tears – See REFRESH PLUS

**WARNING**
Do not use Ascriptin in patients w/asthma, history of aspirin allergy, or G1 or other bleeding problems

ASCRIPITIN (aspirin) – Pain reliever, anti-inflammatory
   Possible side effects: Upset stomach, ringing in ears

aspirin – See ASCRIPITIN

*ATROPINE – Given I.V. only
   Use only in cardiopulmonary arrest. Contact Surgeon

*AUGMENTIN (amoxicillin/clavulanate) – Antibiotic
   Possible side effects: Nausea, diarrhea, rash

AYR SALINE MIST – Used to treat congestion and nasal dryness
   Possible side effects: Nasal irritation

*azithromycin - See ZITHROMAX

**WARNING**
Do not use Bactrim DS if allergy to sulfa or trimethoprim exists. Give w/caution to patients w/severe allergy or asthma

*BACTRIM DS (trimethoprim/sulfamethoxasole) – Antibiotic
   Possible side effects: Skin rash, headache, stomach upset

^BACTROBAN OINTMENT (mupirocin) – Topical antibiotic

beclamethazone – See BECONASE INHALER

BECONASE INHALER (beclamethazone) – Bronchodilator used for treatment of allergy and congestion
   Possible side effects: Nasal irritation, nose bleed, headache
BENADRYL (diphenhydramine) – (oral and *injectable) –
Antihistamine; used for allergic reactions or for drug-induced
muscle spasms
   Possible side effects: Drowsiness, inability to concentrate,
dry mouth, blurred vision, rash, sensitivity to light, headache,
rapid heart rate, dizziness, fatigue (see general WARNING,
6-2)

bisacodyl – See DULCOLAX

*bupivacaine plain – See MARCAINE PLAIN

*cefadroxil – See DURICEF

ceftriaxone – See ROCEPHIN

*CILASTIN/PRIMAXIN (imipenem IV) – Antibiotic
   Possible side effects: Nausea, diarrhea, vomiting, rash,
   possible pain at injection site
   Note: Mix powder w/100 cc normal saline and shake to
   obtain a clear solution. Administer intravenously. Give
   slowly over 20-30 min period

**^CILOXAN OINTMENT (ciprofloxacin) – Antimicrobial eye
   ointment
   Possible side effects: Local burning or discomfort; use may
   result in overgrowth of nonsusceptible organisms

*CIPRO (ciprofloxacin) – Antibiotic
   Possible side effects: Nausea, diarrhea, vomiting, abdominal
   pain/discomfort, headache, restlessness

**ciprofloxacin – See ^CILOXAN OINTMENT, CIPRO

*CLARITIN (loratadine) – Antihistamine, anti-allergy
   Possible side effects: Headache, sleepiness/drowsiness,
fatigue, dry mouth (see general WARNING, 6-2)

^clotrimazole cream – See ^LOTRIMIN AF CREAM

COUGH LOZENGES – For cough suppression
*CYCLOGYL (cyclopentolate) – Eye drops for pupil dilation  
   Possible side effects: Transient burning, blurred vision due to pupil dilation, sensitivity to light

*cyclopentolate – See CYCLOGYL

deltasona – See PREDNISONE

WARNING

Sedation w/Demerol may be additive if given w/ other drugs that depress central nervous system (see general WARNING, 6-2); may cause low blood pressure, reduced breathing rate

*DEMEROL (meperidine) – Narcotic pain reliever  
   Possible side effects: Dizziness, lightheadedness, sedation, nausea, vomiting, sweating, dry mouth, blurred vision, constipation

^desoximetasone – See ^TOPICORT

*dexamethasone – Injectable steroid for treatment of increased intracranial pressure, severe allergic reactions

WARNING

Do not use Dexedrine in patient w/high blood pressure; may impair ability to concentrate

*DEXEDRINE (dextroamphetamine) – For motion sickness  
   Possible side effects: Dizziness, rapid heart rate, restlessness, tremor, headache, loss of appetite

*dextroamphetamine – See DEXEDRINE

*DIAMOX (acetazolamide) – For altitude sickness  
   Possible side effects: Minimal w/short-term therapy – tingling sensation in extremities, loss of appetite, increased urine output, occasional drowsiness, confusion

*diazepam – See VALIUM

6-5 MED/ALL/GEN K
*DIFLUCAN (fluconazole) – Oral antifungal medication for vaginal yeast infections
  Possible side effects: Headache, nausea, abdominal pain, diarrhea. Symptoms are usually transient

*DILANTIN (phenytoin) – Andiconvulsant
  Possible side effects: Confusion, dizziness, decreased coordination

diphenhydramine – See BENADRYL

DULCOLAX (bisacodyl) – Tablets or suppositories; for constipation
  Possible side effects: Abdominal cramps

*DURAGESIC PATCH (fentanyl) – Use only for severe pain. (see general WARNING, 6-2)
  Possible side effects: Respiratory depression, low blood pressure. Other crewmembers should avoid contact w/skin

GUAIFENEX PSE (guaifenesin/pseudophedrine) – Decongestant
  Possible side effects: Headache, nervousness, nausea, vomiting

WARNING
Do not use Duricef if there is history of Penicillin or Cephalosporin allergy

*DURICEF (cefadroxil) – Antibiotic
  Possible side effects: Diarrhea, nausea, vomiting, abdominal pain, rash

DYCAL (base and catalyst) – Used for crown replacement
  Possible side effects: Skin and eye irritant

*EPINEPHRINE (Injectable) – Use only in cardiopulmonary arrest or severe allergic reaction. Contact Surgeon

EUGENOL – Local antiseptic and analgesic
  Possible side effects: Skin and eye irritant

*fentanyl – See DURAGESIC PATCH
*FLAGYL (metronidazole) – Antibiotic
   Possible side effects: Nausea, headache, vomiting, diarrhea, loss of appetite, metallic taste, rash

*fluconazole – See DIFLUCAN

flumazenil – See ROMAZICON

*furosemide – See LASIX

*GENOPTIC OPHTHALMIC OINTMENT (gentamicin) – Antibiotic eye ointment
   Possible side effects: Occasional burning or stinging of eye

*gentamicin – See GENOPTIC OPHTHALMIC OINTMENT

*HALDOL (haloperidol) – Injectable major tranquilizer. Use only after contact w/Surgeon

*haloperidol – See HALDOL

*hydrocodone/acetaminophen – See VICODIN

ibuprofen – See MOTRIN

**WARNING**
Do not use Imipenem if there is history of Penicillin or Cephalosporin allergy

*imipenem IV – See CILASTIN/PRIMAXIN

IMODIUM (loperamide HCl) – Used to stop diarrhea
   Possible side effects: Abdominal discomfort, nausea, vomiting, constipation, drowsiness, dizziness, dry mouth

*INDERAL (propranolol hydrochloride) – Oral medication that decreases heart rate and blood pressure, decreases heart workload; used for high blood pressure, chest pain

*ISOPTIN (verapamil) – Given I.V. only; use only for very rapid heart rates that do not resolve w/other therapy. Contact Surgeon
KENALOG IN ORABASE (triamcinolone acetonide) – Topical steroid for treatment of mouth ulcers and fever blisters

ketorolac tromethamine – See TORADOL

LASIX (furosemide) – Potent intravenous diuretic used in severe edema, hypertension
   Possible side effects: Orthostatic hypotension, dizziness, nausea, headache

LEVAQUIN (levofloxacin) – Antibiotic
   Possible side effects: Nausea, headache, diarrhea

levofloxacin – See LEVAQUIN

*lidocaine plain – See XYLOCAINE PLAIN

*lidocaine w/epinephrine – See XYLOCAINE W/EPINEPHRINE

*lidocaine/cardiac – See XYLOCAINE/CARDIAC

loperamide HCl – See IMODIUM

*loratadine – See CLARITIN

^LOTRIMIN AF CREAM (clotrimazole cream) – Antifungal skin medication

magnesium hydroxide – See MILK OF MAGNESIA

**WARNING**
Low blood pressure, heart block, seizures may occur w/overdose of Marcaine Plain. Do not inject intravenously; give smallest amount possible subcutaneously

**WARNING**
Do not use Marcaine Plain for anesthesia on fingers, toes, earlobes, or nose where constriction of blood vessels may lead to tissue death

*MARCAINE PLAIN (bupivacaine plain) – Local anesthetic used prior to laceration repair
*meperidine – See DEMEROL

*metronidazole – See FLAGYL

MILK OF MAGNESIA (magnesium hydroxide) – Antacid used to treat constipation
   Possible side effects: Diarrhea

*MORPHINE SULFATE – Use only for severe pain. Contact Surgeon (see general WARNING, 6-2)
   Possible side effects: Respiratory depression, low blood pressure

WARNING
Do not take Motrin if allergic to aspirin

MOTRIN (ibuprofen) – Intermediate-strength pain reliever, anti-inflammatory agent
   Possible side effects: Upset stomach, diarrhea; if possible, take w/food and drink

^mupirocin – See ^BACTROBAN OINTMENT

MYLANTA – Antacid/antiflatulent

*naloxone – See NARCAN

naproxen – See ALEVE

*NARCAN (naloxone) – Intravenous narcotic antagonist. Use only under Surgeon’s direction

^NEOSPORIN PLUS – Aids in prevention of infection and provides temporary pain relief in minor cuts, scrapes, burns

NITROGLYCERIN – patch and tablets – Used in treatment of angina
   Possible side effects: Headache, postural hypotension, dizziness

*NITROSTAT – nitroglycerin tabs – Used only for treatment of heart attacks, other cardiac emergencies. Contact Surgeon
*norgestrel/ethinyl estradiol – See OVRAL-21

*OVRAL-21 (norgestrel/ethinyl estradiol) – Female hormone mixture for controlling abnormal menstrual bleeding
   Possible side effects: Nausea, increased blood pressure, fluid retention

omeprazole – See PRILOSEC

PEPTO-BISMOL – Bismuth compound used to treat nausea, indigestion, diarrhea
   Possible side effects: May turn tongue, stool black

phenazopyridine – See PYRIDIUM

**WARNING**
Phenergan may have an additive sedative effect w/other central nervous system depressants (see general WARNING, 6-2). Spasms of head, neck muscles may occur w/intramuscular injection. Do not exceed 100 mg in a 24-hr period

*PHENERGAN (promethazine) (oral, suppository, and injectable) –
   Antinausea, antihistamine
   Possible side effects: Sedation, inability to concentrate, drowsiness, dizziness, blurred or double vision, nausea, rash

phenytoin – See DILANTIN

PREDNISONE (deltasone) – Steroid for treatment of severe allergic reactions
   Possible side effects: High blood pressure, salt and water retention, mood changes, increased sweating, headache, vertigo

PRILOSEC (omeprazole) – Used in treatment of heartburn or gastric hyperacidity
   Possible side effects: Headache, diarrhea, dizziness, nausea

*promethazine – See PHENERGAN
WARNING
Do not use more than two drops of Proparacaine eye drops per treatment as corneal damage may occur. Do not rub eyes for 30 min following anesthetic administration.

*proparacaine eye drops – See ALCAINE

*propranolol hydrochloride – See INDERAL

*PROVENTIL INHALER (albuterol) – (Bronchodilator) Given for shortness of breath due to wheezing  
Possible side effects: Palpitations, tachycardia, increase blood pressure, tremor, nausea

pseudoephedrine – See SUDAFED

guaifenesin/pseudoephedrine – See GUAIFENEX PSE

PYRIDIUM (phenazopyridine) – Relieves pain from bladder infection; compatible w/antibacterial treatment  
Possible side effects: Colors urine orange, occasional stomach or intestinal upset

REFRESH PLUS (Artificial Tears) – Saline eye drops for dryness, irritation

*RESTORIL (temazepam) – Benzodiazepine used to treat insomnia  
Possible side effects: Residual drowsiness, dizziness, lethargy (see general WARNING, 6-2)

ROCEPHIN (ceftriaxone) – Antibiotic  
Possible side effects: Rash, diarrhea, headache, dizziness

ROMAZICON (flumazenil) – Intravenous med used in benzodiazepine overdose (such as Valium)  
Possible side effects: Seizure, agitation, emotional liability, cardiac dysrhythmia

^SILVADENE CREAM (silver sulfadiazine) – Topical burn therapy 
Possible side effects: Burning on application, potential allergic reaction. Avoid if allergic to sulfa drugs
silver sulfadiazine – See SILVADENE CREAM

**WARNING**
Do not use Sudafed in a patient w/high blood pressure. Can cause high blood pressure, rapid heart rate

SUDAFED (pseudoephedrine) – Decongestant

*temazepam – See RESTORIL

TOBRADEX (tobramycin and dexamethasone) – Used in external eye infection with inflammatory conditions
Possible side effects: Delayed wound healing, lacrimation, itching eyes, edema of the eyelid, allergic contact dermatitis, increased intraocular pressure, glaucoma and cataract formation

tobramycin and dexamethasone – See TOBRADEX

^TOPICORT (desoximetasone) – Cream for skin rashes

TORADOL (ketorolac tromethamine) – Nonsteroidal anti-inflammatory used for pain
Possible side effects: Stomach ulcers/gastric bleeding, allergic reaction, dizziness, nausea, headache, hallucinations

triamcinolone acetonide – See KENALOG IN ORABASE

*trifluridine – See VIROPTIC

*trimethoprim/sulfamethoxasole – See BACTRIM DS

TYLENOL (acetaminophen) – Aspirin-free pain reliever
Possible side effects: Overdose could cause sedation

TYLENOL #3 (acetaminophen w/codeine) – Pain reliever
Possible side effects: Sedation, dizziness, nausea

*valacyclovir – See VALTREX
WARNING
Valium may cause low blood pressure, reduced breathing rate, sedation when given I.V. Additive sedative effects may occur w/other central nervous system depressants (see general WARNING, 6-2)

*VALIUM (diazepam) – (Injectable, oral, Autoinjectable) sedative, anticonvulsant (antiseizure drug)
  Possible side effects: Drowsiness, fatigue, nausea, slow heart rate, blurred vision

*VALTREX (valacyclovir) – (Oral) Antiviral tablets
  Possible side effects: Headache, dizziness, depression, nausea, diarrhea, constipation, abdominal pain, anorexia, vomiting, neuromuscular weakness

*verapamil – See ISOPTIN

WARNING
Vicodin may seriously impair concentration and cause drowsiness/sedation (see general WARNING, 6-2)

*VICODIN (hydrocodone/acetaminophen) – Narcotic pain reliever
  Possible side effects: Lightheadedness, dizziness, nausea, vomiting, constipation

*VIROPTIC (trifluridine) – Antiviral eyedrops
  Possible side effects: Mild transient burning or stinging upon instillation, eyelid swelling, swelling of the eye, irritation, dry eyes, redness of the eyes, increased intraocular pressure

WARNING
Rapid heart rate, seizures may occur w/overdose Xylocaine Plain. Do not inject intravenously; give smallest amount possible subcutaneously

*XYLOCAINE PLAIN (lidocaine plain) – Injectable used for laceration repair and as dental anesthetic
**WARNING**
Do not use Xylocaine w/Epinephrine for anesthesia on fingers, toes, earlobes, or nose where constriction of blood vessels may lead to tissue death. Other warnings apply as for Xylocaine above.

*XYLOCAINE W/EPINEPHRINE* (lidocaine w/Epinephrine) – Injectable local anesthetic used prior to selected laceration repair.

*XYLOCAINE/CARDIAC* (lidocaine/cardiac) – Use only in cardiopulmonary arrest or w/serious heart rhythm abnormalities. Contact Surgeon.

*ZITHROMAX* (azithromycin) – Antibiotic
Possible side effects: Diarrhea, nausea, abdominal pain

*zolpidem* – See AMBIEN.
SECTION 7
TOXICOLOGY

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<tr>
<th>COLOR/LEVEL</th>
<th>STATE</th>
<th>SYSTEMIC/INTERNAL OR DAMAGE</th>
<th>FLAMMABILITY</th>
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<th>SUMM OF HAZARD LEVEL</th>
<th>PROTECTIVE EQUIPMENT</th>
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<tr>
<td>RED 4</td>
<td>Gas, volatile liquid, fumes</td>
<td>Appreciable effects: Coord, perception, memory, etc</td>
<td>Can produce flammable vapors/fine mist</td>
<td>Mod-to-severe</td>
<td>Catastrophic: Can cause disabling injury</td>
<td>All crew-members don, activate: QDMs or SEBS</td>
</tr>
<tr>
<td></td>
<td>Not containable</td>
<td>Potential for long-term or delayed serious injury (e.g., cancer) or may result in internal tissue damage</td>
<td>Sufficient qty to produce hazard</td>
<td>Potential for long-term performance decrement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ARS used to decontaminate</td>
<td>Eye hazards: Risk of permanent eye damage</td>
<td>Therapy reqd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORANGE 3</td>
<td>Solid or non-volatile liquid</td>
<td>Appreciable effects: Coord, perception, memory, etc</td>
<td>Can produce flammable vapors/fine mist</td>
<td>Possible irritation accompanies systemic tox concerns</td>
<td>Catastrophic: Can cause disabling injury or systemic tox, internal tissue damage</td>
<td>All crew-members don, activate: QDMs or SEBS, Silver Shield gloves</td>
</tr>
<tr>
<td></td>
<td>Containable</td>
<td>Potential for long-term or delayed serious injury (e.g., cancer) or may result in internal tissue damage</td>
<td>Sufficient qty to produce hazard</td>
<td>Irritancy alone would not drive to Level 3</td>
<td>e.g., Acetonitrile</td>
<td></td>
</tr>
</tbody>
</table>

TOXICOLOGY
## HAZARDOUS SPILL LEVEL DEFINITIONS TABLE (Cont)

<table>
<thead>
<tr>
<th>COLOR/LEVEL</th>
<th>STATE</th>
<th>SYSTEMIC/INTERNAL DAMAGE OR FLAMMABILITY</th>
<th>IRRITANCY</th>
<th>SUMM OF HAZARD LEVEL</th>
<th>PROTECTIVE EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YELLOW</strong></td>
<td>Solid or non-volatile liquid</td>
<td>None</td>
<td>Can produce flammable solids/liquids, but not vapors</td>
<td>Mod-to-severe</td>
<td>Catastrophic: Can cause disabling injury</td>
</tr>
<tr>
<td>2</td>
<td>Containable</td>
<td>Sufficient qty to produce hazard</td>
<td>Lasts &gt; 30 min</td>
<td>No systemic tox concerns</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potential for long-term performance decrements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eye hazards: May risk permanent damage, can affect visual acuity &gt; 30 min</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Therapy reqd</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*In vicinity: Crewmembers in cabin or module w/spill

---

*All crew-members in vicinity*: Don goggles, surgical masks, Silver Shield gloves
<table>
<thead>
<tr>
<th>COLOR/LEVEL</th>
<th>STATE</th>
<th>SYSTEMIC/INTERNAL OR DAMAGE</th>
<th>FLAMMABILITY</th>
<th>IRRITANCY</th>
<th>SUMM OF HAZARD LEVEL</th>
<th>PROTECTIVE EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLUE 1</td>
<td>Gas, solid, liquid</td>
<td>Minimal effects</td>
<td>Low flammability</td>
<td>Slight-to-mod</td>
<td>Critical:</td>
<td>All crew-members in vicinity*: Don goggles, surgical masks</td>
</tr>
<tr>
<td></td>
<td>May or may not be</td>
<td>No potential for</td>
<td>High flash point</td>
<td>lasts &gt; 30 min</td>
<td>Can cause nondisabling injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>containable</td>
<td>lasting internal</td>
<td>Low vapor pressure</td>
<td>Eye only: can affect visual</td>
<td>e.g., 15% Sodium</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>tissue damage</td>
<td></td>
<td>acuity &gt; 30 min</td>
<td>Chloride</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>May/May not req therapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| GREEN 0    | Gas, solid, liquid     | None                       | None                    | Slight                        | Nonhazard:           | None                  |
|            | May or may not be      |                           |                         | lasts < 30 min                 | Neither health nor fire. If not containable, MCC |
|            | containable            |                            |                         | All effects resolved w/in     | e.g., Silicone oil   |
|            |                        |                            |                         | 30 min                        | or weak hypertonic   |
|            |                        |                            |                         | No therapy reqd               | solutions            |

*In vicinity: Crewmembers in cabin or module w/spill
CONTAMINANT CLEANUP PROCEDURES

1. Remove individual from further exposure

2. Don reqd protective equipment:
   - Tox Level 4: Not containable by cleanup crew. Don QDM or SEBS
   - CCK Tox Level 3: QDM or SEBS, Silver Shield Gloves
   - CCK Tox Level 2: Surgical masks, goggles, Silver Shield Gloves
   - CCK Tox Level 1: Surgical masks, goggles, Surgical gloves
   - CCK Tox Level 0: No protective equipment reqd

3. Follow Toxicology Treatment Protocols, section 7

4. Perform cleanup utilizing CCK contents

   **If Chemical Spill:**
   1. Don Silver Shield Gloves
   2. Don Yellow Mess-Up Mitt over gloves
   3. Clean up spill
   4. Turn Mitt inside out and seal w/adhesive strip
   5. Place Mitt and gloves in Chemical Resistant Bag(s)
   6. Seal Bag(s) w/double stick tape on bag
   7. Identify hazard level w/appropriate Toxicology Identification decal
   8. Once closed, dispose of Chemical Resistant Bag(s) in Wet Trash

   **If Biological/Medical Event:**
   1. Don non-sterile Surgical gloves
   2. Don Red Bio-Wipe Bag over gloves
   3. Clean up biological waste
   4. Turn Red Bio-Wipe Bag inside out and seal with adhesive strip
   5. Place gloves and Red Bio-Wipe Bag in large Ziplock Containment Bag(s)
   6. Identify hazard level w/appropriate Biohazard Identification decal
   7. Once closed, dispose of Ziplock Containment Bag(s) in Wet Trash
EYE EXPOSURE TOXICOLOGY TREATMENT

1. Remove individual from further exposure

If reqd:
2. Don Quick Don Mask (QDM) to protect against further exposure
3. Perform EYE PROBLEMS, CHEMICAL BURN, 3-17

Galley 4. Immediately activate Shuttle Emergency Eyewash (SEE)
5. Perform EYE EXAMINATION, 3-15; evaluate for EYE PROBLEMS, FOREIGN BODY/ABRASION, 3-20

6. Contact Surgeon

SKIN EXPOSURE TOXICOLOGY TREATMENT

1. Remove individual from further exposure

If reqd:
2. Don Quick Don Mask (QDM) to protect against further exposure

3. Use Contaminant Cleanup Kit (CCK)
4. Remove contaminated clothing
5. Remove remaining toxic material from skin
6. Irrigate affected area w/copious amounts of water

If unable to flush:
7. Use Gauze Pads (IV Admin-14, Airway Subpack-11, Trauma Subpack-14, EENT Subpack-2) wetted w/cold water

As reqd:
8. Perform MAJOR BURNS (1-32) or MINOR BURNS (2-8)

9. Contact Surgeon
INHALATION EXPOSURE TOXICOLOGY TREATMENT
(INCLUDES CARDIOVASCULAR AND CENTRAL NERVOUS SYSTEM)

1. Remove individual from further exposure

2. Don Quick Don Mask (QDM) to protect against further exposure

   WARNING
   Signs of toxicity may be delayed.
   If in doubt about situation, maintain crewmember on QDM until Surgeon contacted

If respiratory distress:
3. √Respiratory rate, record _____________________

   Symptoms  √  Signs  √
   Shortness of breath  Pale
   Difficulty breathing  Sweating
   Anxious  Retractions
   Fatigue  Wheezing
   Coarse breath sounds
   Changes in mental status

If conscious, breathing on own:
4. Continue to use QDM

   WARNING
   Do not administer Epinephrine if exposed to Halogenated Hydrocarbons (i.e., Freon Halon 1301)

5. As reqd, perform ALLERGIC REACTION – SEVERE REACTION, 1-29, then:
6. Contact Surgeon for drug administration
If unconscious, not breathing:

7. As reqd, perform CPR (CARDIOPULMONARY RESUSCITATION), ORAL AIRWAY, 1-11, or INTUBATION, ENDOTRACHEAL, 1-12, then:

8. As reqd, perform RESUSCITATOR procedures (see inside cover of Medical Accessory Kit or Cue Card section), then:

9. Contact Surgeon for drug administration

10. & Pulse rate, record __________________

If pulse present:

11. Continue w/oxygen

12. As reqd, perform CPR (CARDIOPULMONARY RESUSCITATION), CARDIAC MONITORING, 1-8, then:

13. Contact Surgeon for drug administration

If no pulse:

14. Continue w/oxygen

15. As reqd, perform CPR (CARDIOPULMONARY RESUSCITATION), 1-6, steps 8-11 (compression/ventilation cycles), then:

16. As reqd, perform INJECTIONS, INTRAVENOUS (I.V.), INTRAVENOUS FLUID INFUSION, 4-11, then:

17. As reqd, perform CPR (CARDIOPULMONARY RESUSCITATION), CARDIAC MONITORING, 1-8, then:

18. Contact Surgeon for drug administration

NOTE
Blood pressure will be present only when crewmember has pulse

19. & Blood Pressure (BP); record __________________

20. Contact Surgeon for drug administration

21. As reqd, perform SEIZURES, 1-42, then:

22. Contact Surgeon for drug administration
### ALPHABETICAL LIST

**WARNING**

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^ Do not allow this item to come in contact with EMU. EV and IV crewmembers must contact Surgeon prior to use.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorbant Wipes</td>
<td>CCK</td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>Ace Bandage</td>
<td>Trauma Subpack-3</td>
<td>4 in wide</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-13</td>
<td>6 in wide</td>
<td>1</td>
</tr>
<tr>
<td>acetaminophen (Tylenol)</td>
<td>Drug Subpack-Spine</td>
<td>325 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*acetazolamide (Diamox)</td>
<td>Drug Subpack-43</td>
<td>250 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Adaptic Bandages</td>
<td>Trauma Subpack-5</td>
<td>3-in x 3-in</td>
<td>3</td>
</tr>
<tr>
<td>Afrin (nasal spray)</td>
<td>EENT Subpack-19</td>
<td>3-ml bottles</td>
<td>6</td>
</tr>
<tr>
<td>Air temp monitors</td>
<td>EENT Subpack-10</td>
<td>90-120 degF</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>58-88 degF</td>
<td>2</td>
</tr>
<tr>
<td>Airway</td>
<td>Airway Subpack-3</td>
<td>oral</td>
<td>1</td>
</tr>
<tr>
<td>*albuterol (Proventil Inhaler)</td>
<td>Drug Subpack-11</td>
<td>17-g container</td>
<td>1</td>
</tr>
<tr>
<td>*Alcaine (proparacaine) (eye drops)</td>
<td>EENT Subpack-12</td>
<td>15-ml bottle</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol Pads</td>
<td>Electrode Attachment Kit</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>IV Admin-18</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-10</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-16</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-Spine</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-6</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>*Ambien (zolpidem)</td>
<td>Drug Subpack-Spine</td>
<td>10 mg</td>
<td>75 tabs</td>
</tr>
<tr>
<td>Ambulatory leg-bag</td>
<td>Trauma Subpack-1</td>
<td>600-ml bag</td>
<td>1</td>
</tr>
<tr>
<td>*amikacin (Amikin)</td>
<td>Drug Subpack-29</td>
<td>250 mg/cc, 2-cc unit</td>
<td>1</td>
</tr>
<tr>
<td>*Amikin (amikacin)</td>
<td>Drug Subpack-29</td>
<td>250 mg/cc, 2-cc unit</td>
<td>1</td>
</tr>
<tr>
<td>*amoxicillin/clavulanate (Augmentin)</td>
<td>Drug Subpack-37</td>
<td>875/125 mg</td>
<td>20 tabs</td>
</tr>
<tr>
<td>Anusol HC suppositories</td>
<td>Drug Subpack-41</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>artificial tears (eye drops)</td>
<td>EENT Subpack-16</td>
<td>6 cc</td>
<td>12</td>
</tr>
<tr>
<td>aspirin (Ascriptin)</td>
<td>Drug Subpack-Spine</td>
<td>325-mg aspirin w/Maalox</td>
<td>25 tabs</td>
</tr>
<tr>
<td>aspirin (Ascriptin)</td>
<td>Drug Subpack-Spine</td>
<td>325-mg aspirin w/Maalox</td>
<td>25 tabs</td>
</tr>
<tr>
<td>*Atropine</td>
<td>Drug Subpack-4</td>
<td>1 mg/cc, 2-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>*Augmentin (amoxicillin/clavulanate)</td>
<td>Drug Subpack-37</td>
<td>875/125 mg</td>
<td>20 tabs</td>
</tr>
<tr>
<td>*azithromycin (Zithromax)</td>
<td>Drug Subpack-36</td>
<td>250 mg</td>
<td>18 tabs</td>
</tr>
<tr>
<td>Name</td>
<td>Location</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>*Bactrim DS (trimethoprim/sulfamethoxasole)</td>
<td>Drug Subpack-38</td>
<td>28 tabs</td>
<td></td>
</tr>
<tr>
<td>*Bactroban Ointment (mupirocin)</td>
<td>Trauma Subpack-19</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bags</td>
<td>CCK</td>
<td>16 in X 12 in Double Stick Tape closure</td>
<td>8</td>
</tr>
<tr>
<td>Containment, Ziplock</td>
<td>CCK</td>
<td>12 in X 12 in Ziplock closure</td>
<td>7</td>
</tr>
<tr>
<td>Mess-Up Mitts, Yellow</td>
<td>CCK</td>
<td>Chemical Absorbent Mitt Tape closure</td>
<td>2</td>
</tr>
<tr>
<td>Red Bio-Wipe</td>
<td>CCK</td>
<td>Biological Absorbent Mitt Tape closure</td>
<td>2</td>
</tr>
<tr>
<td>Ziplock</td>
<td>IV Admin-1 Airway Subpack-4</td>
<td>12 in X 12 in</td>
<td>1</td>
</tr>
<tr>
<td>Bandaids</td>
<td>Trauma Subpack-11 Drug Subpack-12 Drug Subpack-8 Drug Subpack-Spine (SMS Kit) IV Admin-20</td>
<td>1 in X 3 in Sheer Spot 1 in X 3 in Sheer Spot 1 in X 3 in Sheer Spot</td>
<td>10 10 10 6</td>
</tr>
<tr>
<td>Batteries</td>
<td>Airway Subpack-5 EENT Subpack-32</td>
<td>AA size AA size</td>
<td>2 2</td>
</tr>
<tr>
<td>*Benadryl, injectable (diphenhydramine)</td>
<td>Drug Subpack-13</td>
<td>50 mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>Benadryl, oral (diphenhydramine)</td>
<td>Drug Subpack-42</td>
<td>25 mg</td>
<td>20 caps</td>
</tr>
<tr>
<td>*Benzoin swabs</td>
<td>Trauma Subpack-8</td>
<td>Sepp applicators</td>
<td>5</td>
</tr>
<tr>
<td>Biohazard Identification Labels</td>
<td>CCK</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>bisacodyl (Dulcolax)</td>
<td>Drug Subpack-30 Drug Subpack-39</td>
<td>oral, 5 mg suppository, 10 mg</td>
<td>30 tabs 6</td>
</tr>
<tr>
<td>Blistex lip balm</td>
<td>EENT Subpack-24</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Blood pressure cuff</td>
<td>IV Admin-1</td>
<td>w/aneroid sphyg</td>
<td>1</td>
</tr>
<tr>
<td>*bupivacaine (Marcaine)</td>
<td>Trauma Subpack-30</td>
<td>0.5% plain, 2 cc</td>
<td>1</td>
</tr>
<tr>
<td>Butterfly Needle</td>
<td>IV Admin-18</td>
<td>21 ga</td>
<td>2</td>
</tr>
</tbody>
</table>
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<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter, Foley</td>
<td>Trauma Subpack-10</td>
<td>16 Fr, 30-cc balloon, silastic</td>
<td>1</td>
</tr>
<tr>
<td>Straight</td>
<td>Trauma Subpack-10</td>
<td>16 French, Red Rubber</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-24</td>
<td>14 French, Female</td>
<td>5</td>
</tr>
<tr>
<td>*cefadroxil (Duricef)</td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
<td>20 caps</td>
</tr>
<tr>
<td>Chemstrip 10 SG</td>
<td>Trauma Subpack-15</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>*cilastin/primaxin</td>
<td>Drug Subpack-34</td>
<td>500 mg, powder form</td>
<td>2 vials</td>
</tr>
<tr>
<td>(Imipenem IV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Ciloxan (ciprofloxacin)</td>
<td>EENT Subpack-15</td>
<td>0.3%, 3.5-g tube</td>
<td>3</td>
</tr>
<tr>
<td>ointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Cipro (ciprofloxacin)</td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
<td>25 tabs</td>
</tr>
<tr>
<td>Drug Subpack-22</td>
<td>25 tabs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*ciprofloxacin (Cipro)</td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
<td>25 tabs</td>
</tr>
<tr>
<td>Drug Subpack-22</td>
<td>25 tabs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**ciprofloxacin ointment</td>
<td>EENT Subpack-15</td>
<td>0.3%, 3.5-g tube</td>
<td>3</td>
</tr>
<tr>
<td>(Ciloxan)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Claritin (loratadine)</td>
<td>Drug Subpack-43</td>
<td>10 mg</td>
<td>20 tabs</td>
</tr>
<tr>
<td>*clotrimazole cream</td>
<td>Trauma Subpack-26</td>
<td>24-g tube</td>
<td>1</td>
</tr>
<tr>
<td>(Lotrimin AF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coban</td>
<td>IV Admin-1</td>
<td>5 in X 5 yard self-adherent wrap</td>
<td>1</td>
</tr>
<tr>
<td>Cotton balls</td>
<td>EENT Subpack-22</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Cotton swabs</td>
<td>EENT Subpack-34</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Cough lozenges</td>
<td>Drug Subpack-45</td>
<td>5 mg dextromethorphan</td>
<td>15 tabs</td>
</tr>
<tr>
<td>*Cyclogyl (cyclopentolate)</td>
<td>EENT Subpack-11</td>
<td>1%, 15-ml bottle</td>
<td>1</td>
</tr>
<tr>
<td>*cyclopentolate (Cyclogyl)</td>
<td>EENT Subpack-11</td>
<td>1%, 15-ml bottle</td>
<td>1</td>
</tr>
<tr>
<td>deltason (Prednisone)</td>
<td>Drug Subpack-33</td>
<td>20 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*Demerol (meperidine)</td>
<td>Drug Subpack-25</td>
<td>50 mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>Dental Items</td>
<td>EENT Subpack</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Carver/File</td>
<td>EENT Subpack-26</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Explorer Probe</td>
<td>EENT Subpack-26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenalog in Orabase (triamcinolone acetonide)</td>
<td>EENT Subpack-24</td>
<td>5-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Mirror</td>
<td>EENT Subpack-26</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Needles</td>
<td>EENT Subpack-29</td>
<td>long: 27 ga, 1.25 in</td>
<td>6</td>
</tr>
<tr>
<td>EENT Subpack-36</td>
<td>short: 27 ga, 0.75 in</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Orangewood Sticks</td>
<td>EENT Subpack-26</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Syringe</td>
<td>EENT Subpack-33</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Name</td>
<td>Location</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------</td>
<td>---------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Dental Items (Cont)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Filling</td>
<td>EENT Subpack-24</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Toothache Kit</td>
<td>EENT Subpack-35</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Eugenol dental anesthetic drops</td>
<td></td>
<td>1 ml tubex</td>
<td>3</td>
</tr>
<tr>
<td>Tweezers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotton Pellets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Xylocaine (lidocaine)</td>
<td>EENT Subpack-30</td>
<td>2% w/Epinephrine 1:100,000, 2% Plain</td>
<td>3 dental carpules</td>
</tr>
<tr>
<td>*Xylocaine</td>
<td>EENT Subpack-1</td>
<td>13-g tube</td>
<td>1</td>
</tr>
<tr>
<td>*Dermabond</td>
<td>Trauma Subpack-27</td>
<td>skin adhesive</td>
<td>1</td>
</tr>
<tr>
<td>*desoximetasone (Topicort)</td>
<td>Trauma Subpack-28</td>
<td>0.25% cream 15-g tube</td>
<td>1</td>
</tr>
<tr>
<td>*dexamethasone</td>
<td>Drug Subpack-28</td>
<td>10 mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>*Dexedrine (dextroamphetamine)</td>
<td>Drug Subpack-14</td>
<td>5 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*dextroamphetamine (Dexedrine)</td>
<td>Drug Subpack-14</td>
<td>5 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*Diamox (acetazolamide)</td>
<td>Drug Subpack-43</td>
<td>250 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*diazepam, injectable (Valium)</td>
<td>Drug Subpack-22</td>
<td>5 mg/cc, 2-cc unit</td>
<td>1</td>
</tr>
<tr>
<td>*diazepam, oral (Valium)</td>
<td>Drug Subpack-20</td>
<td>5 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*diazepam Autoinjector (Valium)</td>
<td>Drug Subpack-22</td>
<td>10 mg in 2 ml</td>
<td>1</td>
</tr>
<tr>
<td>*Diflucan (fluconazole)</td>
<td>Drug Subpack-18</td>
<td>150 mg</td>
<td>6 tabs</td>
</tr>
<tr>
<td>*diphenhydramine, injectable (Benadryl)</td>
<td>Drug Subpack-13</td>
<td>50 mg/cc, 1-cc unit</td>
<td>1</td>
</tr>
<tr>
<td>*diphenhydramine, oral (Benadryl)</td>
<td>Drug Subpack-42</td>
<td>25 mg</td>
<td>20 caps</td>
</tr>
<tr>
<td>Drape, sterile</td>
<td>Trauma Subpack-24</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Dulcolax (bisacodyl)</td>
<td>Drug Subpack-30</td>
<td>oral, 5 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-39</td>
<td>suppository, 10 mg</td>
<td>6</td>
</tr>
<tr>
<td>*Duragesic Patch (fentanyl)</td>
<td>Drug Subpack-8</td>
<td>25 mcg</td>
<td>1</td>
</tr>
<tr>
<td>*Duricef (cefadroxil)</td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
<td>20 caps</td>
</tr>
<tr>
<td>Dycal (Base)</td>
<td>EENT Subpack-1</td>
<td>13-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Dycal (Catalyst)</td>
<td>EENT Subpack-1</td>
<td>11-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Name</td>
<td>Location</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------</td>
<td>---------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>*Duricef (cefadroxil)</td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
<td>20 caps</td>
</tr>
<tr>
<td>Dycal (Base)</td>
<td>EENT Subpack-1</td>
<td>13-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Dycal (Catalyst)</td>
<td>EENT Subpack-1</td>
<td>11-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Ear viewer (Otoscope) + Specula</td>
<td>EENT Subpack-31,32</td>
<td></td>
<td>1 each</td>
</tr>
<tr>
<td>Electrode Attachment Kit</td>
<td>Med Locker</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>End-Tidal CO2 Detector</td>
<td>Airway Subpack-7</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>*Epinephrine</td>
<td>Drug Subpack-5</td>
<td>1:1000, 1-cc unit</td>
<td>3</td>
</tr>
<tr>
<td>Epi Pen w/Injectable Epinephrine</td>
<td>Drug Subpack-9</td>
<td>2 ml, 1:1000</td>
<td>2</td>
</tr>
<tr>
<td>Eugenol dental anesthetic drops</td>
<td>EENT Subpack-35</td>
<td>1 ml tubex</td>
<td>3</td>
</tr>
<tr>
<td>Eye drops (artificial tears)</td>
<td>EENT Subpack-16</td>
<td>0.3 cc</td>
<td>12</td>
</tr>
<tr>
<td>Eye pads</td>
<td>EENT Subpack-4</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Eye Shield</td>
<td>EENT Subpack-4</td>
<td>metallic eyepatch</td>
<td>1</td>
</tr>
<tr>
<td>Eye viewer (ophthalmoscope head)</td>
<td>EENT Subpack-5,32</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>*Fentanyl (Duragesic Patch)</td>
<td>Drug Subpack-8</td>
<td>25 mcg patch</td>
<td>1</td>
</tr>
<tr>
<td>Finger splint</td>
<td>Trauma Subpack-23</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>*Flagyl (metronidazole)</td>
<td>Drug Subpack-36</td>
<td>250 mg</td>
<td>28 tabs</td>
</tr>
<tr>
<td>*fluconazole (Diflucan)</td>
<td>Drug Subpack-18</td>
<td>150 mg</td>
<td>6 tabs</td>
</tr>
<tr>
<td>Fluorescein strips</td>
<td>EENT Subpack-6</td>
<td>0.6 mg</td>
<td>8</td>
</tr>
<tr>
<td>Foley catheter</td>
<td>Trauma Subpack-10</td>
<td>16 Fr, 30-cc balloon,</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>silastic</td>
<td></td>
</tr>
<tr>
<td>Forceps</td>
<td>Trauma Subpack-25</td>
<td>Blunt</td>
<td>1</td>
</tr>
<tr>
<td>Magill</td>
<td>Airway Subpack-19</td>
<td>curved</td>
<td>1</td>
</tr>
<tr>
<td>Gauze Pads</td>
<td>Trauma Subpack-14</td>
<td>4 in X 4 in</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>IV Admin-14</td>
<td>2 in X 2 in</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-11</td>
<td>4 in X 4 in</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-2</td>
<td>4 in X 4 in</td>
<td>5</td>
</tr>
<tr>
<td>*Genoptic Ophthalmic Ointment (gentamicin)</td>
<td>EENT Subpack-14</td>
<td>3.5-g tube</td>
<td>1</td>
</tr>
<tr>
<td>*gentamicin (Genoptic Ophthalmic Ointment)</td>
<td>EENT Subpack-14</td>
<td>3.5-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Gloves, Silver Shield</td>
<td>CCK</td>
<td>chemical resistant</td>
<td>7 pair</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>IV Admin-12</td>
<td>nonsterile, surgical</td>
<td>4 pair</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-8</td>
<td></td>
<td>2 pair</td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-7</td>
<td></td>
<td>2 pair</td>
</tr>
<tr>
<td></td>
<td>CCK</td>
<td></td>
<td>7 pair</td>
</tr>
<tr>
<td>Gloves</td>
<td>Trauma Subpack-24</td>
<td>sterile, surgical</td>
<td>2 pair</td>
</tr>
<tr>
<td>Goggles</td>
<td>CCK</td>
<td>eye protection</td>
<td>7</td>
</tr>
<tr>
<td>Guaifenesin/pseudophedrine</td>
<td>Drug Subpack-44</td>
<td>600-mg guaifenesin, 120-mg pseudophedrine</td>
<td>40 tabs</td>
</tr>
<tr>
<td>(Guaifex PSE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guaifex PSE (guaifenesin/</td>
<td>Drug Subpack -44</td>
<td>600-mg guaifenesin, 120-mg pseudophedrine</td>
<td>40 tabs</td>
</tr>
<tr>
<td>pseudophedrine)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haldol (haloperidol)</td>
<td>Drug Subpack-26</td>
<td>5mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>*haloperidol (Haldol)</td>
<td>Drug Subpack-26</td>
<td>5mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>Hazard Identification Labels</td>
<td>CCK</td>
<td>decals yellow, green, blue, orange, red Biohazard IDs</td>
<td>6 each</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemostat</td>
<td>Trauma Subpack-32</td>
<td>small</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-33</td>
<td>small</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-2</td>
<td>curved</td>
<td>1</td>
</tr>
<tr>
<td>*hydrocodone/acetaminophen</td>
<td>Drug Subpack-21</td>
<td>10 mg/600 mg</td>
<td>20</td>
</tr>
<tr>
<td>(Vicodin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibruprofen (Motrin)</td>
<td>Drug Subpack-Spine</td>
<td>400 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>I.V. Administration Set</td>
<td>IV Admin-17</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Intubating Laryngeal Mask Airway</td>
<td>Airway Subpack-17</td>
<td>small</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-18</td>
<td>large</td>
<td>1</td>
</tr>
<tr>
<td>*Imipenem IV (cilastin/primaxin)</td>
<td>Drug Subpack-34</td>
<td>500 mg, powder form</td>
<td>2 vials</td>
</tr>
<tr>
<td>Imodium (loperamide HCI)</td>
<td>Drug Subpack-30</td>
<td>2 mg</td>
<td>32 caps</td>
</tr>
<tr>
<td>*Inderal (propanolol hydrochloride)</td>
<td>Drug Subpack-7</td>
<td>40 mg</td>
<td>24 tabs</td>
</tr>
<tr>
<td>Injector (Tubex)</td>
<td>Drug Subpack-Spine</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-19</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-31</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Intubating Laryngeal Mask Airway</td>
<td>Airway Subpack-17</td>
<td>small</td>
<td>1</td>
</tr>
<tr>
<td>*Isostin (verapamil)</td>
<td>Drug Subpack-3,19</td>
<td>2.5 mg/cc, 2-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>I.V. Intracatheter</td>
<td>IV Admin-17</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Kenalog in Orabase (triamcinolone acetonide)</td>
<td>EENT Subpack-24</td>
<td>5-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Kerlix</td>
<td>Trauma Subpack-2</td>
<td>4.5 in wide</td>
<td>1 roll</td>
</tr>
</tbody>
</table>
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<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kling</td>
<td>Trauma Subpack-12</td>
<td>3 in wide gauze dressing</td>
<td>2 rolls</td>
</tr>
<tr>
<td>Laryngoscope</td>
<td>Airway Subpack-5</td>
<td>Handle w/ Macintosh 3 blade</td>
<td>1</td>
</tr>
<tr>
<td>Lever Lock Cannula</td>
<td>IV Admin-17</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>*Lidocaine (Xylocaine)</td>
<td>EENT Subpack-30</td>
<td>2% w/Epinephrine 1:100,000, 1.8-cc unit</td>
<td>3</td>
</tr>
<tr>
<td>*Lidocaine (Xylocaine) Plain</td>
<td>EENT Subpack-30</td>
<td>2% w/o Epinephrine, 1.8-cc unit</td>
<td>3</td>
</tr>
<tr>
<td>*Lidocaine/cardiac</td>
<td>Drug Subpack-1,2</td>
<td>20 mg/cc, 5-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>*Lidocaine/cardiac plunger</td>
<td>Drug Subpack-1,2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Loperamide HCl (Imodium)</td>
<td>Drug Subpack-30</td>
<td>2 mg</td>
<td>32 caps</td>
</tr>
<tr>
<td>Loratadine (Claritin)</td>
<td>Drug Subpack-43</td>
<td>10 mg</td>
<td>20 tabs</td>
</tr>
<tr>
<td>*Lotrimin AF Cream (clotrimazole)</td>
<td>Trauma Subpack-26</td>
<td>24-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Lubricant (water-soluble)</td>
<td>Trauma Subpack-9 Airway Subpack-13</td>
<td>3 g use w/Foley catheter</td>
<td>10</td>
</tr>
<tr>
<td>Magill Forceps</td>
<td>Airway Subpack-19</td>
<td>curved</td>
<td>1</td>
</tr>
<tr>
<td>Magnifying glasses and strap</td>
<td>EENT Subpack-1,17</td>
<td>10X magnification</td>
<td>1</td>
</tr>
<tr>
<td>*Marcaine (bupivacaine) Plain</td>
<td>Trauma Subpack-30</td>
<td>0.5% plain, 2 cc</td>
<td>1</td>
</tr>
<tr>
<td>Masks, surgical</td>
<td>CCK</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Medical Data Logs</td>
<td>Drug Subpack-Cover</td>
<td>crew size + generic variable</td>
<td></td>
</tr>
<tr>
<td>*meperidine (Demerol)</td>
<td>Drug Subpack-25</td>
<td>50 mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>*metronidazole (Flagyl)</td>
<td>Drug Subpack-36</td>
<td>250 mg</td>
<td>28 tabs</td>
</tr>
<tr>
<td>*Morphine Sulfate</td>
<td>Drug Subpack-23,24</td>
<td>10 mg/cc, 1-cc unit</td>
<td>5</td>
</tr>
<tr>
<td>Motrin (ibuprofen)</td>
<td>Drug Subpack-Spine</td>
<td>400 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*mupirocin (Bactroban Ointment)</td>
<td>Trauma Subpack-19</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Mylanta</td>
<td>Drug Subpack-35</td>
<td></td>
<td>24 tabs</td>
</tr>
<tr>
<td>*naloxone (Narcan)</td>
<td>Drug Subpack-27</td>
<td>0.4 mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>*Narcan (naloxone)</td>
<td>Drug Subpack-27</td>
<td>0.4 mg/cc, 1-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>nasal catheter</td>
<td>EENT Subpack-21</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>nasal packing, posterior</td>
<td>EENT Subpack-21</td>
<td>10 cm</td>
<td>1</td>
</tr>
<tr>
<td>nasal speculum</td>
<td>EENT Subpack-26</td>
<td>5.5 cm</td>
<td>1</td>
</tr>
</tbody>
</table>
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<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>nasal spray (Afrin)</td>
<td>EENT Subpack-19</td>
<td>3-ml bottles</td>
<td>6</td>
</tr>
<tr>
<td>Needles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Butterfly</td>
<td>Trauma Subpack-22</td>
<td>22 ga, 1.5 in</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-18</td>
<td>18 ga, 1.5 in</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-29</td>
<td>18 ga, 1.5 in</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>IV Admin-18</td>
<td>21 ga, 0.75 in</td>
<td>1</td>
</tr>
<tr>
<td>*Neosporin Plus</td>
<td>EENT Subpack-25</td>
<td>0.5-oz tube</td>
<td>1</td>
</tr>
<tr>
<td>*nitroglycerin patch</td>
<td>Drug Subpack-8</td>
<td>15 mg</td>
<td>1</td>
</tr>
<tr>
<td>*nitroglycerin tabs (Nitrostat)</td>
<td>Drug Subpack-6</td>
<td>0.4 mg (1/150)</td>
<td>25</td>
</tr>
<tr>
<td>*Nitrostat (nitroglycerin tabs)</td>
<td>Drug Subpack-6</td>
<td>0.4 mg (1/150)</td>
<td>25</td>
</tr>
<tr>
<td>*norgestrel/ethinyl estradiol</td>
<td>Drug Subpack-17</td>
<td>21 tabs</td>
<td></td>
</tr>
<tr>
<td>(Ovral-21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Op Site (transparent dressing)</td>
<td>IV Admin-14</td>
<td>transparent dressing</td>
<td>6</td>
</tr>
<tr>
<td>Operational Bioinstrumentation System (OBS)</td>
<td>Med Locker</td>
<td></td>
<td>1 ea</td>
</tr>
<tr>
<td>Electrode Attachment Kit (EAK)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBS Belt w/Signal Conditioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternal Harness</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>IVA Cable</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Biomed Cable</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Ophthalmoscope head</td>
<td>EENT Subpack-5</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Ophthalmoscope, spare bulb</td>
<td>EENT Subpack-8</td>
<td></td>
<td>1</td>
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<tr>
<td>Oral airway</td>
<td>Airway Subpack-3</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Otoscope</td>
<td>EENT Subpack-32</td>
<td></td>
<td>1</td>
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<tr>
<td>Otoscope, spare bulb</td>
<td>EENT Subpack-8</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>*Ovral-21 (norgestrel/ethinyl estradiol)</td>
<td>Drug Subpack-17</td>
<td>21 tabs</td>
<td></td>
</tr>
<tr>
<td>Patient/Rescuer Restraints</td>
<td>Med Locker</td>
<td></td>
<td>2 sets</td>
</tr>
<tr>
<td>Penrose Tubing (tourniquet)</td>
<td>IV Admin-16</td>
<td>1 in X 18 in</td>
<td>1</td>
</tr>
<tr>
<td>Pepto-Bismol</td>
<td>Drug Subpack-31</td>
<td></td>
<td>24 tabs</td>
</tr>
<tr>
<td>pH Strips</td>
<td>CCK</td>
<td></td>
<td>10 strips</td>
</tr>
<tr>
<td>phenazopyridine (Pyridium)</td>
<td>Drug Subpack-17</td>
<td>200 mg</td>
<td>20 tabs</td>
</tr>
<tr>
<td>*Phenergan (promethazine) injectable</td>
<td>Drug Subpack-Spine</td>
<td>50 mg/cc, 1-cc unit</td>
<td>10</td>
</tr>
<tr>
<td>*Phenergan (promethazine)</td>
<td>Drug Subpack-15</td>
<td>oral, 25 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-10</td>
<td>suppository, 25 mg</td>
<td>14</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Pope Otowicks</td>
<td>EENT Subpack-27</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Posterior Nasal Packing</td>
<td>EENT Subpack-21</td>
<td>10 cm, 5.5 cm</td>
<td>2</td>
</tr>
<tr>
<td>*Povidone-Iodine swabs</td>
<td>Trauma Subpack-7</td>
<td></td>
<td>10</td>
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<tr>
<td></td>
<td>Airway Subpack-10</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>IV Admin-19</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Prednisone (deltasone)</td>
<td>Drug Subpack-33</td>
<td>20 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>*promethazine (Phenergan)</td>
<td>Drug Subpack-Spine</td>
<td>50 mg/cc, 1-cc unit</td>
<td>10</td>
</tr>
<tr>
<td>injectable</td>
<td>Drug Subpack-15</td>
<td>oral, 25 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-10</td>
<td>suppository, 25 mg</td>
<td>14</td>
</tr>
<tr>
<td>*proparacaine (Alcaine)</td>
<td>EENT Subpack-12</td>
<td>15-ml bottle</td>
<td>1</td>
</tr>
<tr>
<td>(eye drops)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*propranolol hydrochloride</td>
<td>Drug Subpack-7</td>
<td>40 mg</td>
<td>24 tabs</td>
</tr>
<tr>
<td>(Inderal)</td>
<td>Drug Subpack-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Proventil Inhaler (albuterol)</td>
<td>Drug Subpack-11</td>
<td>17-g container</td>
<td>1</td>
</tr>
<tr>
<td>pseudoephedrine (Sudafed)</td>
<td>Drug Subpack-Spine</td>
<td>30 mg</td>
<td>100 tabs</td>
</tr>
<tr>
<td>Pyridium (phenazopyridine)</td>
<td>Drug Subpack-17</td>
<td>200 mg</td>
<td>20 tabs</td>
</tr>
<tr>
<td>Radiation dosimeters</td>
<td>Med Locker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refresh Plus (artificial tears,</td>
<td>EENT Subpack-16</td>
<td>0.3 cc</td>
<td>12</td>
</tr>
<tr>
<td>eye drops)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Restoril (temazepam)</td>
<td>Drug Subpack-Spine</td>
<td>15 mg</td>
<td>40 caps</td>
</tr>
<tr>
<td>Restraints</td>
<td>Med Locker</td>
<td>2 belts</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td></td>
<td>2 belts</td>
<td></td>
</tr>
<tr>
<td>Rescuer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitator</td>
<td>Med Locker</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ruler</td>
<td>Trauma Subpack-26</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Saline</td>
<td>EENT Subpack-1</td>
<td>100 ml</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Meddeck Locker</td>
<td>250 ml</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>IV Admin-1</td>
<td>500 ml</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Saline Supply Bag</td>
<td>500 ml</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>All are 0.9% sodium chloride (NaCl)</td>
<td>Purpose: I.V. and irrigation, including eyes</td>
<td></td>
</tr>
<tr>
<td>Salt tablets</td>
<td>Drug Subpack-Spine</td>
<td>1-g NaCl</td>
<td>128 tabs</td>
</tr>
<tr>
<td>Scalpels No. 10, 11</td>
<td>Trauma Subpack-25</td>
<td>1 ea</td>
<td></td>
</tr>
<tr>
<td>No. 10</td>
<td>Airway Subpack-2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8-10 MED/ALL/GEN K,2
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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scissors, curved straight</td>
<td>Trauma Subpack-33</td>
<td>Surgical instrument</td>
<td>1 pair</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-2</td>
<td>assembly</td>
<td>1 pair</td>
</tr>
<tr>
<td>Sharps Container</td>
<td>Med Locker</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Shuttle Emergency Eyewash (SEE) System</td>
<td>CCK</td>
<td>Irrigation goggles</td>
<td>1</td>
</tr>
<tr>
<td>Silk Sutures</td>
<td>Airway Subpack-11</td>
<td>4-0 Ethicon, Silk</td>
<td>1</td>
</tr>
<tr>
<td>*Silvadene Cream</td>
<td>Trauma Subpack-20</td>
<td>20-g tube</td>
<td>1</td>
</tr>
<tr>
<td>(silver sulfadiazine)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Nitrate Sticks</td>
<td>EENT Subpack-34</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Silver Shield, Gloves</td>
<td>CCK</td>
<td>chemical resistant</td>
<td>7 pair</td>
</tr>
<tr>
<td>*silver sulfadiazine</td>
<td>Trauma Subpack-20</td>
<td>20-g tube</td>
<td>1</td>
</tr>
<tr>
<td>(Silvadene Cream)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Stapler</td>
<td>Trauma Subpack-21</td>
<td>15-shot stapler</td>
<td>1</td>
</tr>
<tr>
<td>Skin Staple Remover</td>
<td>Trauma Subpack-21</td>
<td></td>
<td>1</td>
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<tr>
<td>Skin temp monitors</td>
<td>EENT Subpack-23</td>
<td>84-106 degF</td>
<td>15</td>
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<tr>
<td>Space Motion Sickness (SMS) Kit</td>
<td>Drug Subpack-Spine</td>
<td>for SMS treatment Sheer Spot</td>
<td>1</td>
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<tr>
<td>Alcohol Pads (10)</td>
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<tr>
<td>Bandaids (10)</td>
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<td></td>
</tr>
<tr>
<td>*Phenergan Injectables (10)</td>
<td></td>
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<tr>
<td>Tubex injector (1)</td>
<td></td>
<td></td>
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<tr>
<td>Splint</td>
<td>Trauma Subpack-23</td>
<td>finger</td>
<td>1</td>
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<tr>
<td>Stabilizer Rod</td>
<td>Airway Subpack-15</td>
<td></td>
<td>1</td>
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<tr>
<td>Steri-Strip skin closures</td>
<td>Trauma Subpack-16</td>
<td></td>
<td>3</td>
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<tr>
<td>Sterile Drapes</td>
<td>Trauma Subpack-24</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sterile Gloves</td>
<td>Trauma Subpack-24</td>
<td></td>
<td>2 pair</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>Airway Subpack-12</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Straight Catheter</td>
<td>Trauma Subpack-10</td>
<td>16 French, Red Rubber</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-24</td>
<td>14 French, Female</td>
<td>5</td>
</tr>
<tr>
<td>Stylet</td>
<td>Airway Subpack-6</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Suction device</td>
<td>Airway Subpack-4</td>
<td>Toomey Syringe</td>
<td>1</td>
</tr>
<tr>
<td>Sudafed (pseudoephedrine)</td>
<td>Drug Subpack-Spine</td>
<td>30 mg</td>
<td>100 tabs</td>
</tr>
</tbody>
</table>
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<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Instrument Assembly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forceps, small point</td>
<td>Trauma Subpack-33</td>
<td></td>
<td>1 ea</td>
</tr>
<tr>
<td>Hemostat, small</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle Holder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors, curved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tweezers, fine point</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suture</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Trauma Subpack-18</td>
<td>4-0 Dexon, w/needle</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Trauma Subpack-17</td>
<td>5-0 Ethilon, w/needle</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Trauma Subpack-17</td>
<td>4-0 Ethilon, w/needle</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Trauma Subpack-17</td>
<td>3-0 Ethilon, w/needle</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Trauma Subpack-18</td>
<td>2-0 Vicryl w/CT-1 needle</td>
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<td>1</td>
</tr>
<tr>
<td>Airway Subpack-11</td>
<td>4-0 Ethilon, silk</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Syringes</td>
<td></td>
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</tr>
<tr>
<td>Airway Subpack-16</td>
<td>35 cc</td>
<td></td>
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</tr>
<tr>
<td>Airway Subpack-15</td>
<td>10 cc</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Trauma Subpack-22</td>
<td>3 cc</td>
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<td>1</td>
</tr>
<tr>
<td>EENT Subpack-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Admin-2,3,4,5,6,7</td>
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<td></td>
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</tr>
<tr>
<td>Tape</td>
<td></td>
<td></td>
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<tr>
<td>IV Admin-13</td>
<td>0.5 in wide</td>
<td></td>
<td>1 roll</td>
</tr>
<tr>
<td>Airway Subpack-9</td>
<td>1 in wide</td>
<td></td>
<td>1 roll</td>
</tr>
<tr>
<td>Trauma Subpack-34</td>
<td>1 in wide</td>
<td></td>
<td>1 roll</td>
</tr>
<tr>
<td>EENT Subpack-22</td>
<td>0.5 in wide</td>
<td></td>
<td>1 roll</td>
</tr>
<tr>
<td>Tegaderm (transparent dressing)</td>
<td>Trauma Subpack-4</td>
<td>transparent dressing</td>
<td>5</td>
</tr>
<tr>
<td>Telfa pads</td>
<td>EENT Subpack-22</td>
<td>3-in X 4-in nonstick bandages</td>
<td>2</td>
</tr>
<tr>
<td>Temazepam (Restoril)</td>
<td>Drug Subpack-Spine</td>
<td>15 mg</td>
<td>40 caps</td>
</tr>
<tr>
<td>Thermometers, air temp</td>
<td>EENT Subpack-10</td>
<td>90-120 degF</td>
<td>2</td>
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<tr>
<td></td>
<td>EENT Subpack-10</td>
<td>88-88 degF</td>
<td>2</td>
</tr>
<tr>
<td>Thermometers, oral</td>
<td>EENT Subpack-3</td>
<td>96-104 degF</td>
<td>18</td>
</tr>
<tr>
<td>Thermometers, skin temp</td>
<td>EENT Subpack-23</td>
<td>84-106 degF</td>
<td>15</td>
</tr>
<tr>
<td>Tobradex (tobramycin and</td>
<td>EENT Subpack-28</td>
<td>ophthalmic suspension 7.5 ml</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tobramycin and dexamethasone</td>
<td>EENT Subpack-28</td>
<td>ophthalmic suspension 7.5 ml</td>
<td>1</td>
</tr>
<tr>
<td>Tongue depressors</td>
<td>EENT Subpack-28</td>
<td></td>
<td></td>
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<tr>
<td>Toomey Syringe suction device</td>
<td>Airway Subpack-4</td>
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</tbody>
</table>
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<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toothache Kit</td>
<td>EENT Subpack-35</td>
<td>1 ml tubex</td>
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<tr>
<td>Eugenol dental anesthetic drops</td>
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<td>3</td>
</tr>
<tr>
<td>Tweezers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotton pellets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>^Topicort (dexamethasone)</td>
<td>Trauma Subpack-28</td>
<td>0.25% cream 15-g tube</td>
<td>1</td>
</tr>
<tr>
<td>Tourniquet (Penrose Tubing)</td>
<td>IV Admin-16</td>
<td>1 in x 18 in</td>
<td>1</td>
</tr>
<tr>
<td>Towels</td>
<td>Misc Stowage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracheal Tube (ET Tube)</td>
<td>Airway Subpack-20</td>
<td>w/stylet</td>
<td>1</td>
</tr>
<tr>
<td>Tracheostomy Items</td>
<td>Airway Subpack</td>
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<td>1</td>
</tr>
<tr>
<td>Alcohol pads</td>
<td>Airway Subpack-10</td>
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</tr>
<tr>
<td>Straight scissors</td>
<td>Airway Subpack-2</td>
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<tr>
<td>Curved forceps</td>
<td>Airway Subpack-19</td>
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<td></td>
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<tr>
<td>Tracheal hook</td>
<td>Airway Subpack-2</td>
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<tr>
<td>Tracheostomy tube</td>
<td>Airway Subpack-1</td>
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<tr>
<td>Tracheostomy tube holder</td>
<td>Airway Subpack-1</td>
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<tr>
<td>Scalpel</td>
<td>Airway Subpack-2</td>
<td>No. 10</td>
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<td>Povidone-Iodine swabs</td>
<td>Airway Subpack-10</td>
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<td>4</td>
</tr>
<tr>
<td>Silk Sutures</td>
<td>Airway Subpack-11</td>
<td>4-0 Ethicon, Silk</td>
<td>1</td>
</tr>
<tr>
<td>transparent dressing (Tegaderm)</td>
<td>Trauma Subpack-4</td>
<td>Tegaderm</td>
<td>5</td>
</tr>
<tr>
<td>IV Admin-14</td>
<td>Op Site</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>triamcinolone acetonide</td>
<td>EENT Subpack-24</td>
<td>5-g tube</td>
<td>1</td>
</tr>
<tr>
<td>(Kenalog in Orabase)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*trifluridine (Viroptic)</td>
<td>Drug Subpack-1</td>
<td>7.5 ml</td>
<td>1</td>
</tr>
<tr>
<td>*trimethoprim/sulfamethoxasole</td>
<td>Drug Subpack-38</td>
<td>28 ml</td>
<td>1</td>
</tr>
<tr>
<td>(Bactrim DS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubex Injector</td>
<td>Drug Subpack-Spine</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-19</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-31</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Tweezers</td>
<td>EENT Subpack-34</td>
<td>4.5-in blunt, use w/Otwicks</td>
<td>1</td>
</tr>
<tr>
<td>Tylenol (acetaminophen)</td>
<td>Drug Subpack-Spine</td>
<td>325 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Urine Test Package</td>
<td>Trauma Subpack-15</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Chemstrip 10 SG</td>
<td></td>
<td></td>
<td>13 strips</td>
</tr>
<tr>
<td>Color Chart</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ALPHABETICAL LIST**

*WARNING*

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>valacyclovir</em> (Valtrex)</td>
<td>Drug Subpack-32</td>
<td>1 g</td>
<td>21 tabs</td>
</tr>
<tr>
<td><em>Valium, injectable</em> (diazepam)</td>
<td>Drug Subpack-22</td>
<td>5 mg/cc, 2-cc unit</td>
<td>1</td>
</tr>
<tr>
<td><em>Valium, oral</em> (diazepam)</td>
<td>Drug Subpack-20</td>
<td>5 mg</td>
<td>30 tabs</td>
</tr>
<tr>
<td><em>Valium (diazepam) Autoinjector</em></td>
<td>Drug Subpack-22</td>
<td>10 mg in 2 ml</td>
<td>1</td>
</tr>
<tr>
<td><em>Valtrex (valacyclovir)</em></td>
<td>Drug Subpack-32</td>
<td>1 g</td>
<td>21 tabs</td>
</tr>
<tr>
<td><em>Verapamil (Isoptin)</em></td>
<td>Drug Subpack-3,19</td>
<td>2.5 mg/cc, 2-cc unit</td>
<td>2</td>
</tr>
<tr>
<td><em>Vicodin (hydrocodone/ acetaminophen)</em></td>
<td>Drug Subpack-21</td>
<td>10 mg/660 mg</td>
<td>20</td>
</tr>
<tr>
<td><em>Viroptic (trifluridine)</em></td>
<td>Drug Subpack-1</td>
<td>7.5 ml</td>
<td>1</td>
</tr>
<tr>
<td>Xeroform Gauze</td>
<td>Trauma Subpack-11</td>
<td>5 in X 9 in</td>
<td>1</td>
</tr>
<tr>
<td><em>Xylocaine (Lidocaine)</em></td>
<td>EENT Subpack-30</td>
<td>2% w/Epinephrine, 1:100,000, 1.8-cc unit</td>
<td>3</td>
</tr>
<tr>
<td><em>Xylocaine (Lidocaine) Plain</em></td>
<td>EENT Subpack-30</td>
<td>2% w/o Epinephrine, 1.8-cc unit</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-30</td>
<td>2% w/o Epinephrine, 2-cc unit</td>
<td>2</td>
</tr>
<tr>
<td>Y-Type Catheter Extension</td>
<td>IV Admin-17</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Ziplock Bags</td>
<td>IV Admin-1 Airway Subpack-4 CCK</td>
<td>12 in X 12 in</td>
<td>1</td>
</tr>
<tr>
<td><em>Zithromax (azithromycin)</em></td>
<td>Drug Subpack-36</td>
<td>250 mg</td>
<td>18 tabs</td>
</tr>
<tr>
<td><em>zolpidem (Ambien)</em></td>
<td>Drug Subpack-Spine</td>
<td>10 mg</td>
<td>75 tabs</td>
</tr>
</tbody>
</table>
## USAGE LIST

### WARNING

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Injury</td>
<td>Go to 1-27</td>
<td></td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>Go to 2-2</td>
<td></td>
</tr>
<tr>
<td>Airway</td>
<td>Go to 1-11</td>
<td></td>
</tr>
<tr>
<td>Oral airway</td>
<td>Airway Subpack-3</td>
<td></td>
</tr>
<tr>
<td>ILM (Intubating Laryngeal Mask Airway)</td>
<td>Airway Subpack-17</td>
<td>small</td>
</tr>
<tr>
<td>Stabilizer Rod</td>
<td>Airway Subpack-18</td>
<td>large</td>
</tr>
<tr>
<td>Syringe</td>
<td>Airway Subpack-15</td>
<td></td>
</tr>
<tr>
<td>Tracheal tube</td>
<td>Airway Subpack-20</td>
<td>35 cc</td>
</tr>
<tr>
<td>Stylet</td>
<td>Airway Subpack-6</td>
<td></td>
</tr>
<tr>
<td>Laryngoscope</td>
<td>Airway Subpack-5</td>
<td></td>
</tr>
<tr>
<td>Tracheostomy Items</td>
<td>Airway Subpack</td>
<td></td>
</tr>
<tr>
<td>Alcohol Pads</td>
<td>Airway Subpack-10</td>
<td></td>
</tr>
<tr>
<td>Straight scissors</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>Curved forceps</td>
<td>Airway Subpack-19</td>
<td></td>
</tr>
<tr>
<td>Tracheal hook</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>Tracheostomy tube</td>
<td>Airway Subpack-1</td>
<td></td>
</tr>
<tr>
<td>Tracheostomy tube holder</td>
<td>Airway Subpack-1</td>
<td></td>
</tr>
<tr>
<td>Scalpel</td>
<td>Airway Subpack-2</td>
<td>No. 10</td>
</tr>
<tr>
<td>^Povidone/Iodine swabs</td>
<td>Airway Subpack-10</td>
<td></td>
</tr>
<tr>
<td>Silk Sutures</td>
<td>Airway Subpack-11</td>
<td>4-0 Ethicon, Silk</td>
</tr>
<tr>
<td>Toomey Syringe</td>
<td>Airway Subpack-4</td>
<td>suction device</td>
</tr>
<tr>
<td>Tubing</td>
<td>Airway Subpack-6</td>
<td>use w/Toomey Syringe</td>
</tr>
<tr>
<td>Allergic Reaction</td>
<td>Go to 1-29,2-3</td>
<td></td>
</tr>
<tr>
<td>*Benadryl, injectable (diphenhydramine)</td>
<td>Drug Subpack-13</td>
<td>50 mg/cc</td>
</tr>
<tr>
<td>Benadryl, oral (diphenhydramine)</td>
<td>Drug Subpack-42</td>
<td>25 mg caps</td>
</tr>
<tr>
<td>*Claritin (loratadine)</td>
<td>Drug Subpack-43</td>
<td>10 mg</td>
</tr>
<tr>
<td>*dexamethasone</td>
<td>Drug Subpack-28</td>
<td>10 mg/cc</td>
</tr>
<tr>
<td>*Epinephrine</td>
<td>Drug Subpack-5</td>
<td></td>
</tr>
<tr>
<td>Epi Pen Injector</td>
<td>Drug Subpack-9</td>
<td></td>
</tr>
<tr>
<td>Guaifenes PSE (guaifenesin/ pseudophedrine)</td>
<td>Drug Subpack-44</td>
<td>40 tabs</td>
</tr>
<tr>
<td>Prednisone (deltasone)</td>
<td>Drug Subpack-33</td>
<td>20-mg tabs</td>
</tr>
<tr>
<td>*Proventil Inhaler (albuterol)</td>
<td>Drug Subpack-11</td>
<td>17-g container</td>
</tr>
<tr>
<td>Sudafed (pseudoephedrine)</td>
<td>Drug Subpack-Spine</td>
<td>30 mg pseudoephedrine</td>
</tr>
<tr>
<td>Altitude Sickness</td>
<td>Go to 2-4</td>
<td></td>
</tr>
<tr>
<td>*Diamox tablets (acetazolamide)</td>
<td>Drug Subpack-43</td>
<td>250 mg</td>
</tr>
</tbody>
</table>

8-15 MED/ALL/GEN K,1
## USAGE LIST

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anesthetic – local injection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Marcaine (bupivacaine) Plain</td>
<td>Trauma Subpack-30</td>
<td>0.5% plain</td>
</tr>
<tr>
<td>*Xylocaine (Lidocaine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Xylocaine (Lidocaine) Plain</td>
<td>EENT Subpack-30</td>
<td>2% w/Epinephrine</td>
</tr>
<tr>
<td><strong>Antacids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mylanta</td>
<td>Drug Subpack-35</td>
<td>chewable tab</td>
</tr>
<tr>
<td><strong>Antibiotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Amikin (amikacin)</td>
<td>Drug Subpack-29</td>
<td>250 mg/cc</td>
</tr>
<tr>
<td>*Augmentin (amoxicillin/clavulananate)</td>
<td>Drug Subpack-37</td>
<td>875/125 mg</td>
</tr>
<tr>
<td>*Bactrim DS (trimethoprim/sulfamethoxasole)</td>
<td>Drug Subpack-38</td>
<td></td>
</tr>
<tr>
<td>^Bactroban Ointment (mupirocin)</td>
<td>Trauma Subpack-19</td>
<td>topical antibiotic</td>
</tr>
<tr>
<td><strong>Ciloxan Ointment (ciprofloxacin)</strong></td>
<td>EENT Subpack-15</td>
<td>3.5-g tube</td>
</tr>
<tr>
<td>*Cipro (ciprofloxacin)</td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
</tr>
<tr>
<td>*Duricef (cefauroxil)</td>
<td>Drug Subpack-22</td>
<td>500 mg</td>
</tr>
<tr>
<td>*Flagyl (metronidazole)</td>
<td>Drug Subpack-36</td>
<td>250 mg</td>
</tr>
<tr>
<td>*Genoptic Ophthalmic Ointment</td>
<td>EENT Subpack-14</td>
<td>3.5-g tube</td>
</tr>
<tr>
<td>(gentamicin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Imipenem IV (Cilastin/Primaxin)</td>
<td>Drug Subpack-34</td>
<td>500 mg, powder form</td>
</tr>
<tr>
<td>^Neosporin Plus</td>
<td>EENT Subpack-25</td>
<td>0.5 oz tube</td>
</tr>
<tr>
<td>*Viroptic (trifluridine), Ophthalmic Drops</td>
<td>Drug Subpack-1</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>*Zithromax (azithromycin)</td>
<td>Drug Subpack-36</td>
<td>250 mg</td>
</tr>
<tr>
<td><strong>Antiseptics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Pads</td>
<td>Electrode</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attachment Kit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IV Admin-18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-Spine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-6</td>
<td></td>
</tr>
<tr>
<td>^Povidone-Iodine swabs</td>
<td>Trauma Subpack-7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IV Admin-19</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Pain</td>
<td>Go to 2-4</td>
<td></td>
</tr>
<tr>
<td><strong>Bandages</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ace Bandage</td>
<td>Trauma Subpack-3</td>
<td>4 in</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-13</td>
<td>6 in</td>
</tr>
<tr>
<td>Adaptic Bandages</td>
<td>Trauma Subpack-5</td>
<td>3 in X 3 in</td>
</tr>
<tr>
<td>Bandaids</td>
<td>Drug Subpack-Spine</td>
<td>1 in X 3 in</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-8</td>
<td>1 in X 3 in</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-11</td>
<td>1 in X 3 in</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-Spine</td>
<td>Sheer Spot</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-12</td>
<td>Sheer Spot</td>
</tr>
<tr>
<td></td>
<td>IV Admin-20</td>
<td>Sheer Spot</td>
</tr>
<tr>
<td>Gauze Pads</td>
<td>Airway Subpack-11</td>
<td>4 in X 4 in</td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-2</td>
<td>4 in X 4 in</td>
</tr>
<tr>
<td></td>
<td>IV Admin-14</td>
<td>2 in X 2 in</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-14</td>
<td>4 in X 4 in</td>
</tr>
<tr>
<td>Kerlix</td>
<td>Trauma Subpack-2</td>
<td>4.5 in</td>
</tr>
<tr>
<td>Kling</td>
<td>Trauma Subpack-12</td>
<td>3 in</td>
</tr>
<tr>
<td>Op Site (transparent dressing)</td>
<td>IV Admin-14</td>
<td></td>
</tr>
<tr>
<td>Tegaderm, transparent dressing</td>
<td>Trauma Subpack-4</td>
<td></td>
</tr>
<tr>
<td>Telfa pads</td>
<td>EENT Subpack-22</td>
<td>3 in X 4 in</td>
</tr>
<tr>
<td><strong>Bends (DCS)</strong></td>
<td>Go to 3-4</td>
<td></td>
</tr>
<tr>
<td>Bladder Infection</td>
<td>Go to 2-5</td>
<td></td>
</tr>
<tr>
<td>* Augmentin (amoxicillin/clavulanate)</td>
<td>Drug Subpack-37</td>
<td>875/125 mg</td>
</tr>
<tr>
<td>* Bactrim DS (trimethoprim/sulfamethoxasole)</td>
<td>Drug Subpack-38</td>
<td></td>
</tr>
<tr>
<td>Chemstrip 10 SG</td>
<td>Trauma Subpack-15</td>
<td></td>
</tr>
<tr>
<td>* Cipro (ciprofloxacin)</td>
<td>Drug Subpack-22</td>
<td>500 mg</td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
</tr>
<tr>
<td>Color chart</td>
<td>Trauma Subpack-15</td>
<td></td>
</tr>
<tr>
<td>* Duricef (cefdroxil)</td>
<td>Drug Subpack-40</td>
<td>500 mg</td>
</tr>
<tr>
<td>Pyridium (phenazopyridine)</td>
<td>Drug Subpack-17</td>
<td>200 mg</td>
</tr>
<tr>
<td>Breathing Difficulty</td>
<td>Go to 1-3</td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td>Airway Subpack-12</td>
<td></td>
</tr>
<tr>
<td>* Proventil Inhaler</td>
<td>Drug Subpack-11</td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Go to 2-7</td>
<td></td>
</tr>
<tr>
<td>Burns</td>
<td>Go to 1-32,2-8</td>
<td></td>
</tr>
<tr>
<td>^ Silvadene Cream (silver sulfadiazine)</td>
<td>Trauma Subpack-20</td>
<td>20-g tube</td>
</tr>
</tbody>
</table>

8-17     MED/ALL/GEN K
 USAGE LIST

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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Atropine</td>
<td>Drug Subpack-4</td>
<td>1 mg/cc, 2-cc unit</td>
</tr>
<tr>
<td>*Epinephrine</td>
<td>Drug Subpack-5</td>
<td>1:1000, 1-cc unit</td>
</tr>
<tr>
<td>*Isotolin (verapamil)</td>
<td>Drug Subpack-3,19</td>
<td>2.5 mg/cc, 2-cc unit</td>
</tr>
<tr>
<td>*Lidocaine</td>
<td>Drug Subpack-1,2</td>
<td>20 mg/cc, 5-cc unit</td>
</tr>
<tr>
<td>Lidocaine plunger</td>
<td>Drug Subpack-1,2</td>
<td></td>
</tr>
<tr>
<td>*Nitroglycerin patch</td>
<td>Drug Subpack-8</td>
<td>15 mg/24 hr (0.6 mg/hr)</td>
</tr>
<tr>
<td>*Nitrostat tabs (nitroglycerin)</td>
<td>Drug Subpack-6</td>
<td>0.4 mg (1/150)</td>
</tr>
<tr>
<td>Cardiac Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Pads</td>
<td>Go to 1-8 Electrode Attachment Kit</td>
<td>for ECG Downlink</td>
</tr>
<tr>
<td>Electrode Attachment Kit (EAK)</td>
<td>Med Locker</td>
<td></td>
</tr>
<tr>
<td>OBS Belt w/Signal Conditioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternal Harness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVA Cable</td>
<td></td>
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</tr>
<tr>
<td>Biomed Cable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Injury</td>
<td>Go to 1-35</td>
<td></td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Go to 1-36</td>
<td></td>
</tr>
<tr>
<td>Choking</td>
<td>Go to 1-4</td>
<td></td>
</tr>
<tr>
<td>Cleanup Supplies</td>
<td>CCK</td>
<td>for contaminant cleanup</td>
</tr>
<tr>
<td>SEE, masks, Red Bio-Wipe Bags,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow Mess-Up Mitts, Hazard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification labels, chemical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>resistant gloves, surgical gloves,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>goggles, chemical resistant bags,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16 in H X 12 in W), Ziplock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bags (12 in X 12 in) pH Strips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absorbent Wipes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congestion</td>
<td>Go to 3-3</td>
<td></td>
</tr>
<tr>
<td>Afrin (nasal spray)</td>
<td>EENT Subpack-19</td>
<td>3-ml bottles</td>
</tr>
<tr>
<td>Sudafed (pseudoephedrine)</td>
<td>Drug Subpack-Spine</td>
<td>30 mg</td>
</tr>
<tr>
<td>Constipation</td>
<td>Go to 3-3</td>
<td></td>
</tr>
<tr>
<td>Dulcolax (bisacodyl), oral</td>
<td>Drug Subpack-30</td>
<td>5 mg tabs</td>
</tr>
<tr>
<td>Dulcolax (bisacodyl), suppositories</td>
<td>Drug Subpack-39</td>
<td>10 mg</td>
</tr>
<tr>
<td>Cough</td>
<td>Go to 2-7</td>
<td></td>
</tr>
<tr>
<td>cough lozenges</td>
<td>Drug Subpack-45</td>
<td>5-mg dextromethorphan</td>
</tr>
</tbody>
</table>
### USAGE LIST

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR (Cardiopulmonary Resuscitation)</td>
<td>Go to 1-6</td>
<td>Med Locker MAK</td>
</tr>
<tr>
<td>Resuscitator &amp; Patient/Rescuer Restraints</td>
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<td></td>
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<tr>
<td>Cricothyrotomy</td>
<td>Go to 1-19</td>
<td></td>
</tr>
<tr>
<td>Alcohol Pads</td>
<td>Airway Subpack-10</td>
<td></td>
</tr>
<tr>
<td>Curved forceps</td>
<td>Airway Subpack-19</td>
<td></td>
</tr>
<tr>
<td>Scalpel</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>Silk Sutures</td>
<td>Airway Subpack-11</td>
<td></td>
</tr>
<tr>
<td>Straight scissors</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>Tracheal hook</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>Tracheostomy tube</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>Tracheostomy tube holder</td>
<td>Airway Subpack-1</td>
<td></td>
</tr>
<tr>
<td>Decompression Sickness (DCS)</td>
<td>Go to 3-4</td>
<td></td>
</tr>
<tr>
<td>Decongestants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afrin (nasal spray)</td>
<td>EENT Subpack-19</td>
<td>3-ml bottles</td>
</tr>
<tr>
<td>Guaifenesx PSE (guaifenesin/pseudophedrine)</td>
<td>Drug Subpack-44</td>
<td>600-mg guaifenesin, 120-mg pseudophedrine 30 mg</td>
</tr>
<tr>
<td>Sudafed (pseudoephedrine)</td>
<td>Drug Subpack-Spine</td>
<td></td>
</tr>
<tr>
<td>Dental Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carver/File</td>
<td>EENT Subpack-26</td>
<td></td>
</tr>
<tr>
<td>Explorer Probe</td>
<td>EENT Subpack-26</td>
<td></td>
</tr>
<tr>
<td>Kenalog in Orabase</td>
<td>EENT Subpack-24</td>
<td>5-g tube</td>
</tr>
<tr>
<td>(triamcinolone acetonide)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mirror</td>
<td>EENT Subpack-26</td>
<td></td>
</tr>
<tr>
<td>Needles</td>
<td>EENT Subpack-29</td>
<td></td>
</tr>
<tr>
<td>Orangewood sticks</td>
<td>EENT Subpack-36</td>
<td></td>
</tr>
<tr>
<td>Syringe</td>
<td>EENT Subpack-33</td>
<td></td>
</tr>
<tr>
<td>Temporary Filling</td>
<td>EENT Subpack-24</td>
<td></td>
</tr>
<tr>
<td>Toothache Kit</td>
<td>EENT Subpack-35</td>
<td></td>
</tr>
<tr>
<td>Eugenol dental anesthetic drops</td>
<td></td>
<td>1 ml tubex</td>
</tr>
<tr>
<td>Tweezers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotton Pellets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| *Xylocaine (lidocaine)      | EENT Subpack-30 | 2% w/Epinephrine
|                             |                | 1:100,000                            |
|                             |                | 2% Plain                             |
# USAGE LIST

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Equipment (Cont)</td>
<td>EENT Subpack</td>
<td></td>
</tr>
<tr>
<td>Dycal (Base)</td>
<td>EENT Subpack-1</td>
<td>13-g tube</td>
</tr>
<tr>
<td>Dycal (Catalyst)</td>
<td>EENT Subpack-1</td>
<td>11-g tube</td>
</tr>
<tr>
<td>Diagnostic Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure cuff</td>
<td>IV Admin-1</td>
<td></td>
</tr>
<tr>
<td>Magnifying glasses and strap</td>
<td>EENT Subpack-1,17</td>
<td></td>
</tr>
<tr>
<td>Ophthalmoscope head</td>
<td>EENT Subpack-5</td>
<td></td>
</tr>
<tr>
<td>Otoscope</td>
<td>EENT Subpack-32</td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td>Airway Subpack-12</td>
<td>Tempadot</td>
</tr>
<tr>
<td>Thermometers, oral</td>
<td>EENT Subpack-3</td>
<td></td>
</tr>
<tr>
<td>Tongue depressors</td>
<td>EENT Subpack-34</td>
<td></td>
</tr>
<tr>
<td>Urine Test Package</td>
<td>Trauma Subpack-15</td>
<td></td>
</tr>
<tr>
<td>Chemstrip 10 SG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Go to 3-11</td>
<td>2 mg chewable tablets</td>
</tr>
<tr>
<td>Imodium (loperamide HCl)</td>
<td>Drug Subpack-30</td>
<td></td>
</tr>
<tr>
<td>Pepto-Bismol</td>
<td>Drug Subpack-31</td>
<td></td>
</tr>
<tr>
<td>Difficulty Breathing</td>
<td>Go to 1-3</td>
<td>17-g containers, 90-mcg albuterol per actuation</td>
</tr>
<tr>
<td>*Proventil Inhaler</td>
<td>Drug Subpack-11</td>
<td></td>
</tr>
<tr>
<td>Dysbarism</td>
<td>Go to 3-4</td>
<td>see DCS</td>
</tr>
<tr>
<td>Ear Drops</td>
<td>EENT Subpack-28</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>Tobradex Ophthalmic Drops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(tobramycin and dexamethasone)</td>
<td>EENT Subpack-28</td>
<td></td>
</tr>
<tr>
<td>Ear Problems</td>
<td>Go to 3-12</td>
<td></td>
</tr>
<tr>
<td>Otoscope</td>
<td>EENT Subpack-32</td>
<td></td>
</tr>
<tr>
<td>Pope Otowicks</td>
<td>EENT Subpack-27</td>
<td></td>
</tr>
<tr>
<td>Tweezers</td>
<td>EENT Subpack-34</td>
<td>4.5-in blunt</td>
</tr>
<tr>
<td>Eye Treatment</td>
<td>Go to 1-38,3-17</td>
<td>0.3%, 5-ml bottle</td>
</tr>
<tr>
<td>*Ciloxan (ciprofloxacin), Ophthalmic Ointment</td>
<td>EENT Subpack-15</td>
<td></td>
</tr>
<tr>
<td>*Cyclogyl (cyclopentolate)</td>
<td>EENT Subpack-11</td>
<td>1%, 15-ml bottle</td>
</tr>
<tr>
<td>Eye pads</td>
<td>EENT Subpack-4</td>
<td></td>
</tr>
<tr>
<td>Eye Shield</td>
<td>EENT Subpack-4</td>
<td></td>
</tr>
<tr>
<td>Fluorescein strips</td>
<td>EENT Subpack-6</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Treatment (Cont)</td>
<td>Go to 1-38,3-17</td>
<td></td>
</tr>
<tr>
<td>*Genoptic Ophthalmic Ointment</td>
<td>EENT Subpack-14</td>
<td>3.5-g tube</td>
</tr>
<tr>
<td>(gentamicin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmoscope head</td>
<td>EENT Subpack-5</td>
<td></td>
</tr>
<tr>
<td>Otoscope</td>
<td>EENT Subpack-32</td>
<td></td>
</tr>
<tr>
<td>pH Strips</td>
<td>CCK</td>
<td></td>
</tr>
<tr>
<td>*proparacaine (Alcaine) eye drops</td>
<td>EENT Subpack-12</td>
<td>15-ml bottle</td>
</tr>
<tr>
<td>Refresh Plus (artificial tears, eye drops)</td>
<td>EENT Subpack-16</td>
<td>0.3 cc</td>
</tr>
<tr>
<td>Saline, irrigation solution</td>
<td>EENT Subpack-1</td>
<td>100 ml, 0.9% sodium chloride (NaCl)</td>
</tr>
<tr>
<td>*Viroptic (trifluridine), ophthalmic drops</td>
<td>Drug Subpack-1</td>
<td>7.5 ml</td>
</tr>
<tr>
<td>*Irrigation – SEE goggles</td>
<td>CCK</td>
<td>Irrigation goggles</td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometers, oral</td>
<td>EENT Subpack-3</td>
<td>Tempadot</td>
</tr>
<tr>
<td>Thermometers, temp</td>
<td>EENT Subpack-23</td>
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</tr>
<tr>
<td>Fever Blister</td>
<td>Drug Subpack-32</td>
<td>1 g</td>
</tr>
<tr>
<td>*Valtrex (valacyclovir)</td>
<td></td>
<td></td>
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<tr>
<td>Fluid Loading</td>
<td>Drug Subpack-Spine</td>
<td>1 g</td>
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<tr>
<td>Salt Tablets (Sodium chloride)</td>
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<td></td>
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<tr>
<td>Fracture/Dislocation</td>
<td>Go to 4-3</td>
<td></td>
</tr>
<tr>
<td>Head Injury</td>
<td>Go to 1-39</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>Go to 5-3</td>
<td>see PAIN RELIEF</td>
</tr>
<tr>
<td>Heart Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Atropine</td>
<td>Drug Subpack-4</td>
<td>1 mg/cc, 2-cc unit</td>
</tr>
<tr>
<td>*Epinephrine</td>
<td>Drug Subpack-5</td>
<td>1:1000, 1-cc unit</td>
</tr>
<tr>
<td>*Isotin (verapamil)</td>
<td>Drug Subpack-3,19</td>
<td>2.5 mg/cc, 2-cc unit</td>
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<tr>
<td>*Lidocaine/cardiac</td>
<td>Drug Subpack-1,2</td>
<td>20 mg/cc, 5-cc unit</td>
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<tr>
<td>Lidoacaine/cardiac plunger</td>
<td>Drug Subpack-1,2</td>
<td></td>
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<tr>
<td>*Nitroglycerin patch</td>
<td>Drug Subpack-8</td>
<td>15 mg/24 hr (0.6 mg/hr)</td>
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<tr>
<td>*Nitrostat tabs (Nitroglycerin)</td>
<td>Drug Subpack-6</td>
<td>0.4 mg (1/150)</td>
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<tr>
<td>Hemorrhoids</td>
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<tr>
<td>Anusol HC suppositories</td>
<td>Drug Subpack-41</td>
<td></td>
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<tr>
<td>Hot Cabin</td>
<td>Go to 4-5</td>
<td></td>
</tr>
<tr>
<td>Air temp monitors</td>
<td>EENT Subpack-10</td>
<td>90-120 degF</td>
</tr>
<tr>
<td>Skin temp monitors</td>
<td>EENT Subpack-23</td>
<td>84-106 degF</td>
</tr>
<tr>
<td>Name</td>
<td>Location</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------</td>
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</tr>
<tr>
<td><strong>Injection Equipment</strong></td>
<td></td>
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</tr>
<tr>
<td>22 Gauge Hypodermic Needle</td>
<td>Trauma Subpack-22</td>
<td></td>
</tr>
<tr>
<td>18 Gauge Hypodermic Needle</td>
<td>EENT Subpack-18</td>
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</tr>
<tr>
<td>21 Gauge Butterfly Needle</td>
<td>Trauma Subpack-29</td>
<td></td>
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<tr>
<td>Coban</td>
<td>IV Admin-18</td>
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</tr>
<tr>
<td>Cotton Balls</td>
<td>EENT Subpack-22</td>
<td></td>
</tr>
<tr>
<td>Gloves, non-sterile</td>
<td>IV Admin-12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-7</td>
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</tr>
<tr>
<td></td>
<td>CCK</td>
<td></td>
</tr>
<tr>
<td>I.V. Intracatheter</td>
<td>IV Admin-10,11</td>
<td>20 ga</td>
</tr>
<tr>
<td></td>
<td>IV Admin-8,9</td>
<td>18 ga</td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-29</td>
<td>18 ga</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-11</td>
<td>14 ga</td>
</tr>
<tr>
<td>Y-type catheter extension</td>
<td>IV Admin-17</td>
<td></td>
</tr>
<tr>
<td>I.V. Administration Set</td>
<td>IV Admin-17</td>
<td></td>
</tr>
<tr>
<td>Lever Lock cannula</td>
<td>IV Admin-17</td>
<td></td>
</tr>
<tr>
<td>Penrose Tubing (Tourniquet)</td>
<td>IV Admin-16</td>
<td></td>
</tr>
<tr>
<td>Syringes</td>
<td>Airway Subpack-16</td>
<td>35 cc</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-15</td>
<td>10 cc</td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IV Admin-2,3,4,5,6,7</td>
<td>3 cc</td>
</tr>
<tr>
<td>Tubex Injector</td>
<td>Drug Subpack-19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug Subpack-Spine</td>
<td></td>
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<tr>
<td></td>
<td>Trauma Subpack-31</td>
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<tr>
<td><strong>Irrigation Equipment</strong></td>
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<tr>
<td>I.V. Intracatheter</td>
<td>IV Admin-10,11</td>
<td>20 ga</td>
</tr>
<tr>
<td></td>
<td>IV Admin-8,9</td>
<td>18 ga</td>
</tr>
<tr>
<td>Needle</td>
<td>Trauma Subpack-22</td>
<td>22 ga</td>
</tr>
</tbody>
</table>
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---

### Name | Location | Description
---|---|---
Irrigation Equipment (Cont) Saline | IV Admin-1 EENT Subpack-1 Middeck Locker Saline Supply Bag | 500 ml, 0.9% sodium chloride (NaCl) 100 ml, 0.9% sodium chloride (NaCl) 250 ml, 0.9% sodium chloride (NaCl) 500 ml, 0.9% sodium chloride (NaCl)
Syringes | Airway Subpack-16 Airway Subpack-15 EENT Subpack-20 Trauma Subpack-22 | 35 cc 10 cc
Lacerations | Go to 4-30
Lips – Cracked, Chapped, Dry Blistex lip balm | EENT Subpack-24
Motion Sickness Go to 4-38 | Drug Subpack-14 Drug Subpack-Spine Drug Subpack-15 Drug Subpack-10 Drug Subpack-Spine | 5 mg 1-cc unit, 50 mg/cc 25 mg 25 mg for SMS treatment

*Phenergan Injectables (10)* Sheer Spot

Muscle Relaxants  Go to 1-39 | Drug Subpack-22 Drug Subpack-20 Drug Subpack-22 | 5 mg/cc, 2-cc unit 5 mg 10 mg in 2 ml

Neck Injury  Go to 4-40 | EENT Subpack-19 Trauma Subpack-10 EENT Subpack-21 EENT Subpack-26 EENT Subpack-21 EENT Subpack-34 | 3-ml bottles

### Name | Location | Description
---|---|---
Foley Catheter | EENT Subpack-20 | 10 cm, 5.5 cm
Nasal Catheter | EENT Speculum | 42 cm
Nasal Speculum | EENT Speculum-26 | 6 cm
Posterior Nasal Packing | EENT Speculum-21 | 7 cm
Silver Nitrate Stick | EENT Speculum-34 | 4 cm
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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ascriptin (aspirin)</td>
<td>Drug Subpack-Spine</td>
<td>325-mg aspirin w/Maalox</td>
</tr>
<tr>
<td>*Demerol (meperidine)</td>
<td>Drug Subpack-25</td>
<td>50 mg/cc, 1-cc unit</td>
</tr>
<tr>
<td>*Duragesic Patch (fentanyl)</td>
<td>Drug Subpack-8</td>
<td>25 mcg</td>
</tr>
<tr>
<td>*Morphine Sulfate</td>
<td>Drug Subpack-23,24</td>
<td>10 mg/cc, 1-cc unit</td>
</tr>
<tr>
<td>Motrin (ibuprofen)</td>
<td>Drug Subpack-Spine</td>
<td>400 mg</td>
</tr>
<tr>
<td>Tylenol (acetaminophen)</td>
<td>Drug Subpack-Spine</td>
<td>325 mg</td>
</tr>
<tr>
<td>*Vicodin (hydrocodone/acetaminophen)</td>
<td>Drug Subpack-21</td>
<td>10 mg</td>
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</table>

<table>
<thead>
<tr>
<th>Radiation</th>
<th>Dosimeters</th>
<th>Location</th>
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<tr>
<td></td>
<td></td>
<td>Go to 5-4</td>
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</table>

<table>
<thead>
<tr>
<th>Seizures</th>
<th>Resuscitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Valium, injectable (diazepam)</td>
<td>Drug Subpack-22</td>
</tr>
<tr>
<td>*Valium (diazepam) Autoinjector</td>
<td>Drug Subpack-22</td>
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<table>
<thead>
<tr>
<th>Shock</th>
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<td>Go to 1-44</td>
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<table>
<thead>
<tr>
<th>Skin Rash and Itching</th>
<th>Location</th>
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<tbody>
<tr>
<td>for allergic rash, see ALLERGIC REACTION</td>
<td>Go to 5-7</td>
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<tr>
<td>Benadryl, oral (diphenhydramine)</td>
<td>Drug Subpack-42</td>
</tr>
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<td>*Claritin (loratadine)</td>
<td>Drug Subpack-43</td>
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<tr>
<td>*Lotrimin AF Cream (clotrimazole) Ruler</td>
<td>Drug Subpack-26</td>
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<tr>
<td>*Topicort (desoximetasone)</td>
<td>Drug Subpack-28</td>
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<table>
<thead>
<tr>
<th>Sleeping Pills</th>
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<tbody>
<tr>
<td>*Ambien (zolpidem)</td>
<td>Drug Subpack-Spine</td>
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<tr>
<td>*Restoril (temazepam)</td>
<td>Drug Subpack-Spine</td>
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<table>
<thead>
<tr>
<th>Space Motion Sickness (SMS) Kit</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Alcohol Pads (10)</td>
<td>Drug Subpack-Spine</td>
</tr>
<tr>
<td>Bandaids (10)</td>
<td>Sheer Spot</td>
</tr>
<tr>
<td>*Phenergan Injectables (10) Tubex Injector (1)</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Splints</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Finger</td>
<td>Trauma Subpack-23</td>
</tr>
</tbody>
</table>
# USAGE LIST

**WARNING**

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Stimulants</td>
<td></td>
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</tr>
<tr>
<td>^Dextroamphetamine</td>
<td>Drug Subpack-14</td>
<td>5 mg</td>
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<tr>
<td>Strains/Sprains</td>
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<td></td>
<td>Go to 5-9</td>
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</tr>
<tr>
<td>Surgical Equipment</td>
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<td></td>
</tr>
<tr>
<td>^Benzoin swabs</td>
<td>Trauma Subpack-8</td>
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</tr>
<tr>
<td>^Dermabond</td>
<td>Trauma Subpack-27</td>
<td>skin adhesive</td>
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<tr>
<td>Drape, sterile</td>
<td>Trauma Subpack-24</td>
<td></td>
</tr>
<tr>
<td>Forceps, blunt</td>
<td>Trauma Subpack-25</td>
<td></td>
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<tr>
<td>Gloves, sterile</td>
<td>Trauma Subpack-24</td>
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</tr>
<tr>
<td>Scalpels, No. 10</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>No. 10, 11</td>
<td>Trauma Subpack-25</td>
<td></td>
</tr>
<tr>
<td>Scissors, curved</td>
<td>Trauma Subpack-33</td>
<td></td>
</tr>
<tr>
<td>straight</td>
<td>Airway Subpack-2</td>
<td></td>
</tr>
<tr>
<td>Skin Stapler</td>
<td>Trauma Subpack-21</td>
<td></td>
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<tr>
<td>Skin Staple Remover</td>
<td>Trauma Subpack-21</td>
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<tr>
<td>Steri-Strip skin closures</td>
<td>Trauma Subpack-16</td>
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<tr>
<td>Surgical Instrument Assembly (SIA)</td>
<td>Trauma Subpack-33</td>
<td>five instruments</td>
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<tr>
<td>Forceps, small point</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemostat, small</td>
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<td></td>
</tr>
<tr>
<td>Needle Holder</td>
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<td></td>
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<tr>
<td>Scissors, curved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tweezers, fine point</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutures w/needle</td>
<td>Trauma Subpack-17,18</td>
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</tr>
<tr>
<td>Syringes, 10 cc</td>
<td>Airway Subpack-15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Subpack-22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-20</td>
<td></td>
</tr>
<tr>
<td>Tape</td>
<td>Trauma Subpack-34</td>
<td>1 in wide, 1 roll</td>
</tr>
<tr>
<td></td>
<td>IV Admin-13</td>
<td>0.5 in wide, 1 roll</td>
</tr>
<tr>
<td></td>
<td>Airway Subpack-9</td>
<td>1 in wide, 1 roll</td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-9</td>
<td>0.5 in wide, 1 roll</td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometers, air temp</td>
<td>EENT Subpack-10</td>
<td>90-120 degF</td>
</tr>
<tr>
<td></td>
<td>EENT Subpack-10</td>
<td>58-88 degF</td>
</tr>
<tr>
<td>Thermometers, oral</td>
<td>EENT Subpack-3</td>
<td>Tempadot</td>
</tr>
<tr>
<td>Thermometers, skin temp</td>
<td>EENT Subpack-23</td>
<td>84-106 degF</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Description</th>
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<tbody>
<tr>
<td>Toothache</td>
<td>Go to 5-10</td>
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<tr>
<td>Toothache Kit</td>
<td>EENT Subpack-35</td>
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<tr>
<td>Eugenol dental anesthetic drops</td>
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<tr>
<td>Tweezers</td>
<td>EENT Subpack-30</td>
<td>1 ml tubex</td>
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<tr>
<td>Cotton pellets</td>
<td>EENT Subpack-1</td>
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<tr>
<td>*Xylocaine (Lidocaine)</td>
<td>EENT Subpack-30</td>
<td>2% w/Epinephrine</td>
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<tr>
<td>Dycal (Base + Catalyst)</td>
<td>EENT Subpack-1</td>
<td>2% Plain</td>
</tr>
<tr>
<td>Upset Stomach</td>
<td>Go to 4-6</td>
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</tr>
<tr>
<td>Pepto-Bismol</td>
<td>Drug Subpack-31</td>
<td>chewable tablets</td>
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<tr>
<td>Mylanta</td>
<td>Drug Subpack-35</td>
<td>chewable tablets</td>
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<tr>
<td>Urinary Retention</td>
<td>Go to 5-18</td>
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<tr>
<td>Catheter, Foley</td>
<td>Trauma Subpack-10</td>
<td>16 Fr, 30-cc balloon,</td>
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<tr>
<td>Catheter, Straight</td>
<td>Trauma Subpack-10</td>
<td>silastic</td>
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<tr>
<td>Lubricant, water-soluble</td>
<td>Trauma Subpack-24</td>
<td>16 French, Red Rubber</td>
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<tr>
<td>Ambulatory leg-bag</td>
<td>Trauma Subpack-1</td>
<td>14 French, Female</td>
</tr>
<tr>
<td>Chemstrip 10 SG</td>
<td>Trauma Subpack-15</td>
<td>600-ml bag</td>
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<tr>
<td>Color Chart</td>
<td>Trauma Subpack-15</td>
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<tr>
<td>Vomiting</td>
<td>Go to 5-20</td>
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</tr>
<tr>
<td>*Phenergan, injectable (promethazine)</td>
<td>Drug Subpack-Spine</td>
<td>50 mg/cc, 1-cc unit</td>
</tr>
<tr>
<td>*Phenergan, oral (promethazine)</td>
<td>Drug Subpack-15</td>
<td>25 mg</td>
</tr>
<tr>
<td>*Phenergan, suppository (promethazine)</td>
<td>Drug Subpack-10</td>
<td>25 mg</td>
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<tr>
<td>Yeast Infection</td>
<td>Drug Subpack-18</td>
<td>oral, 150 mg tablets</td>
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<tr>
<td>(Vaginitis)</td>
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</tr>
<tr>
<td>*Diflucan (fluconazole)</td>
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SECTION 9

CUE CARD CONFIGURATION
### MEDICATION DATA LOG

<table>
<thead>
<tr>
<th>CREW</th>
<th>MEDICATION</th>
<th>QTY</th>
<th>MET</th>
<th>SYMPTOMS/SIDE EFFECTS</th>
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**NOTE:** This Cue Card is provided to SD/Space Medicine and Health Care Systems Office. This card is flown in the SOMS Kits only.
### MEDICATION DATA LOG

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<tr>
<th>CREW</th>
<th>MEDICATION</th>
<th>QTY</th>
<th>MET</th>
<th>SYMPTOMS/SIDE EFFECTS</th>
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</table>

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(reduced copy)

CC 9-4 MED/ALL/GEN K,2
1. Unstow from Med Locker: Airway Subpck-17,18
2. Check integrity of ILMA cuff
   - Inject 8 cc air; confirm inflation; deflate cuff
   - Cuff tip must be in shape above
   - Apply Surgilube to bottom of cuff
3. Insert cuff in mouth and rub Surgilube on roof of mouth
4. While maintaining contact with roof of mouth, hug chin while inserting ILMA
5. Inflate mask w/o holding tube or handle:
   - sm = 30 cc; lg = 40 cc
6. Provide ventilation using AMBU Bag
7. Contact Surgeon prior to Endotracheal ET tube insert
8. Lubricate ET tube w/ Surgilube. Hold tube with black line facing ILMA handle
9. Holding ILMA handle, gently insert ET tube into metal shaft
10. Advance ET tube (24 cm for small; 26 cm for large)
11. Inflate ET tube cuff (8-10 cc); confirm placement w/ Stethoscope
12. Remove all air from ILMA cuff. Remove tracheal tube connector and ease ILMA out by gently rotating towards neck
13. Use stabilizing rod to keep ET tube in place; remove ILMA until ET tube can be grasped above the teeth
14. Remove stabilizing rod and gently unthread cuff valve of ET tube
15. Replace ET tube connector
16. Attach AMBU Bag to ET tube and give patient two breaths
17. Check for breath sounds in both lungs; reposition ET tube until breath sounds confirmed
18. If successful, tape ET tube securely in place
1. Deploy SOMS Resuscitator if not already instructed by the Medical Checklist

2. Verify SMART Valve is in ENABLE position (see Figure 1)
   Do not disable unless given direction from the flight surgeon
   - If SMART Valve is not in ENABLE position,
     - rotate the bar so that it points forward towards
     - the patient valve

3. Verify Relief Valve is in UNLOCK position (see Figure 2)
   Do not lock unless given direction from the flight surgeon
   - If Relief Valve is not in UNLOCK position,
     - rotate the top Relief Valve knob so that the
     - Lock arrow points at the patient valve
     - DO NOT unscrew knurled knob

4. Remove clean bag covering the Quick Disconnect
5. If SOMS Resuscitator is to be used with oxygen, connect Quick Disconnect with Shuttle oxygen port LEH O₂ 8 on Middeck panel MO69M. Turn oxygen switch to OPEN at LEH O₂ 8.

**NOTE**
LEH O₂ ports located on panels MO32M and C6 may be used if panel MO69M is not available.

6. Interface SOMS Resuscitator with patient based on if Face Mask (see Figure 3), Intubating Laryngeal Mask Airway (ILMA) (see Figure 4), or endotracheal tube (ETT) (see Figure 5) is used.

7. Squeeze SOMS Resuscitator until chest rises. Allow patient to passively exhale:
   - If the AMBU bag becomes difficult to squeeze
   - or the chest fails to rise, check position of
   - ILMA or endotracheal tube using CO₂ detector and listening for breath sounds
   - Refer to INTUBATION, ENDOTRACHEAL procedure in SOMS Medical Checklist

8. Release SOMS Resuscitator to allow AMBU Bag to refill.

9. Repeat every 5 seconds (approximately 12 breaths per minute) until spontaneous breathing resumes.

**NOTE**
If oxygen is used with the SOMS Resuscitator, as patient care is stabilized, the Oxygen Hose should be tethered to the Middeck with Velcro straps.

---

**Figure 3.- Face Mask**
**Figure 4.- ILMA**
**Figure 5.- ETT**