NOLES Med Kit 5.0

This is the expedition kit. Designed for extended times in the backcountry with a group of people. The pockets on the carrying pack contain additional items. See Outside & Inside Pockets list below.

Med Kit 5.0 Contents List:

Wound Care/Burn/Blister

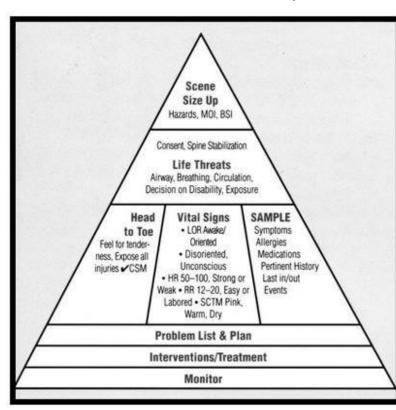
- 4 Dressing, Gauze, Sterile, 4" X 4", Pkg./2
- 4 Dressing, Gauze, Sterile, 2" X 2", Pkg./2
- 3 Dressing, Non-Adherent, Sterile, 3" X 4"
- 2 Bandage, Conforming Gauze, Non-Sterile, 3"
- 1 Bandage, Stockinette Tubular, 1" X 4"
- 8 Bandage, Adhesive, Fabric, 1" X 3"
- 5 Bandage, Adhesive, Fabric, Knuckle
- 1 Tape, 1" X 10 Yards
- 2 Cotton Tip Applicator, Pkg./2
- 1 Syringe, Irrigation, 10 cc with 18 Gauge Removable Tip
- 1 Wound Closure Strips, 1" X 4", Pkg./10
- 1 Povidone Iodine, 1 oz.
- 2 Moleskin, Pre-cut and Shaped, 14 pcs.
- 2 Dressing, GlacierGel, Rectangle, 2.5" X 1"
- 6 Antiseptic Towelette
- 4 Triple Antibiotic Ointment, 1/32 oz
- 2 Skin-Tac Topical Adhesive

Bleeding

- 2 Gloves, Nitrile (Pair), One Hand Wipe
- 1 Trauma Pad, 8" X 10"
- 1 Trauma Pad, 5" X 9"
- 1 Dressing, Gauze, Sterile, 4" X 4", Pkg./2
- 1 CPR Breathing Barrier



Patient Assessment System



Fracture/Sprain

- 1 Bandage, Elastic with Velcro Closure, 3"
- 1 Bandage, Triangular
- 3 Safety Pins
- 1 Ibuprofen (200 mg), Pkg./2

Medications

- 4 Ibuprofen (200 mg), Pkg./2
- 4 Acetaminophen (500 mg), Pkg./2
- 4 Antihistamine (Diphenhydramine 25 mg)
- 4 Diamode (Loperamide HCL 2mg), pkg. 1
- 1 Aspirin (325 mg), Pkg./2
- 2 After Bite Sting and Itch Relief Wipe
- 1 Oral Pain Gel & Dental Wax

Instruments

- 1 EMT Shears, 4"
- 1 Splinter Picker/Tick Remover Forceps
- 1 Duct Tape, 2" X 5 Yards
- 1 Pencil
- 1 Patient Assessment Form
- 3 Thermometer, Disposable,
- 2 Plastic Vial, Flip-top, Large

Kit Weight - 25.3 oz. 10' X 7.5' X 4.5' Dimensions - 10" X 7" X 4"

SOAP

RADIO REPORT

SUBJECTIVE/SUMMARY/STORY

Who, What, Where

"This is (name) _____

with a patient report/evac request."

"We are currently located at _____ "I have a _____ year old whose chief complaint is

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"The cause of the injury/illness is _____.

"The patient is currently (LOR) _____.

OBJECTIVE/OBSERVATIONS/FINDINGS

Head to Toe, Vitals, Patient History

"Patient has (list key injuries/signs of illness)

"The patient's vital signs are (LOR, HR, RR, SCTM)."

"Relevant SAMPLE history includes ______

ASSESSMENT

Problem List

"We suspect the following problems _____.

PLAN

Treatment and Evacuation

"Our treatment includes ______.

"Our evacuation plan is to ______

"We request the following supplies/support_____



WORLD HEADQUARTERS

284 LINCOLN ST. LANDER, WY 82520, USA 1.800.710.6657 NOLS.EDU

Outside Pocket:

Bag#1: Gloves Vaseline Hand Sanitizer

Notebook & Pencil SOAP Report Form First Aid Pocket Guide

Beach Evacuation Decisions Tourniquet

Bag #2: Band-Aids/bandages Antibiotic Pepto-bismo

Advil 200mg Drainamine Forceps Syringe

Inside Yellow Bag: Tape, wraps and splints