

**Medical Prepping in Three Months – A guide to safeguarding your family and loved ones – Weeks 2–3**  
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In [Part 1](#) of this series (Week 1) we focused on assessment of needs and organization of your medical prepping plan.

For **Week 2** we begin with optimizing your health now, while the opportunity is readily available. I have spent a considerable amount of time looking into what a person could do on his or her own, should society collapse, and in certain areas, the answer is: not much.

In discussing options for dental care after TEOTWAWKI with three dentists-preppers, I found their conclusions to be unanimous, with these specific concerns: 1) dental anesthesia will likely be very hard to come by; 2) the only answer for badly decayed or abscessed teeth will be extraction; 3) extraction poses many difficulties even for the trained dentist, who nowadays would not consider pulling a tooth without an X-ray to assess the shape of the tooth (since roots are not necessarily straight and may angle away from the tooth, making it very difficult to pull a large spreading root through an opening the size of the exposed tooth); 4) dental hygiene is of the utmost essence in preventing serious problems; and lastly, 5) if you need any sort of dental work, DO IT NOW. Though some basic dentistry can be learned (teeth cleaning/scaling, temporary fillings), don't expect to perform your own root canal.

Next, vaccines. American adults take a fairly lackadaisical approach to immunizations, largely because we rarely see the diseases the vaccines protect against. That will change quickly once immunizations become unavailable. In my own medical career I saw babies die of *Haemophilus influenzae* infection (which is a bacterial infection, not viral influenza). This problem disappeared when infants started being vaccinated against *H. flu* (the HIB vaccine). But that does not mean the bacteria are gone. This disease could easily re-emerge within a year of non-vaccination. Pertussis (whooping cough) continues to circulate through the population, held in check in part by the DPT and Tdap vaccines. The Tdap is the updated tetanus/diphtheria vaccine, which now also includes the acellular pertussis vaccine. There is no effective treatment for tetanus and dying of lockjaw is not a pretty picture.

Regarding visual concerns, I recently asked an engineer about grinding eyeglass lenses after TEOTWAWKI. Although the task is not absolutely impossible (if you can access lens-grinding equipment and have the needed expertise) it is nearly so. Purchasing extra pairs of glasses or contact lenses now may be lifesaving in the future.

Orthopedic supplies have a very long shelf-life, which is one reason I suggest procuring them early in the process. If you accomplish all your prepping within a three-month period, this won't be a concern, but if you stretch it out to a year, items acquired early may outdate (though likely will remain useable for quite a while). A second reason to obtain casting materials early is in order to learn how to use them properly (before you ever need the skill).

Not having pain medication available for a bad toothache or broken bone is a serious concern. As I've stressed repeatedly elsewhere, obtaining strong pain medication from your doctor is dependent on his degree of trust in you. Tramadol is nearly as strong as a narcotic and is not a scheduled drug, making doctors more willing to dispense this inexpensive pain reliever.

Record-keeping is essential for on-going medical care. Patients often forget what medications they're allergic to, what drugs they are taking, whether they've used an asthma inhaler before – and everything else. And of course, doctors cannot remember every treatment they've prescribed for every patient. So if you forget that you're allergic to penicillin, treating pneumonia with Augmentin may be fatal.

Also, if you're to take on the role of health care provider at TEOTWAWKI (when practicing medicine without a license may be a moot point), then you will want to analyze the effectiveness of what was done. Did the burn that was treated with honey heal more quickly than another that was not? Did amoxicillin cure the badly infected cat bite? Doctors don't trust their memories, and neither should you. A sentence or two on a 3x5 card is far better than no medical record at all. (Samples and templates for professional medical records are included in the [Armageddon Medicine Resource Kit](#).)

In teaching [Survival Medicine 101](#) I have become convinced that the layperson can learn to do a professional job suturing a minor wound. Although live-learning or an apprenticeship is ideal, it is possible to acquire this vital skill through the study of books, pictures, or videos. As I often tell my class, putting in a zipper or making a dress is much more difficult than suturing most wounds. Still, you won't want your daughter to be your guinea pig. Start with a pig's foot or chicken breast. Practice with friends and critique each other's work. (My [Basic Suturing DVD](#) explains each step in detail.)

The layperson can also learn to apply a professional splint or cast. The first step is to get past thinking you cannot. In truth, working with plaster is not difficult BUT knowing when and how to apply splints or casting is more challenging.

Even if you don't plan to use these skills, not ever, knowing the basics can make you an excellent assistant. Doctors can work much more efficiently if they have someone on hand who anticipates their next step. A doctor traveling from group to group will bless you if you can make his or her job easier.

Pneumonia generally takes a week or two to kill; dehydration only a matter of days. Before thinking about any medicine, make sure you have potable water, salt, and sugar on hand for oral rehydration solution.

Following the guidelines below will get you well along your way to acquiring the necessary materials and knowledge to survive and thrive, should the medical establishment collapse. In my next article I will cover Weeks 4 and 5.

Please note the following abbreviations:

- ORG = organizational concerns
- OTC = over-the-counter products
- Rx = prescription products
- ED = education and skills

<b><u>Week 2</u></b>	
<b>ORG</b>	<b>OPTIMIZING YOUR HEALTH</b>  <i>Schedule needed appointments for each member, as appropriate, to include the following:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical concerns, including current, recurrent, acute and chronic problems, as well as reproductive status</li> <li><input type="checkbox"/> Dental exam, cleaning, and restorative work</li> <li><input type="checkbox"/> Vaccines (Tdap, influenza, pneumonia, MMR, chicken pox, shingles, hepatitis A and B, as needed)</li> <li><input type="checkbox"/> Vision (make sure to get a copy of your eyeglass or contact prescription to order extras online)</li> </ul>
<b>OTC</b>	<b>ORTHOPEDIC CARE</b>  <i>Order the following in quantities sufficient for the ages and size group you'll be caring for:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Casting supplies: Plaster rolls, stockinet, cast padding, gauze rolls, Ace and/or Coban, bucket for water</li> <li><input type="checkbox"/> Pre-formed splints and braces (for wrist, knee, ankle)</li> <li><input type="checkbox"/> Slings</li> <li><input type="checkbox"/> Crutches for adults and children, walker, cane, wheelchair</li> </ul>
<b>Rx</b>	<b>PAIN MEDICATIONS</b>  <input type="checkbox"/> Those who suffer from back pain, arthritis, or other chronic or recurrent painful condition should request a small quantity of Tylenol #3, Vicodin, or tramadol from their personal physician, perhaps 15–30 tablets. Note: it is currently a felony to share these with other individuals, but should society collapse, a physician in your community could re-allocate them to a needy individual within your family or group.
<b>ED</b>	<b>SKILLS TRAINING</b>  <i>Schedule needed training identified in Week 1</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> First Aid</li> <li><input type="checkbox"/> Special concerns (such as diabetic training, catheter care, fluid administration)</li> <li><input type="checkbox"/> Suturing</li> <li><input type="checkbox"/> Splinting and casting</li> <li><input type="checkbox"/> CPR (primarily useful for near-drowning victims and obstructed airways, otherwise rarely successful)</li> </ul>
<b><u>Week 3</u></b>	
<b>ORG</b>	<b>RECORD-KEEPING</b>  <ul style="list-style-type: none"> <li><input type="checkbox"/> Make a medical chart or page in a notebook for each member of your family or group.</li> <li><input type="checkbox"/> Discuss confidentiality issues and how you plan to keep private information secure.</li> <li><input type="checkbox"/> Designate who should have access to your personal health information and who should not.</li> <li><input type="checkbox"/> Discuss consequences for breach of trust.</li> </ul>
<b>OTC</b>	<b>NUTRITION and EYECARE</b>  <i>Acquire the following items, as appropriate for your group:</i>

	<input type="checkbox"/> Vitamins, including folic acid for pregnant women, Vitamin B12 for the elderly, Vitamin K for newborns <input type="checkbox"/> Salt, sugar, water, and fruit juice for Oral Rehydration Solution <input type="checkbox"/> Calcium and Vitamin D for all when milk/calcium and sunlight not accessible <input type="checkbox"/> KI (potassium iodide, for potential radiation exposure) <input type="checkbox"/> Order extra inexpensive glasses and/or contacts online <input type="checkbox"/> Order pinhole glasses online and obtain multiple pairs of inexpensive reading glasses <input type="checkbox"/> Purchase OTC eye meds including contact solution and Alaway or Zaditor for allergic eyes
<b>Rx</b>	<b>ANTIBIOTICS</b>  <input type="checkbox"/> Have all group members begin requesting antibiotics from their personal physicians, one at a time, to include the following: amoxicillin or penicillin, doxycycline or tetracycline, erythromycin or azithromycin, amoxicillin-clavulanate or cephalexin, trimethoprim-sulfamethoxazole, metronidazole, ciprofloxacin. Upcoming travel outside the US is commonly a legitimate reason to procure antibiotics for potential use. In some countries, these are sold OTC as well. <input type="checkbox"/> If this is unsuccessful, see “Infection” in Week 4, below.
<b>ED</b>	<b>SKILLS PRACTICE</b>  <input type="checkbox"/> Practice suturing on a pig’s foot, chicken breast, turkey, or hot dog. (Online videos available) <input type="checkbox"/> Practice working with plaster, making splints and casts. (Online videos available)