EMERGENCY ANTIBIOTIC PREPAREDNESS CHECKLIST

A Complete Guide for Responsible Medical Stockpiling

ANTIBIOTIC INVENTORY

□ Amoxicillin/Fish Mox Forte (500mg)
Quantity: pills
• Expiration: //
Acquisition date: //
Appropriate for: Ear infections, respiratory infections, skin infections
□ Ciprofloxacin/Fish Flox Forte (500mg)
Quantity: pills
• Expiration: //
Acquisition date: //
Appropriate for: UTIs, respiratory infections, gastrointestinal infections
CAUTION: Not for children, pregnant women, or nursing mothers
□ Metronidazole/Fish Zole Forte (500mg)
Quantity: pills
• Expiration: //
Acquisition date: //
Appropriate for: Dental infections, certain intestinal infections, anaerobic infections
□ Doxycycline/Bird Biotic (100mg)
Quantity: pills
• Expiration: //
Acquisition date: //
Appropriate for: Respiratory infections, skin infections, Lyme disease

• CAUTION: Not for children under 8 or pregnant women

☐ Cephalexin/Keflex (500mg)	
Quantity: pills	
• Expiration: //	
Acquisition date: //	
Appropriate for: Skin infections, respiratory infections, UT	ls
☐ Erythromycin/Fish Mycin Forte (300mg)	

• Quantity: ____ pills

• Expiration: //___

• Acquisition date: //___

Appropriate for: Skin infections, respiratory infections, alternative for penicillin allergies

QUICK REFERENCE: ANTIBIOTIC USES AND CAUTIONS

Antibiotic	Common Uses	Special Considerations	Standard Adult Dose
Amoxicillin	Ear infections, Sinusitis, Strep throat, Pneumonia, Skin infections	Penicillin allergy risk. Generally safe for children and pregnant women	500mg twice daily for 7-10 days
Ciprofloxacin	UTIs, Respiratory infections, Skin infections, Typhoid, Anthrax	NOT for children, pregnant women, or nursing mothers. Can cause tendon damage	500mg twice daily for 7-14 days
Metronidazole	Dental infections, C. diff, Giardia, Bacterial vaginosis	Avoid alcohol. Can cause metallic taste	500mg three times daily for 7- 10 days
Doxycycline	Respiratory infections, Skin infections, Lyme disease, Malaria prevention	NOT for children under 8 or pregnant women. Causes photosensitivity	100mg twice daily for 7-14 days
Cephalexin	Skin infections, UTIs, Respiratory infections	Alternative for mild penicillin allergy	500mg four times daily for 7- 14 days
Erythromycin	Skin infections, Respiratory infections, Dental infections	Common GI side effects. Alternative for penicillin allergies	250-500mg four times daily for 7- 14 days

RECOMMENDED QUANTITIES BY PREPAREDNESS LEVEL

Preparedness Level	Time Period	Recommended Quantities	Focus Areas
Basic	2-4 weeks	1-2 courses per family member of 2-3 antibiotics	Common infections (respiratory, skin, UTI)
Intermediate	1-3 months	2-3 courses per family member of 3-4 antibiotics	Add specialized options based on family history
Advanced	3-6 months	3-4 courses per family member of 4-5 antibiotics	Include options for all major infection types
Long-term	6+ months	Multiple courses of 5+ antibiotics with rotation plan	Comprehensive coverage with storage rotation system

NATURAL ANTIMICROBIAL ALTERNATIVES

□ Medical-grade honey (preferably Manuka)
\square Garlic (fresh or aged extract supplements)
\square Oregano oil (capsules or liquid)
\square Echinacea (tincture or capsules)
\square Tea tree oil (topical only)
□ Colloidal silver (research proper usage)
□ Goldenseal root
□ Olive leaf extract
□ Thyme essential oil
☐ Granefruit seed extract

NATURAL ALTERNATIVES: APPLICATIONS AND USAGE

Natural Alternative	Primary Applications	Usage Notes	Cautions
Manuka Honey	Wound infections, Burns, Sore throat	Apply directly to wounds. 1 tsp for sore throat	Not for infants under 1 year. Not for deep puncture wounds
Garlic	General infections, Respiratory support	1-2 crushed cloves daily or 600-1200mg aged extract	May interact with blood thinners. Can cause digestive upset
Oregano Oil	Respiratory infections, Intestinal infections	3-4 drops in water or 150mg capsule 2-3 times daily	Not for pregnant women. Dilute for topical use
Tea Tree Oil	Skin infections, Fungal infections	Apply diluted (2-5%) directly to affected areas	External use only. Can cause skin irritation
Colloidal Silver	Topical wound care, Eye/ear infections	Apply topically as directed. Follow product guidelines	Do not exceed recommended dosages. Risk of argyria with excessive use
Echinacea	Immune support during infections	Follow product directions. Typically 300-500mg 3 times daily	Not for autoimmune conditions. Take breaks between usage periods

STORAGE SUPPLIES

☐ Airtight containers for medication storage
☐ Silica gel desiccant packets
\square Opaque containers for light-sensitive medications
☐ Thermometer for storage area (ideal: 59-86°F/15-30°C)
☐ Humidity monitor (ideal: below 60%)
\square Labels and permanent marker for documenting details
\square Inventory tracking system (digital or notebook)
\square Vacuum sealer (optional for longer-term storage)
☐ Small brown glass bottles for repackaging

STORAGE CONDITIONS FOR MAXIMUM SHELF LIFE

Factor	Ideal Conditions	Monitoring Method	Impact on Medications
Temperature	59-86°F (15-30°C)	Digital thermometer	High temps accelerate degradation. Freezing can damage some antibiotics
Humidity	Below 60%	Humidity monitor	High humidity accelerates degradation and promotes mold growth
Light	Dark or amber containers	Opaque storage	UV light degrades most medications more rapidly
Air Exposure	Sealed containers with desiccant	Airtight containers	Oxygen and moisture accelerate degradation
Organization	Labeled, dated, rotated inventory	Inventory system	Ensures oldest medications used first

REFERENCE MATERIALS

☐ Antibiotic usage guide/medical reference book

\square Dosing charts (by weight and age)
☐ Bacterial vs. viral infection identification guide
☐ Medication interaction reference
☐ Side effect identification and management guide
☐ Contraindications list for each medication
\Box Family medical history documentation (allergies, chronic conditions)
☐ Guide to natural antimicrobial alternatives
SUPPORTING SUPPLIES
☐ Digital thermometer (for monitoring fever)
☐ Blood pressure monitor
☐ Pulse oximeter
☐ Measuring devices for liquid medications (oral syringes, droppers)

☐ Clean water source for taking medications
☐ Pill cutter for dosage adjustments
☐ Pill crusher for those who cannot swallow pills
☐ Activated charcoal (for adverse reactions)
☐ Anti-diarrheal medication (for antibiotic-associated diarrhea)
☐ Probiotics (to take during/after antibiotic course)
WOUND CARE SUPPLIES
☐ Antiseptic solution (chlorhexidine, povidone-iodine)
☐ Sterile saline
☐ Hydrogen peroxide
☐ Sterile gauze pads (various sizes)
☐ Sterile cotton swabs
☐ Medical tape
☐ Bandages (various sizes)
☐ Wound closure strips
☐ Antibiotic ointment (triple antibiotic)
☐ Medical gloves
☐ Tweezers and scissors (sterilized)
EDUCATION & TRAINING
☐ Completed basic first aid course
☐ Completed wound care training
☐ Learned to identify signs of infection
☐ Studied antibiotic classes and their applications
☐ Researched potential side effects of stored antibiotics
☐ Documented family allergies and sensitivities
☐ Created family-specific medical action plans
☐ Practiced proper wound cleaning technique

MAINTENANCE SCHEDULE

□ Quarterly inventory check of all supplies
\square Bi-annual rotation of oldest medications
\square Annual review of reference materials for updates
\square Monthly check of storage conditions (temperature, humidity)
\square Bi-annual review of family medical needs and adjustments to supplies
□ Annual refresher on wound care and infection identification

INVENTORY TRACKING TABLE

Medication Total Quantity Expiration Date Storage Location Last Inventory Date Notes

EMERGENCY CONTACTS	
Local Hospital:	
Primary Care Doctor:	
Poison Control:	
Emergency Services:	
Nearest 24hr Pharmacy:	

BACTERIAL VS. VIRAL INFECTION GUIDE

Characteristic	Bacterial Infections	Viral Infections
Fever	Often high (>101°F/38.3°C)	Often lower grade
Duration	Typically >10 days without treatment	Usually resolves in 2-10 days
Discharge	Yellow, green, rust-colored	Clear or whitish
Location	Often localized to specific area	Often systemic/widespread
Response to Antibiotics	Yes	No (antibiotics ineffective)
Onset	Often gradual	Often sudden
Pain	Often more severe, localized	Often diffuse, less severe

Symptoms Suggesting Bacterial Infection:

☐ Fever above 101°F (38.3°C) that persists
$\hfill\Box$ Localized pain or inflammation that worsens
\square Yellow, green, or rust-colored discharge
\square Symptoms persisting beyond 10-14 days
\square White spots on tonsils or throat
☐ Severe sinus pain with thick colored discharge

When to Seek Professional Medical Care:

☐ Difficulty breathing
☐ Severe headache with stiff neck
☐ High fever that doesn't respond to fever reducers
☐ Rapid worsening of condition
\square Red streaks extending from wound
☐ Confusion or altered mental state
☐ Persistent vomiting
☐ Signs of dehydration
☐ No improvement after 48 hours of antibiotic treatment

PEDIATRIC DOSING CONSIDERATIONS

Weight	Dosage Adjustment	Special Considerations
<20 lbs	Consult reference materials for specific calculations	Many antibiotics contraindicated for infants
20-40 lbs	Typically 1/4 to 1/2 adult dose	Careful calculation based on specific antibiotic
41-80 lbs	Typically 1/2 to 3/4 adult dose	Some antibiotics have specific pediatric dosing
>80 lbs	Adult dosing or weight-based	Check contraindications for children

Note: This is a general guide. Always consult specific medication references for precise pediatric dosing.

This checklist is for emergency preparedness purposes only and is not a substitute for professional medical care. Always seek professional medical attention when available.