CHAPTER 3

Medical Care

New here? Ready, Set, Ready is a 10-minute starting point: an honest assessment, one gap closed for real, then a map for using the rest of this site.

Why This Category Comes Third

An untreated wound turns a minor injury into a fatal infection just as reliably as unmanaged waste turns a survivable event into an outbreak. This chapter is this manual's companion to Sanitation & Hygiene: that chapter keeps disease from starting, this one is what actually treats a person once something has gone wrong anyway, whether that's an injury, an illness, or a condition that would normally mean a trip to a hospital or a pharmacy.

As with every chapter in this manual, each tier adds to the one before it rather than replacing it: the trauma kit built in Tier 1 stays in the bag through Tier 3, and the triage judgment learned in Tier 2 is still the first thing you reach for once herbal medicine and suturing come online.

Two Phases: Stored vs. Produced

The same two-phase shift that runs through this manual's other chapters applies here too. Tier 1 is Phase 1: self-treating minor injuries with a stocked kit while hospitals and pharmacies still function. Tier 3 is Phase 2: pharmacies, hospitals, and dentists aren't coming back, and care shifts to what can be grown, brewed, or performed at home instead. Tier 2 is the transition: a hospital visit for anything short of a true emergency isn't realistic, and medical care shifts from first aid to sustained, doctor-free treatment, but the household is still largely working from a stored medical kit, not yet producing its own medicine. Tier 4 is Phase 2 at community scale. Read this chapter alongside its companion, Sanitation & Hygiene, since most of what actually kills people after a disaster is a sanitation failure that becomes a medical one.

Tier 1: Short-to-Medium Term (Hours – 14 Days)

Goal: *Phase 1, using what's already on hand. Treat minor injuries and manage existing medication needs while hospitals and pharmacies are temporarily hard to reach.*

Tier 1 assumes any injuries are minor enough to self-treat and that a hospital, even if inconvenient to reach, still exists. The goal is a stocked kit and real, practiced skill, not a stockpile no one in the household actually knows how to use.

Skills to Build

- **First Aid & CPR:** Get certified through the Red Cross or American Heart Association before an emergency, not during one. At minimum, know Hands-Only CPR (call for help, push hard and fast in the center of the chest, ~100–120 compressions/min) and basic wound care: irrigate a wound thoroughly with clean water rather than pouring on hydrogen peroxide or rubbing alcohol, which damages healthy tissue and slows healing despite the common belief otherwise. See the First Aid Basics skill guide for the full technique breakdown.
- **Watching a Wound After the Fact:** Without antibiotics on hand for every scrape, monitoring a healing wound matters as much as treating it. Expanding redness, increasing warmth, new swelling, or a fever above 100.4°F mean it's getting worse, not better. A thin red streak traveling from the wound toward the armpit, groin, or behind the knee is lymphangitis, infection spreading through the lymph system toward the bloodstream, and it moves fast: treat it as a true emergency requiring evacuation to real care, not something to watch overnight. Any animal bite, wild or domestic, gets the same first response regardless of infection risk: scrub the wound with soap and running water for 5 to 10 minutes immediately, and don't tape or butterfly-bandage it closed, which traps bacteria inside. Raccoons, skunks, bats, and foxes carry the real rabies risk in most of the country; treat a wild animal acting strangely, especially a normally nocturnal species active in daylight, as a reason to avoid it entirely, and get evaluated for rabies post-exposure treatment immediately after any wild-animal bite or scratch, since it's nearly 100% effective given promptly but doesn't work once symptoms start.
- **Medication Management:** Keep a written list of every household member's medications, dosages, allergies, and prescribing doctor, stored with the first aid kit. Most insurance plans won't pay for an extra 14-day buffer supply on top of a normal fill; ask your doctor or pharmacist now about an emergency-supply override or an early-refill exception, and treat a self-pay buffer as the fallback if that isn't available.

Go deeper: the Medical Care Addendum builds these into real, tested competency. For the hands-on how-to, see First Aid Basics, Medical Kits: What Actually Goes in Each One, Understanding START Triage, Pregnancy, Childbirth & Newborn Care, Isolating a Sick Household Member, Herbal Medicine & the Home Apothecary, and Dental Emergencies & Basic Care.

Tech & Equipment

- **Digital Thermometer:** For fever detection; a rising fever is often the earliest sign that a minor wound has become infected.

- **Pulse Oximeter (Optional):** Useful for monitoring respiratory issues. Note that a normal reading at Wasatch Front elevation (roughly 4,300–5,500 ft) runs a few points lower than the sea-level baseline most devices are calibrated to describe as "normal." Don't panic at a 94–95% reading that would be concerning at sea level; know your household's normal resting baseline in advance.

- **Headlamp:** Hands-free lighting is the difference between treating a wound properly at night and doing it one-handed while holding a flashlight.

Materials & Supplies

Item	Quantity / Spec	Notes
Prescriptions	14-day supply, all household meds	Insulin, heart medications, etc. Rotate on the same FIFO schedule as food.
Trauma supplies	Tourniquet (CAT/SOFT-T), Israeli bandage, hemostatic gauze	Commercial tourniquets only: apply 2–3 inches above the wound, never over a joint, and note the application time on the tourniquet or skin.
Basic medications	Pain relievers, antihistamines, anti-diarrheal, antacids	Ibuprofen/acetaminophen, diphenhydramine, loperamide: covers the majority of minor complaints.

Northern Utah Note

Elevation affects more than pulse oximeter readings: cold-weather injuries (frostbite, hypothermia) are a real Tier 1 risk along the Wasatch Front in winter, not just a Tier 2+ concern. Know the early signs (shivering that stops, confusion, numb extremities) and treat them as urgent; see the Energy & Heat chapter for prevention.

WARNING

Environmental Emergency Treatment: Hypothermia & Heat Illness

For suspected hypothermia: get the person out of wet clothing and into dry layers/blankets immediately, focusing on the torso and head first; give warm (not hot) sweet drinks only if they're fully alert and able to swallow safely; never rub or massage cold extremities, which can trigger a dangerous heart rhythm in a severely hypothermic person; and treat confusion, slurred speech, or loss of coordination as a medical emergency requiring evacuation to real care, not something to wait out at home. For heat exhaustion (heavy sweating, weakness, nausea, cool clammy skin): move to shade, remove excess clothing, cool the skin with water or wet cloths, and sip water if fully conscious. Heat stroke is different and far more dangerous: hot, dry or flushed skin, confusion, or loss of consciousness means the body's cooling system

has failed. Cool as aggressively as possible (wet the whole body, fan, ice packs at the neck/armpits/groin if available) while arranging emergency care immediately, since heat stroke can be fatal within hours without it.

Special Medical Needs

This tier assumes generally healthy adults. Anyone with a chronic condition, a disability, or a medical device (oxygen, dialysis, mobility equipment) needs a plan well beyond this baseline kit; see the Access & Functional Needs chapter, and build that plan first if it applies to your household.

Quick Checklist

- [ ] Hypothermia and heat illness treatment steps known by every adult, not just recognition of the signs
- [ ] First aid/CPR certification current for at least one adult in the household
- [ ] Written medication list (drug, dose, allergy, prescriber) with the kit
- [ ] 14-day prescription buffer arranged with doctor/pharmacist
- [ ] Trauma kit: commercial tourniquet, Israeli bandage, hemostatic gauze
- [ ] Basic medications stocked in 14-day quantities
- [ ] Practiced: hands-only CPR and wound-irrigation technique reviewed by every adult

Tier 2: Extended (2 Weeks – 3 Months)

Goal: *Phase 1-to-2 transition, skills change but the kit is still largely stored. Treat injuries and illness without hospital access, and sort care by severity when no doctor is available.*

Tier 2 begins when a hospital visit for anything short of a true emergency isn't realistic. Medical care shifts from first aid to sustained, doctor-free treatment, and a household needs a real way to decide what actually needs attention first.

Skills to Build

- **Triage:** Learn simple severity-based sorting (a basic version of the START method: can they walk, are they breathing, is there uncontrolled bleeding) so the worst injuries get attention first when no doctor is available to make that call. See the Understanding START Triage skill guide for the full method.

- **Quarantine:** Isolate a sick household member in a separate room with dedicated dishes, towels, and a doorway hand-sanitizing routine: the single most effective way to keep a stomach illness from taking down the whole household at once. The same isolation logic applies to a respiratory illness, not just a stomach one: add a well-fitted mask for anyone entering the sick person's room and real ventilation, a cracked window or a fan, since airborne spread needs a different response than surface contact does. See the Isolating a Sick Household Member skill guide for the full setup.

Go deeper: the Medical Care Addendum builds these into real, tested competency. For the hands-on how-to, see First Aid Basics, Medical Kits: What Actually Goes in Each One, Understanding START Triage, Pregnancy, Childbirth & Newborn Care, Isolating a Sick Household Member, Herbal Medicine & the Home Apothecary, and Dental Emergencies & Basic Care.

Tech & Equipment

- **Medical Instruments:** Blood pressure cuff, stethoscope, otoscope, and SAM splints: enough to properly assess and stabilize, not to substitute for a hospital.
- **Sterilization:** A pressure cooker (for boiling instruments) or alcohol burner. Anything that will touch a wound needs to be sterilized between uses, not just rinsed.

Materials & Supplies

Item	Quantity / Spec	Notes
Medical bulk supplies	Boxes of nitrile gloves, masks, gauze, tape, sutures/staples	Buy in bulk; gloves and gauze get used far faster than people expect.
Extended antibiotics	Discuss a 90-day emergency supply with your doctor	Do this through a licensed prescriber first. Livestock/fish-labeled antibiotics are sometimes discussed as an unregulated last-resort backup in prepper circles, but dosing and purity aren't verified for human use. Treat this as a real risk, not a convenient workaround, and research thoroughly (and legally) well before relying on it.

Quick Checklist

- [ ] At least one household member trained in basic triage
- [ ] Quarantine space and protocol identified before it's needed, masks/ventilation plan included for respiratory illness

- [ ] Medical instrument set (BP cuff, stethoscope, splints) + sterilization method
- [ ] 90-day prescription conversation had with a doctor/pharmacist
- [ ] Bulk medical supplies stocked
- [ ] Practiced: quarantine protocol rehearsed (even as a drill) with the household

Tier 3: Permanent (Indefinite)

Goal: *Phase 2, care shifts to what can be grown, brewed, or performed at home. Long-term health maintenance, herbal medicine, and surgical basics without any modern supply chain.*

Tier 3 assumes pharmacies, hospitals, and dentists are not coming back for the foreseeable future. Care shifts to what can be grown, brewed, or performed at home. This tier leans harder on reference material than any other: the equipment here is far less important than owning and having actually read the books.

Skills to Build

- **Herbal Medicine:** Identifying, growing, and processing medicinal plants: yarrow for bleeding, willow bark for pain, among others. Treat this as a serious skill requiring real study (correct identification, dosing, and drug interactions matter), not a folk-remedy shortcut. See the Herbal Medicine & the Home Apothecary skill guide for evidence quality by herb, dangerous look-alikes, and drug interactions.
- **Suturing & Basic Dental:** Wound closure, tooth extraction, and temporary cavity filling. Learn from a dedicated reference (see Medical Library below) and practice on inanimate materials before ever needing the skill for real. See the Dental Emergencies & Basic Care skill guide for recognizing when a tooth infection is a real medical emergency, real pain management, and the actual risks of a last-resort extraction.
- **Midwifery:** Assisting childbirth without medical intervention: a skill worth building in advance through a class or experienced mentor, not a manual alone, given the stakes. Pregnancy is the one scenario in this manual with a known timeline, which makes advance planning genuinely more effective here than almost anywhere else: know the due date, identify at least two real routes to obstetric care, and know the pregnancy symptoms (heavy bleeding, a severe unresolving headache, sudden vision changes, a sustained drop in fetal movement) that are always a true emergency. See the Pregnancy, Childbirth & Newborn Care skill guide for the full, bounded guidance on what to actually do if delivery happens before help arrives.

Go deeper: the Medical Care Addendum builds these into real, tested competency. For the hands-on how-to, see First Aid Basics, Medical Kits: What Actually Goes in Each One, Understanding START Triage, Pregnancy, Childbirth

& Newborn Care, Isolating a Sick Household Member, Herbal Medicine & the Home Apothecary, and Dental Emergencies & Basic Care.

Tech & Equipment

- **Medical Library:** Physical, non-digital reference books: Where There Is No Doctor, Where There Is No Dentist, and The Survival Medicine Handbook. These are the actual instruction manuals for the skills above; treat them as essential equipment, not optional reading.
- **Surgical Kit:** Scalpels, forceps, retractors, and a bone saw, all fully sterilizable metal, for stabilizing and closing wounds, not for procedures beyond a layperson's training.
- **Dental Kit:** Extraction forceps, temporary filling material, and clove oil (a traditional topical analgesic for tooth pain).
- **Microscope (Optional):** Useful for identifying bacteria or parasites in a water or stool sample if someone in the household has the training to interpret what they're seeing.

Materials & Supplies

Item	Quantity / Spec	Notes
Medicinal herb seed bank	Echinacea, lavender, mint, aloe, etc.	Confirm cold-hardiness before relying on a species; see Northern Utah note.
Raw materials	Alcohol, honey, salt	Alcohol for tinctures/cleaning, honey as a natural wound dressing and preservative, salt for electrolytes and cleaning.
Barter medical goods	Extra painkillers, antibiotics, hygiene items	High trade value in a community without other medical access.

Northern Utah Note

Aloe vera is not cold-hardy and will not survive a Wasatch Front winter outdoors. Grow it as a potted plant that comes indoors, or substitute a hardier climate-appropriate alternative. Yarrow, mullein, and echinacea, by contrast, all do well in this climate.

WARNING

Postpartum Hemorrhage Is the Leading Cause of Maternal Death Worldwide

After a placenta delivers, firmly massaging the mother's lower abdomen, over the uterus, in a circular motion encourages the uterus to contract, which is what actually controls bleeding after birth; a uterus that stays soft and doesn't contract is the single most common cause of dangerous postpartum bleeding. This is a real, evidence-backed action a layperson can take, not a folk remedy, worth doing immediately and continuing while arranging evacuation to real care, not a substitute for it. Heavy bleeding that doesn't respond to firm massage is a true emergency; see the Pregnancy, Childbirth & Newborn Care skill guide for the full context this single fact sits inside.

Quick Checklist

- [ ] Medical library (Where There Is No Doctor, Where There Is No Dentist, Survival Medicine Handbook) owned and read
- [ ] Herbal medicine garden established with cold-hardy, correctly identified species
- [ ] Sterilizable surgical and dental kits assembled
- [ ] Midwifery plan in place if relevant to the household, including due date, real routes to obstetric care, and pregnancy emergency signs known
- [ ] Barter medical goods stockpiled separately from personal-use stock
- [ ] Practiced: at least one household member has drilled a suturing/wound-closure technique on practice material

Tier 4: Thriving (Sustainable Community)

Goal: *Phase 2 at community scale. Build a community medical-care system that doesn't depend on any single caregiver's knowledge or any single household's supplies.*

In Tier 3, all of this household's medical capability lives in one or two trained people and one supply cache: a single serious illness or loss disables the whole system. Tier 4 spreads that capability across a neighborhood, so care continues even if one household is out of action.

Skills to Build

- **Distributed Health Skills:** Deliberately train more than one person per neighborhood in first aid, herbal medicine, midwifery, and basic dentistry, not to replace the household's own caregiver, but so no single injury, illness, or absence takes out the whole community's medical capacity at once.

- **Outbreak & Quarantine Protocols:** Agree, in advance, on how the group will identify and respond to a spreading illness (who isolates, where, and for how long) rather than negotiating it for the first time during an actual outbreak.
- **Shared Health Records:** For households that opt in, keep a simple, physical record of allergies, chronic conditions, and blood type, so a responder who isn't your regular caregiver can still treat you safely.

Go deeper: the Medical Care Addendum builds these into real, tested competency. For the hands-on how-to, see First Aid Basics, Medical Kits: What Actually Goes in Each One, Understanding START Triage, Pregnancy, Childbirth & Newborn Care, Isolating a Sick Household Member, Herbal Medicine & the Home Apothecary, and Dental Emergencies & Basic Care.

Tech & Equipment

- **Shared Medical Cache:** A community-level stock of surgical instruments, trauma supplies, and extended antibiotics beyond what any single household could reasonably store alone, accessible to trained responders.
- **Community Apothecary/Herb Garden:** A shared medicinal-herb growing space, larger and more diverse than any one household's Tier 3 garden, reducing the risk of losing a needed species.
- **Distributed Reference Library:** Multiple copies of the core medical texts held by different households, so a fire, flood, or move doesn't erase the community's only copy.

Materials & Supplies

Item	Quantity / Spec	Notes
Community medical reserve	Bulk trauma & medication stock	Sized for the neighborhood, not one household; access rules agreed in advance.
Trained-responder roster	Names, skills, and availability	Kept simple and current; the point is knowing who to call, fast.
Shared reference copies	Distributed across multiple households	Redundancy against losing the only copy of a critical text.
Communal herb stock	Larger-scale medicinal plantings	Reduces single-garden crop failure risk for the whole group.

Quick Checklist

- [ ] More than one trained first-aid/medical responder per neighborhood cluster
- [ ] Outbreak/quarantine protocol agreed on before it's needed
- [ ] Shared health records system in place for opted-in households
- [ ] Shared medical cache and trained-responder roster established
- [ ] Reference library copies distributed across more than one household
- [ ] Practiced: a CERT training or equivalent community drill completed

At a Glance: Medical Care Across All Tiers

A single-page reference for planning purposes. This does not replace the detailed guidance above; use it to see how the plan scales, not as a standalone checklist.

Tier	Phase	Duration	Medical Care Level	Key Skill
Tier 1	Phase 1	Hours – 14 days	First aid, self-treat minor injuries	CPR, wound care, medication management
Tier 2	Transition	2 weeks – 3 months	Doctor-free triage and stabilization	Triage, quarantine
Tier 3	Phase 2	Indefinite	Herbal medicine, basic surgery/dental	Suturing, midwifery, plant medicine
Tier 4	Phase 2	Sustainable community	Distributed, multi-responder care network	Cross-training, shared health records