

Emergency Preparedness Checklist for Patients' Medications

Medical Supply Item	Do I have enough?	Does this item require refrigeration?	Does this item require electricity?	Actions to Take
Med #1: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #2: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #3: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #4: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #5: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #6: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #7: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #8: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #9: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity
Med #10: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action needed <input type="checkbox"/> Need to ask for refill <input type="checkbox"/> Need plan for refrigeration <input type="checkbox"/> Need plan for electricity