

**THE ULTIMATE  
SURVIVAL  
MEDICINE  
GUIDE**

**EMERGENCY PREPAREDNESS  
FOR ANY DISASTER**



**JOSEPH ALTON, MD  
AMY ALTON, ARNP**



Skyhorse Publishing

Copyright © 2015 by Doom and Bloom™, LLC

All rights reserved. No part of this book may be reproduced in any manner without the express written consent of the publisher, except in the case of brief excerpts in critical reviews or articles. All inquiries should be addressed to Skyhorse Publishing, 307 West 36th Street, 11th Floor, New York, NY 10018.

Skyhorse Publishing books may be purchased in bulk at special discounts for sales promotion, corporate gifts, fund-raising, or educational purposes. Special editions can also be created to specifications. For details, contact the Special Sales Department, Skyhorse Publishing, 307 West 36th Street, 11th Floor, New York, NY 10018 or [info@skyhorsepublishing.com](mailto:info@skyhorsepublishing.com).

Skyhorse® and Skyhorse Publishing® are registered trademarks of Skyhorse Publishing, Inc.®, a Delaware corporation.

Visit our website at [www.skyhorsepublishing.com](http://www.skyhorsepublishing.com).

10 9 8 7 6 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data is available on file.

Cover design by Brian Peterson

Cover photo credit: Thinkstockphotos.com

ISBN: 978-1-62914-770-3

Ebook ISBN: 978-1-63220-261-1

Printed in China

*This book is dedicated to my wife, Amy, the person who first made it clear to me that this book was needed by those who want to be medically prepared in times of trouble.*

—Joseph Alton, MD

*I dedicate this book to my husband, Joe, a man dedicated to his mission: to put a medically prepared person in every family for any disaster.*

—Amy Alton, ARNP

*In addition, we both dedicate this book to those who are ready to serve as medical resources in times of disaster. We salute your courage in accepting this assignment; have no doubt, you will save lives.*

—Joseph Alton, MD, and Amy Alton, ARNP

# TABLE OF CONTENTS



<b>ABOUT THE AUTHORS</b>	<b>IX</b>
<b>INTRODUCTION</b>	<b>I</b>
<b>I. PRINCIPLES OF MEDICAL PREPAREDNESS</b>	<b>5</b>
Medical Preparedness: How to Get Started	6
Wilderness Medicine vs. Long-Term Survival Medicine	9
The Importance of Community	12
<b>II. BECOMING A MEDICAL RESOURCE</b>	<b>15</b>
The Status Assessment	16
Likely Medical Issues You Will Face	21
Medical Skills You Will Want to Learn	23
Medical Supplies	25
Natural Remedies	34
The Physical Exam	37
The Mass Casualty Incident	41
Patient Transport	51
<b>III. HYGIENE AND SANITATION</b>	<b>55</b>
Hygiene-Related Medical Problems	56
Lice and Ticks	57
Dental Care	63
Respiratory Infections	78
The Effective Sickroom	87
Food-Borne and Water-Borne Illness	89
Diarrheal Disease and Dehydration	92

<b>IV. INFECTIONS</b>	<b>95</b>
Appendicitis and Conditions that Mimic It	97
Urinary Tract Infections	102
Hepatitis	104
Fungal Infections	107
Cellulitis	110
Mosquito-Borne Illnesses	115
<b>V. ENVIRONMENTAL FACTORS</b>	<b>117</b>
Heat-Related Emergencies	120
Cold-Related Medical Issues	123
Altitude Sickness	130
Wildfire Preparedness	132
Storm Preparedness	136
Earthquake Preparedness	140
Allergic Reactions and Anaphylaxis	142
Poison Ivy, Oak, and Sumac	152
<b>VI. INJURIES TO SOFT TISSUES</b>	<b>155</b>
Minor Wounds	157
Hemorrhagic and Major Wounds	159
Burn Injuries	174
Animal Bites	178
Snake Bites	180
Invertebrate Bites and Stings	183
Head Injuries	188
Sprains and Strains	191
Dislocations	195
Fractures	197
Amputation	202

TABLE OF CONTENTS

<b>VII. CHRONIC MEDICAL PROBLEMS</b>	<b>205</b>
Thyroid Disease	207
Diabetes	210
High Blood Pressure	213
Heart Disease and Chest Pain	216
Seizure Disorders	220
Kidney Stones and Gall Bladder Disease	223
<b>VIII. OTHER IMPORTANT MEDICAL ISSUES</b>	<b>229</b>
CPR in Austere Settings	230
Headache	237
Eye Issues	240
Nosebleeds	244
Earache	246
Hemorrhoids	249
Birth Control, Pregnancy, and Delivery	251
<b>IX. MEDICATIONS</b>	<b>259</b>
Essential Over-the-Counter Drugs	260
Pain Medications	263
Natural Pain Relief	265
Stockpiling Medications	267
<b>EMERGENCY CONTACTS</b>	<b>285</b>
<b>GLOSSARY</b>	<b>287</b>
<b>INDEX</b>	<b>301</b>

TABLE OF CONTENTS

<b>VII. CHRONIC MEDICAL PROBLEMS</b>	<b>205</b>
Thyroid Disease	207
Diabetes	210
High Blood Pressure	213
Heart Disease and Chest Pain	216
Seizure Disorders	220
Kidney Stones and Gall Bladder Disease	223
<b>VIII. OTHER IMPORTANT MEDICAL ISSUES</b>	<b>229</b>
CPR in Austere Settings	230
Headache	237
Eye Issues	240
Nosebleeds	244
Earache	246
Hemorrhoids	249
Birth Control, Pregnancy, and Delivery	251
<b>IX. MEDICATIONS</b>	<b>259</b>
Essential Over-the-Counter Drugs	260
Pain Medications	263
Natural Pain Relief	265
Stockpiling Medications	267
<b>EMERGENCY CONTACTS</b>	<b>285</b>
<b>GLOSSARY</b>	<b>287</b>
<b>INDEX</b>	<b>301</b>

TABLE OF CONTENTS

<b>VII. CHRONIC MEDICAL PROBLEMS</b>	<b>205</b>
Thyroid Disease	207
Diabetes	210
High Blood Pressure	213
Heart Disease and Chest Pain	216
Seizure Disorders	220
Kidney Stones and Gall Bladder Disease	223
<b>VIII. OTHER IMPORTANT MEDICAL ISSUES</b>	<b>229</b>
CPR in Austere Settings	230
Headache	237
Eye Issues	240
Nosebleeds	244
Earache	246
Hemorrhoids	249
Birth Control, Pregnancy, and Delivery	251
<b>IX. MEDICATIONS</b>	<b>259</b>
Essential Over-the-Counter Drugs	260
Pain Medications	263
Natural Pain Relief	265
Stockpiling Medications	267
<b>EMERGENCY CONTACTS</b>	<b>285</b>
<b>GLOSSARY</b>	<b>287</b>
<b>INDEX</b>	<b>301</b>



# INTRODUCTION



Most outdoor medicine guides are intended to aid you in managing emergency situations in austere and remote locations. Certainly, modern medical care on an ocean voyage or wilderness hike is not readily available; even trips to cities in underdeveloped countries may fit this category. Despite this, we all expect that the rescue helicopter is on the way.

What is your goal when an emergency occurs in a remote setting? The basic premise of emergency medicine in the field is to

- † Evaluate the injured or ill patient.
- † Stabilize their condition.
- † Transport them to the nearest modern medical facility.

This series of steps makes perfect sense: you are not a physician and there are facilities that have a lot more technology than you have in your backpack. Your priority is to get the patient out of immediate danger and to a hospital. Transporting the injured person may be difficult to do (sometimes very difficult), but you still have the luxury of being able to “pass the buck” to those who have more knowledge, technology, and supplies.

This is a perfectly reasonable approach. One day, however, there may come a time when a pandemic, civil unrest, or a terrorist event may precipitate a situation where the miracle of modern medicine may be

unavailable—indeed, not only unavailable, but even to the point that the potential for access to modern facilities no longer exists.

We refer to this type of long-term scenario as a “collapse.” In a collapse, you will have more risk for illness and injury than on a hike in the woods, yet little or no hope of obtaining more advanced care than you, yourself, can provide. Help is not on the way; therefore, *you* have become the place where the “buck” stops for the foreseeable future.

Few people are willing to even entertain the possibility that such a tremendous burden might be placed upon them. Even for those stalwarts who are willing, there are few books that will consider this drastic turn of events. Yet the likelihood of such a situation, over a lifetime, may not be so small.

Almost all guides on wilderness or developing-world medicine usually end with “Go to the hospital immediately.” Although this is excellent advice where and when hospitals are available and functioning normally, it won’t be very helpful in an extreme event, where the hospitals might be out of commission. We only have to look at Hurricane Katrina in 2005 to know that even modern medical facilities may be useless if they are understaffed, undersupplied, and overcrowded.

Disaster medical-assistance teams are overwhelmed when thousands need help at once, as in Katrina. Each household becomes the end of the line when it comes to its own well-being. In this circumstance, individuals and families must accumulate medical supplies to deal with varied emergencies on their own. Medical knowledge must be obtained and shared.

These medical supplies and skills must then be adjusted to fit a new mindset: that things have changed, perhaps for the long term, and that you are the best medical asset your family has.

Many will decide that they cannot bear the burden of being in charge of the medical care of other people. Others, however, will find the fortitude to grit their teeth and wear the badge of survival “medic.” These individuals may have some medical experience, but most will simply be

fathers and mothers, or other responsible adults, who understand that someone must be appointed to handle things when medical help is not forthcoming.

If this reality first becomes apparent when a loved one becomes ill or injured, the likelihood that you will have the training and supplies needed to be an effective medical provider will be close to zero. This is a sure way to ensure that, when everything else fails, you will, too.

This book is meant to educate and prepare those who want to ensure the health of their loved ones. If you can absorb the information here, you will be better equipped to handle 90 percent of the emergencies that you would see in a power-down scenario, whether after a societal collapse or after a more typical disaster scenario. You will also have a realistic view of what medical issues are survivable without modern facilities. We hope to give you the tools to arrive at choices that will increase your chances of successfully treating injuries and disease.

All the information in this book is meant for use in a postcollapse setting, when modern medicine is no longer available. If your leg is broken in five places, it stands to reason that you'll do better in an orthopedic hospital ward than with a splint made out of two sticks and strips from a T-shirt, if you have that option.

The strategies discussed here are not the most effective means of taking care of certain medical problems. In fact, some of them are straight out of the last century. They adhere to the philosophy that something is better than nothing; in a survival situation, that "something" might just get you through the storm. As Theodore Roosevelt once said, "You must do what you can, with what you have, where you are."

We hope that you'll never need to use the information in this book. Yet, disasters do happen and could tax even existing advanced medical systems. In that scenario, the information provided here will be valuable while you are waiting for help to arrive. With some medical knowledge and supplies, you may gain precious time for an injured loved one and

I.



**PRINCIPLES OF MEDICAL  
PREPAREDNESS**

## **MEDICAL PREPAREDNESS: HOW TO GET STARTED**

The focus of this book is medical preparedness: the ability to deal with sickness and injuries in tough times. Of course, anyone wishing to survive must first have food, water, and a shelter of some sort. A full stomach and protection from the elements will be the top priority. What, then, is next on the list?

After gathering food and building a shelter, many prepared individuals consider personal and home defense to be the most important priority in the event of a societal collapse. Certainly, defending oneself is important, but have you thought about defending your health?

In a situation where power might be down and normal methods of filtering water and cleaning food don't exist, your health is as much under attack as the survivors in the latest zombie apocalypse movie. Infectious diseases would likely become rampant, and it will be a challenge to maintain sanitary conditions. Simple activities of daily survival, such as chopping wood, commonly lead to cuts that could get infected. These minor issues, so easily treated by modern medical science, can easily become life threatening if left untreated in a disaster.

You may be an accomplished outdoorsman and have plenty of food and your share of defensive weaponry. Yet, what would you say to a member of your family who becomes ill or injured in a remote and austere setting? The difficulties involved in a grid-down situation will surely put the health of your entire family or group at risk. It's important to have training and supplies to deal with infections and injuries.

In a collapse, there will likely be a lot more diarrheal disease than gunfights at the O.K. corral. History teaches us that, in the Civil War,

---

us otherwise, they are totally certain that there is no scenario that would take away, even temporarily, the wonders of high technology. They tell me that we can't turn everyone into doctors, so why should we try?

Are we trying to turn everyone into doctors? No, there's too much to learn in one lifetime. Even as medical professionals, we often come across medical situations we're not sure about. That's what medical books are for, so make sure that you put together a survival library. You can refer to them when you need to, just as we do.

We are, however, trying to make you a better medical asset to your family and community than you were before. We firmly believe that, even if you have not undergone a formal medical education, you can learn how to treat the majority of problems you will encounter in a grid-down situation. You can, if necessary, be the end of the line with regards to the medical well-being of your people.

If you can absorb the information we provide in this guide, you will be in a position to help when the worst happens. Maybe, one day, you might even save a life; if that happens just once, our mission will have been a success.

# WILDERNESS MEDICINE VS. LONG-TERM SURVIVAL MEDICINE

What is wilderness (also referred to as outdoor) medicine? We define it as medical care rendered in a situation where modern care, training, and facilities are not readily available. Wilderness medicine would involve medical care rendered during wilderness hikes, maritime expeditions, and sojourns in less-developed countries.

The basic assumption is that trained doctors and modern hospitals exist but are unavailable at the time that medical care is required (perhaps for a significant period of time). You, as temporary caregiver, will be responsible for stabilizing the patient. That means not allowing the injury or illness to get worse.

Your primary goal will be the evacuation of the patient to modern medical facilities, even though they might be hundreds of miles away from the location of the patient. Once you have transferred your patient to the next highest medical resource, your responsibility to the sick or injured individual will be over. Emergency medical technicians (EMTs) or military corpsmen will recognize this strategy as “stabilize and transport.”



Wilderness medicine

Although principles of wilderness medicine have saved many lives, this approach is different from what we would call “long-term survival” or “collapse medicine.” In a societal collapse, there is no access to modern medical care and no potential for such access in the foreseeable future.

As a result of this turn of events, you would go from being a temporary first-aid provider to being the caregiver at the end of the line. You become the highest medical resource left, regardless of whether you have a medical diploma.

This fact will lead you to make adjustments to your medical strategy. You are now responsible for the long-term care of the patient. As such, if you want to be successful in your new position, you will have to obtain more knowledge and training than you have now. You will also need more supplies if you intend to maintain the well-being of your family or friends. You will need a plan to deal with their potential medical needs.



**Long-term survival medicine**



Medical training and education for nonphysicians can include wilderness medical classes, EMT, and even military medical corps training. These courses presuppose that you are rendering care in the hope of later transporting your patient to a working clinic, emergency room, or field hospital. If you can make the commitment, this training is very useful to have; it's much more likely that you'll experience a short-term deficit of medical assistance than a long-term one.

Despite this, you must plan for the possibility that you will be completely on your own one day. The way you think about this must be modified to fit a day when intensive care units and emergency rooms are inaccessible. You won't have the luxury of passing the sick or injured individual to a formally trained provider, so you must be ready to be there for your patient from start to finish.

You will also have to understand how to treat certain chronic medical conditions. Even a paramedic, for example, is unlikely to know how to deal with an abscessed tooth or a thyroid condition in the absence of drugs and high technology that may not be available.

Therefore, you must learn methods that will work in a power-down scenario; you may even have to reach back to older strategies that modern medicine might consider obsolete. Using a combination of prevention, improvisation, and prudent use of supplies, you should be able to treat the great majority of problems you will face in a power-down scenario.

Although all of this might seem daunting, we hope to impart enough information in this guide to make you confident in your new role. When you learn what to do in any scenario, you will feel that quiet resolve which comes with the knowledge that you can do the job. You'll be up to the challenge before you, and you'll know it.

***The Ultimate Survival Medicine Guide* is the new abridged version of the bestselling book *The Survival Medicine Handbook*.**

This book is written by America's top medical preparedness experts: Joseph Alton, MD, and Amy Alton, ARNP. Their mission: to put a medically prepared person in every family for when medical help is not on the way. Using decades of medical experience, they address, in plain language, dozens of medical issues associated with surviving disasters and epidemics. The Altons also discuss the medical supplies needed to become a medical asset to your family and community as well as alternative and natural strategies for when pharmaceuticals aren't available.

Most medical books will send you to the doctor or hospital when an emergency happens. *The Ultimate Survival Medicine Guide* assumes what might actually happen—that the average person could be left without medical help in a disaster. With this unique book, you'll have a head start on keeping your family healthy in times of trouble.

**Joseph Alton, MD**, is a retired board-certified obstetrician and pelvic surgeon who practiced for more than twenty-five years. He is a life fellow of the American College of Obstetricians and Gynecologists and the American College of Surgeons. He is a popular speaker on survival and preparedness.

**Amy Alton, ARNP**, is an advanced registered nurse practitioner and a certified nurse-midwife. She has extensive medicinal herb and vegetable gardens.

---

"This is a must-have guide for the day when there is no doctor to call. Put it on your bookshelf and in your survival bag." —Tess Pennington, author, *The Prepper's Blueprint*

"Preparation for a time when Western medical care is not available—such as during a 'collapse'—is vital for survival. Dr. Joseph and Amy Alton give practical guidance to prepare nonmedical persons and equip them to care for their loved ones during a long-term survival situation."

—Dr. Scott A. Johnson, author of *The Doctor's Guide to Surviving When Modern Medicine Fails*

"*The Ultimate Survival Medicine Guide* is a must-have book for everyone's preparedness resource library. It's in mine!" —Survivor Jane™, author of *Survivor Jane's Guide to Emergency/Survival Hygiene*

"Joseph and Amy Alton are well-loved and respected pioneers in the survival and prepper world. I'm thrilled with their book." —Lisa Bedford, author of *Survival Mom*

"[Dr. Alton and Amy] have been at the forefront of the preparedness industry in general, and they are the leaders when it comes to preparedness medicine."

—Rick Austin, author of *Secret Garden of Survival*

---



Skyhorse Publishing, Inc.  
New York, New York  
www.skyhorsepublishing.com

Cover photograph: Shutterstock  
Printed in China

