



# Home Health & Medicine Inventory Checklist



Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

## 1. FIRST AID & HEALTH SUPPLIES

| ITEM                              | QTY | CHECK                    |
|-----------------------------------|-----|--------------------------|
| Adhesive Bandages (various sizes) |     | <input type="checkbox"/> |
| Antibiotic Ointment               |     | <input type="checkbox"/> |
| Antiseptic Wipes / Spray          |     | <input type="checkbox"/> |
| Gauze Pads & Rolls                |     | <input type="checkbox"/> |
| Medical Tape                      |     | <input type="checkbox"/> |
| Cotton Balls / Swabs              |     | <input type="checkbox"/> |
| Tweezers                          |     | <input type="checkbox"/> |
| Scissors                          |     | <input type="checkbox"/> |
| Thermometer                       |     | <input type="checkbox"/> |
| Instant Cold Pack                 |     | <input type="checkbox"/> |
| Elastic Bandage / Wrap            |     | <input type="checkbox"/> |
| Burn Gel / Cream                  |     | <input type="checkbox"/> |
| Hydrocortisone Cream              |     | <input type="checkbox"/> |
| Eye Wash / Drops                  |     | <input type="checkbox"/> |
| Other: _____                      |     | <input type="checkbox"/> |

## 2. OVER-THE-COUNTER MEDICINES

| ITEM                             | QTY | CHECK                    |
|----------------------------------|-----|--------------------------|
| Acetaminophen (Pain / Fever)     |     | <input type="checkbox"/> |
| Ibuprofen (Pain / Inflammation)  |     | <input type="checkbox"/> |
| Aspirin                          |     | <input type="checkbox"/> |
| Allergy Medicine (Antihistamine) |     | <input type="checkbox"/> |
| Cough Suppressant                |     | <input type="checkbox"/> |
| Expectorant                      |     | <input type="checkbox"/> |
| Decongestant                     |     | <input type="checkbox"/> |
| Antacid / Heartburn Relief       |     | <input type="checkbox"/> |
| Anti-Diarrheal                   |     | <input type="checkbox"/> |
| Laxative                         |     | <input type="checkbox"/> |
| Motion Sickness Medicine         |     | <input type="checkbox"/> |
| Sleep Aid (Occasional Use)       |     | <input type="checkbox"/> |
| Hydration / Electrolyte Packets  |     | <input type="checkbox"/> |
| Other: _____                     |     | <input type="checkbox"/> |

## 3. PRESCRIPTION MEDICATIONS

| MEDICATION | QTY | EXP. DATE | CHECK                    |
|------------|-----|-----------|--------------------------|
|            |     |           | <input type="checkbox"/> |
|            |     |           | <input type="checkbox"/> |
|            |     |           | <input type="checkbox"/> |
|            |     |           | <input type="checkbox"/> |
|            |     |           | <input type="checkbox"/> |
|            |     |           | <input type="checkbox"/> |
|            |     |           | <input type="checkbox"/> |

★ Store prescriptions safely and out of reach of children.

## 4. CHECK & REFRESH

- ♥ Check expiration dates regularly.
- ♥ Restock items as needed.
- ♥ Replace opened or used items.
- ♥ Keep medications in a cool, dry place.
- ♥ Keep out of reach of children.



## 5. MISCELLANEOUS & NOTES



### Reminder

A WELL-STOCKED HOME  
HELPS CARE FOR THE ONES  
YOU LOVE MOST.



A little preparation brings peace of mind.