

Street Medicine Institute Guidelines
Backpacks and Supplies



Introduction

Thoughtfulness about what supplies to take to the streets and how to pack them can make it easier to provide care. Street medicine team members should work with people with lived experience of unsheltered homelessness to identify equipment and supplies that best meet the community’s needs. Most teams take a combination of necessities that enhance engagement, medications, and medical supplies and equipment. This guide offers a method for determining the right amount of supplies to bring on medical outreach.

This guide is organized into equipment (backpack and items used for care but not generally handed out), medications/wound care (can be used or handed out), and supplies (items that are handed out).

General Program Considerations

- Choose equipment & supplies based on the needs of the people, the environment, and the team and structure of outreach.
- Focus on consistency and reliability when deciding on offered supplies & medications.
 - The program risks losing trust with the people served if it promises supplies or services but is unable to keep the promises.
 - If a promised supply is unavailable, it is still better to go and be honest and apologize than to not go at all.
- Implement an inventory management system that is
 - Flexible and adaptable
 - Understandable and stockable for team members of various experience levels

Equipment

Equipment Type	Examples	Street Medicine Considerations
Vital Signs and Evaluation Tools	Pulse oximeter, glucometer, portable ultrasound	Equipment may not function in extreme temperatures & need warming/cooling Forehead thermometers can give inaccurate temperatures due to outside temperatures. Camping headlights can keep hands free.
Safety	PPE such as gloves and face masks Cleaning supplies Safe disposal bags/containers	Extra safety equipment can also be handed out as supplies e.g. gloves for patients to do their own wound care or sharps containers for syringes.
Documentation & Care Coordination	Field notes paper, tablet or laptop, Wi-Fi hotspot, consent documents	Smartphone so that the team can be reached and patients can also use to make calls
Emergency Response	Bag valve mask	Allows for quick & easy access in emergencies

- Ideal bags/backpacks are durable and protective with many pockets and compartments.
 - Largest backpack for wound care supplies as they take up a lot of space.
 - Regular sized backpack for medications and equipment
 - Smaller bag for documents and/or documentation equipment
 - Totes for supply distribution
 - Consider team members and body limits, disabilities, and the effect of prolonged wear on joints.

Medications

- See Appendix 1 for formulary suggestions.
- Medications can be prescribed, dispensed, or administered.
 - Prescribed medications - good for insured patients with easy pharmacy access, infrequently dispensed or bulky medications, or otherwise cannot be dispensed.
 - Patient ability to fill prescriptions depends on transportation access, local healthcare programs/benefits, pharmacy requirements (e.g. ID), and pharmacy friendliness to people living unsheltered.
 - Assist the patient with pickup and delivery when needed.
 - Dispensed medications - handed out to patients & many options available
 - Helpful for uninsured patients and circumstances where the pharmacy is a barrier.
 - Medications need to be appropriately labeled and tracked per organizational policy. Typically required elements include patient name, expiration date, lot number, and instructions for taking the medication.
 - Consider patient & environment
 - Physical/cognitive impairment, education level, and/or language barriers
 - Access to toilet, shower, clean water, regular meals, or safe storage
 - Need for regular monitoring e.g. bloodwork or heart rhythms
 - Work with the patient on determining how many pills to dispense. Consider how often the team visits the patient as well as potential risks of encampment sweeps, theft, damage, or other loss of medications.
 - Administered medications
 - IV examples include fluid boluses with electrolytes.
 - IM examples include antibiotics, medication for opioid use disorder (MOUD), and antipsychotic medications.
 - Nebulized breathing treatments for reactive airway disease
 - Vaccines
 - Emergency response - naloxone, epinephrine IM
- Some medications have environmental requirements e.g. cold temperatures. Ensure there is appropriate storage during/outside of outreach and storage for the patient if needed. Consider the capability to transport a cold medication for however long it takes to find the patient.

Wound Care

- See Appendix 2 for wound care supply examples & resource recommendations.
- Equipment (e.g. chux - absorbent disposable pads) to set up a clean space & to clean the wound.
- Provide wound care kit & appropriate bandages for the wound to allow the patient to change their wound at least twice a week.
- Foot needs are common; consider including commonly used podiatry tools and supplies.

Supplies

- Supplies necessary for basic needs help with engagement and building trust among people living unsheltered.
 - Common items include clothing (especially socks), hygiene/toiletries, emergency weather supplies, lotion, bug spray, and sunscreen.
 - Some items may carry risk e.g. safety razors can be used for self-harm; consider risk when dispensing.
- Kits e.g. hygiene kit that contain travel-size toiletries are popular on outreach
- Water and food
 - Select food that is easier to chew given the prevalence of dental problems.
 - Provide options if possible e.g. water or juice, turkey or jam sandwich
 - Give cans of food only if they do not require a can opener.
- Harm reduction supplies such as naloxone and syringes
 - Check organization policy and laws/regulations that regulate, limit, or prohibit distribution
 - Bring supplies corresponding to the most common drugs in the community
- Other supplies to consider include pet supplies and transportation aids such as bus cards.

Social/Ethical Concerns

- “Diversion” or “Misuse”
 - Medication misuse concerns are generally stigmatizing toward marginalized populations
 - Supply diversion (e.g. selling or trading) is often an act of survival
 - Diversion can have a positive effect on the community e.g. in context of MOUD (SUHN, 2022)
- High need, expensive supplies
 - May need to set limits for expensive gear (e.g.) tents, boots, winter coats due to expense and fairness
 - Create a fair policy that is consistently adhered to by all team members
- Cigarettes - Consider if the benefit of building trust and patient-clinician relationship outweighs risks. May also reduce harm from infection if the patient smokes used cigarette butts.
- Money - Generally avoided due to potential for unintentional coercion

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Appendix 1. Formulary Suggestions

General Considerations

- Consider local needs & environment when choosing medications e.g. prevalent conditions and local antibiograms.
- General practical considerations for the street environments: medications that don't require food intake or empty stomach, do not cause sedation, are longer acting or have a long half-life, do not require lab monitoring, have a wide therapeutic window (e.g. easy to avoid toxicity), are not problematic in the setting of dehydration, and do not cause diarrhea.
- Patients may request specific medications despite guidance (e.g. antibiotics for viral infection, short acting inhaler when guidelines indicate combination inhaler). Perform shared decision making and long-term risk/benefit instead of immediate denial/rejection of their requests.
- Strategies for space/capacity limitations
 - Choose only first or second line medications
 - Limit to one dosage amount per medication
- Use the following as examples to consider and selectively build a formulary that best applies to the community.

Medication or Class/Group	Street Medicine Notes/Considerations
Antibiotics	<ul style="list-style-type: none"> ● Consider local antibiograms ● Doxycycline can cause photosensitivity rash – advise patient and give sunscreen ● Consider broader spectrum e.g. amoxicillin/clavulanate to allow treatment of more conditions with fewer medications ● Consider mupirocin instead of bacitracin given risk of allergy
Antiglycemics	<ul style="list-style-type: none"> ● Caution with metformin in renal disease. Check renal function and consider extended-release formulation to minimize GI side effects. ● Some insulin formulations e.g. glargine can be stored at room temperature for about a month once opened.
Antiparasitics	<ul style="list-style-type: none"> ● Ivermectin for scabies/head lice (CDC, 2023) is preferred over permethrin due to limited shower access and more difficult instructions.
Cardiac and hypertension	<ul style="list-style-type: none"> ● Amlodipine often preferred due to gradual effect and safety profile but is contraindicated in heart failure with reduced ejection fraction (HFrEF) ● Monitor electrolytes with angiotensin-converting enzyme inhibitors (ACEi) or angiotensin II receptor blockers (ARB) due to risk of hyperkalemia and worsening dehydration ● Beta-blockers may cause rebound symptoms with missed doses. No general contraindication in the setting of cocaine use (College of Pharmacy, 2020). ● Avoid diuretics if possible due to reduced bathroom access and dehydration ● Avoid clonidine due to CNS adverse effects and reflex tachycardia/hypertension with missed doses

Gastrointestinal	<ul style="list-style-type: none"> ● Diarrhea - Loperamide, probiotics ● Nausea/vomiting <ul style="list-style-type: none"> ○ Ondansetron is commonly used or dicyclomine & vitamin B6 in the setting of pregnancy ○ Nearly all antiemetics increase risk of prolonged QT – screen for history/risk or evaluate with portable EKG. ● Stomach upset <ul style="list-style-type: none"> ○ Famotidine, omeprazole, bismuth subsalicylate, or calcium carbonate ○ Screen for GI bleed/melena and avoid exacerbating medications e.g. NSAIDs.
HEENT	<ul style="list-style-type: none"> ● Otic antibiotic solutions and ophthalmic antibiotic drops/ointments are useful in the street setting for corneal abrasions or common infections. ● Consider carbamide peroxide for cerumen impaction.
Mental Health	<ul style="list-style-type: none"> ● Longer half-life antidepressants to avoid discontinuation syndrome (e.g. fluoxetine), and those with fewer side effects or drug interactions (escitalopram, desvenlafaxine, sertraline) ● Consider oral and/or long-acting injectable (LAI) versions of haloperidol, risperidone or paliperidone, aripiprazole. May use oral, but not injectable, olanzapine due to risk of post-injection delirium. Consider quetiapine for patients with tardive dyskinesia. LAIs that are given monthly are preferable to those given every 2 weeks. ● Avoid medications for sleep due to risk of victimization unless the person has safety mechanisms in place (e.g. a secluded location, sleeps with trusted individuals). Avoid melatonin due to mortality risk (AHA, 2025). ● See Erikson et al., 2024 for additional prescribing considerations.
Medications for Opioid Use Disorder (MOUD)	<ul style="list-style-type: none"> ● Buprenorphine film may dissolve easily with moisture and be hard to maintain with inclement weather/humidity. ● Consider buprenorphine oral/injectable for patients seeking treatment. <ul style="list-style-type: none"> ○ Safe to give for patients actively using & protective in case of overdose ○ Classically requires a period of oral induction or moderate withdrawal before initiation, but there are recent two-day and three-day protocols that minimize withdrawal symptoms (Cnop, 2026). ● Medications for opioid withdrawal symptoms <ul style="list-style-type: none"> ○ Examples include acetaminophen, ondansetron, loperamide, and clonidine. ○ These medications can also be used for other indications. ● Naltrexone should be avoided for OUD due to low efficacy (Wakeman et al., 2020) ● Give community resources and naloxone for patients and neighbors ● Offer harm reduction supplies if possible.
Medications for Alcohol Use Disorder (AUD)	<ul style="list-style-type: none"> ● Naltrexone in the absence of OUD ● Avoid disulfiram ● May want to avoid acamprosate due to TID dosing

Medications for Methamphetamine Use Disorder and Overamping (NHRC, 2024)	<ul style="list-style-type: none"> • Consider stimulants such as methylphenidate and amphetamine products, particularly if Attention Deficit Hyperactivity Disorder (ADHD) is likely • Mirtazapine or bupropion + naltrexone. Do not prescribe bupropion with any history of seizure or high risk for seizure • Consider a “meth chill pack” that includes olanzapine, instructions, and community resources (Coffin et al., 2024) for patients to self-manage negative effects of methamphetamine use such as psychosis or agitation.
Nonsteroidal Anti-inflammatory Drugs (NSAIDs), acetaminophen	<ul style="list-style-type: none"> • Potential risk of GI bleed, hepatic/renal injury – consider topical options (e.g. diclofenac gel) if concerned • Give lower maximum daily dose of acetaminophen (2-3g) instead of 4g • Select only one NSAID for the backpack given pack limitations, but patients may react differently to different NSAIDs (e.g. naproxen might not work but meloxicam works well). Add or adjust as needed to the preference of the patient population.
Respiratory medications	<ul style="list-style-type: none"> • Can dispense inhalers as well as nebulizer vials and portable nebulizer machines. • Combination inhalers (e.g. fluticasone/salmeterol or budesonide/formoterol) are standard of care but high cost or have insurance limitations. Work with social work team on medication benefits and choose based on availability.
Steroids	<ul style="list-style-type: none"> • Prednisone for reactive airway disease, steroid burst for back pain or migraine exacerbations once other conditions excluded • Consider triamcinolone instead of hydrocortisone for effectiveness and cost
Upper respiratory illness and allergies	<ul style="list-style-type: none"> • Cough drops are often requested and welcomed. • Consider less sedating allergy medications (diphenhydramine may be most sedating) to avoid drowsiness and potential victimization
Other Medications	<ul style="list-style-type: none"> • Multivitamins are sometimes requested by patients • Levonorgestrel for family planning

Appendix 2. Wound care suggestions and resources

- Consider local wounds and diseases when choosing wound supplies.
- Wound care kits contain supplies useful for all wounds including gloves, cleaning solution, gauze, and plain language care instructions.
- There are numerous wound care supply options, and more complex wound care supplies may be confusing or hard to use for patients as well as team members.
- General examples for wound care are shown below.

Category	Examples	Street Medicine Considerations
Cleaning	<ul style="list-style-type: none"> • Saline • Chlorhexidine • Hypochlorous acid cleanser • Mild bleach solution 	<ul style="list-style-type: none"> • Avoid alcohol wipes, hydrogen peroxide, or povidone-iodine due to risk of drying out wound and/or affecting healthy tissue • Reserve bleach solution for only the most contaminated wounds and use the lowest concentration due to cytotoxicity
Debridement	<ul style="list-style-type: none"> • Medical honey • Scalpel • Collagenase ointment 	<ul style="list-style-type: none"> • The act of cleaning offers some debridement • Mechanical debridement should only be done by trained team members • Medical honey can attract ants; only use if the patient is in a fully enclosed space (e.g. tent or other shelter)
Primary dressing	<ul style="list-style-type: none"> • Sterile gauze • Iodoform/rope packing • Nonadherent dressing • Foam dressing • Alginates 	<ul style="list-style-type: none"> • Choose based on wound moisture/exudation • For packing dry wounds can also moisten gauze with mild hypochlorous acid solution instead of saline • Petroleum/xeroform gauze are occlusive; avoid in heavily exudative wounds or cut slits into gauze
Barrier protection	<ul style="list-style-type: none"> • Zinc oxide cream • Petroleum jelly 	<ul style="list-style-type: none"> • For healthy tissue surrounding an exudative wound • Petroleum jelly also helpful for keeping dry wounds moist
Secondary dressing	<ul style="list-style-type: none"> • Abdominal pad • Kerlix gauze • Sleeves e.g. tubigrip • Compressive wraps • Tape 	<ul style="list-style-type: none"> • Some chronic wounds (i.e. venous stasis ulcers) need compression to heal • Choose a dressing that keeps the primary dressing from moving while still allowing mobility

Additional wound care resources

- Cirillo, F., Dunn, A., Toepper, W. (2023, March). *First Aid for Wounds and Other Skin Conditions for People Living on the Streets*. Portland Street Medicine. <https://www.portlandstreetmedicine.org/che>
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