STREET NURSING INSTITUTE

OUTREACH SUPPLIES

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OUTREACH SUPPLIES

Successful Street Nursing outreach depends on adequate preparation and the availability of appropriate resources to meet the needs of individuals experiencing homelessness. Outreach teams must consider the clinical services they intend to provide, the characteristics of the population served, environmental conditions, and logistical challenges when determining which materials to bring into the field. A well-organized inventory of medical equipment, medications, wound care products, and basic necessities supports efficient care delivery, patient safety, and meaningful engagement with the community.

For effective planning and inventory management, street nursing supplies are classified into three main categories:

1. **Equipment:** Reusable items needed to assess and provide care, including backpacks, assessment tools, and other clinical equipment.
2. **Medications and Wound Care Supplies:** Materials used during patient encounters or provided to individuals for continued care, consistent with applicable regulations and professional scope of practice.
3. **Essential Outreach Supplies:** Items distributed to address basic needs, promote hygiene, support health, and facilitate meaningful patient engagement.
4. **Risk Reduction Supplies:** Materials provided to minimize health risks, prevent overdose and infectious disease transmission, and promote safer practices, including naloxone, personal protective equipment, and other harm reduction supplies, consistent with applicable regulations and professional scope of practice.

GENERAL CONSIDERATIONS FOR STREET NURSING OUTREACH

Selection of Equipment and Supplies

- Identify supplies based on the healthcare needs and priorities of the population served.
- Consider environmental conditions, outreach locations, transportation limitations, and team composition.
- Prioritize practical, portable, and essential items that support safe and effective nursing interventions.
- Maintain consistency in the availability of frequently used supplies and services whenever possible.
- Communicate clearly with individuals about available resources and avoid making commitments that cannot be fulfilled.
- When supplies are unavailable, provide honest explanations, explore alternatives, and maintain engagement with the community.
- Recognize that reliability, transparency, and consistent outreach contribute to building trust and sustaining therapeutic relationships.
- Establish a practical inventory system to monitor supply availability, utilization, expiration dates, and replenishment needs.
- Develop standardized supply lists that can be adjusted according to outreach activities and community needs.
- Ensure that inventory procedures are simple, accessible, and understandable for team members with varying levels of clinical experience.
- Assign responsibility for checking, restocking, and maintaining supplies before and after outreach activities.

Medications and Wound Care Supplies

- Ensure that medications provided during street nursing outreach, whether over-the-counter (OTC) or prescription medications, are administered, dispensed, or distributed in accordance with applicable laws and regulations, authorized provider orders when required, organizational protocols, and the nurse's professional scope of practice.
- Select medications and wound care supplies based on commonly encountered health conditions, anticipated patient needs, and the scope of nursing practice.
- Prioritize portable, practical, and appropriate supplies that support safe, evidence-based care in nontraditional healthcare settings.
- Ensure medications and wound care products are stored, transported, handled, and administered according to applicable regulations, manufacturer recommendations, and organizational protocols.
- Monitor expiration dates, packaging integrity, and environmental conditions that may affect product safety and effectiveness.
- Assess each individual's ability to safely use, store, and maintain supplies provided for continued care, considering environmental conditions and access to hygiene resources.
- Provide clear, understandable instructions regarding medication use, wound care, infection prevention, and indications for seeking additional medical attention.
- Maintain appropriate documentation of medications administered, treatments provided, and supplies distributed, consistent with organizational policies and professional standards.

Essential Outreach Supplies

- Identify essential outreach supplies based on the immediate needs, living conditions, and expressed priorities of individuals experiencing unsheltered homelessness.
- Prioritize practical items that promote personal hygiene, comfort, dignity, and overall health, including hygiene products, clean clothing, socks, drinking water, and weather-appropriate supplies.
- Consider seasonal weather conditions, environmental exposure, and the availability of community resources when selecting and distributing supplies.
- Ensure supplies are portable, appropriately packaged, and suitable for individuals with limited storage capacity or access to sanitation facilities.
- Distribute supplies respectfully and equitably, recognizing individual preferences, cultural considerations, and personal autonomy. Additionally, consider availability of supplies, typically based on funding.
- Use the distribution of essential supplies as an opportunity to establish trust, promote meaningful engagement, assess unmet needs, and facilitate connections to healthcare and community resources.
- Communicate clearly about the availability and limitations of supplies, avoiding promises of continued distribution that cannot be consistently fulfilled.

Risk Reduction Supplies

- **Ensure the acquisition, storage, transportation, distribution, and use of risk reduction supplies comply with applicable laws, organizational protocols, and professional scope of practice.**
- Select risk reduction supplies based on identified health risks, community needs, and evidence-based harm reduction and infection prevention practices.
- Prioritize supplies that support overdose prevention, reduce infectious disease transmission, and promote safer practices among individuals experiencing unsheltered homelessness.

- Include appropriate materials such as naloxone, personal protective equipment, wound hygiene products, and other legally permissible harm reduction supplies.
- Provide clear, nonjudgmental education regarding overdose recognition, naloxone administration, emergency response, infection prevention, and safer practices.
- Assess individuals' knowledge, readiness, and preferences before providing education or supplies, respecting autonomy and avoiding coercive or stigmatizing interactions.
- Maintain appropriate infection prevention and occupational safety practices when handling potentially contaminated materials or providing care in environments with increased exposure risks.
- Facilitate connections to additional services, including substance use treatment, recovery support, infectious disease testing, and other community-based healthcare resources, according to individual needs and preferences.

EQUIPMENT

EQUIPMENT TYPE	EXAMPLES	STREET NURSING CONSIDERATIONS
Vital Signs and Evaluation Tools	Pulse oximeter Glucometer Blood pressure cuffs (different sizes) Stethoscopes Thermometer Pen lights Headlights Fetal heart doppler & transducer gel	Equipment may not function in extreme temperatures & need warming/cooling. Batteries may need to be replaced when least expected. Forehead thermometers can give inaccurate temperatures due to outside temperatures. Equipment must be cleaned appropriately after every use
Safety	PPE such as gloves of all sizes and face masks. Cleaning supplies: disinfectants, cleaning wipes, hand sanitizer, alcohol. Safe disposal bags/containers and sharps 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 Onset documents	Smartphone so that the team can be reached and patients can also use to make calls Two-way radios if needed Consider HIPAA regulations when using electronics
Emergency Response	CPR mask Bag valve mask Nalaxone: inhaler and IM injection	Allows for quick & easy access in emergencies Does not replace the need to call EMS

Ideal bags/backpacks are durable and protective with many pockets and compartments.

- Largest backpack for wound care supplies as these 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
- Label all bags for easy access

If caring for clients in a fixed location, clear plastic boxes are ideal to keep all supplies, equipment and

medications well organized.

MEDICATIONS

All nurses should be aware of their scope of practice withing their jurisdiction and determine if medications may be administered under valid authorized orders, as RNs cannot independently prescribe medications. Physician-approved standing orders may authorize certain medication-related interventions under specific conditions. The following medications are not automatically authorized for an RN to carry or administer; each requires an appropriate order, lawful medication supply and storage arrangements, and a defined clinical protocol.

Know the difference between:

Medication administration, Medication management, and Medication dispensing.

1. MEDICATION ADMINISTRATION

Medication administration involves providing medications to patients under valid orders from an authorized healthcare provider, consistent with the nurse's scope of practice, demonstrated competencies, organizational protocols, and applicable laws.

Common examples in street-based healthcare include:

- **Intravenous (IV):** Prescribed fluid replacement, including electrolyte-containing solutions, when clinically indicated and appropriate monitoring and emergency resources are available.
- **Intramuscular (IM):** Prescribed antibiotics, certain medications for opioid use disorder (MOUD), and long-acting antipsychotic medications.
- **Inhalation:** Nebulized bronchodilator treatments for asthma, COPD, or other indicated respiratory conditions.
- **Immunizations:** Administration of recommended vaccines under authorized orders and established immunization protocols.
- **Emergency medications:** Naloxone for suspected opioid overdose and intramuscular epinephrine for anaphylaxis, consistent with applicable emergency protocols and Texas law.

Key Nursing Considerations:

- Verify medication orders, allergies, contraindications, and relevant clinical assessments before administration.
- Follow medication safety standards, including correct patient identification, dose, route, timing, and documentation.
- Assess the outreach environment for safe administration, monitoring, and management of adverse reactions.
- Ensure appropriate equipment, infection prevention measures, emergency supplies, and referral or emergency transport procedures are available.

2. MEDICATION MANAGEMENT

Medication management focuses on helping patients understand, access, and safely use their OTC or prescribed medications. Street nurses play an important role in identifying barriers to adherence, providing education, monitoring treatment responses, and coordinating care with prescribers, pharmacies, and community resources.

Common nursing interventions include:

- Reviewing medications and assessing adherence, effectiveness, potential interactions, and adverse effects.
- Providing medication education using plain language, teach-back methods, and appropriate language interpretation.
- Assisting patients with accessing pharmacies, prescription assistance programs, insurance coverage, and medication refills.
- Coordinating with healthcare providers to address medication-related concerns and treatment modifications.
- Supporting individualized medication routines that reflect patients' living conditions and available resources.

Patient and Environmental Considerations:

- **Individual factors:** Physical or cognitive limitations, health literacy, language barriers, and ability to independently manage medications.
- **Basic needs:** Access to clean water, regular meals, restroom facilities, hygiene resources, and safe medication storage.
- **Environmental challenges:** Extreme temperatures, moisture, theft, displacement, encampment clearances, and loss of personal belongings.
- **Clinical monitoring:** Availability of laboratory testing, blood pressure or glucose monitoring, electrocardiograms, and follow-up appointments when indicated.
- **Medication identification:** Encourage patients to retain medications in appropriately labeled containers and maintain an updated medication list whenever possible.

3. MEDICATION DISPENSING

Medication dispensing involves preparing, labeling, and supplying medications to patients for later use. Unlike medication administration, dispensing prescription medications is subject to additional pharmacy laws, licensing requirements, and regulatory restrictions.

Important: In most states, registered nurses do not have independent authority to dispense prescription medications solely by virtue of their RN license. Any dispensing activity must occur through a legally authorized process and comply with applicable state and federal regulations.

Key Program Considerations:

- **Authorized dispensing:** Establish partnerships with licensed pharmacies or other legally authorized dispensing entities to facilitate medication access.
- **Medication quantities:** Collaborate with the patient, prescriber, and authorized dispensing professional to determine appropriate quantities based on clinical needs, follow-up availability, and the potential for medication loss.
- **Labeling and documentation:** Ensure medications are dispensed with legally required labeling, instructions, and documentation. Required information varies by medication and dispensing setting.
- **Storage and transportation:** Maintain manufacturer-recommended storage conditions, including refrigeration when necessary, throughout transportation and outreach.
- **Patient circumstances:** Consider whether individuals have access to secure storage, protection from extreme temperatures, and the ability to maintain medication quality.
- **Continuity of care:** Develop strategies for medication replacement, prescription refills, follow-up assessments, and coordination with community pharmacies.

GUIDING PRINCIPLE

Medication-related interventions in street nursing should prioritize patient safety, clinical appropriateness, legal compliance, and continuity of care while recognizing the unique challenges of managing medications without stable housing. Nurses should collaborate with authorized prescribers, pharmacists, and community partners to develop individualized approaches that promote safe medication use and equitable access to treatment.

PRESCRIBED MEDICATIONS

MEDICATION TYPE	EXAMPLES	STREET NURSING CONSIDERATIONS

Prescribed medications If at hand, medications can be prescribed by licensed healthcare providers and administered by nurses as prescribed. Medication prescriptions are good for insured patients with easy pharmacy access.	**Antibiotics** *Cephalexin, doxycycline, amoxicillin-clavulanate, sulfamethoxazole/trimethoprim.*	Skin and soft tissue infections, infected wounds, certain respiratory infections. Doxycycline: Educate patients about the increased risk of sun sensitivity and sunburn associated with doxycycline use. Recommend appropriate sun protection measures and provide sunscreen when available.
	Otic antibiotic solutions and ophthalmic antibiotic drops/ointments.	Otic antibiotic solutions and ophthalmic antibiotic drops/ointments are useful in the street setting for corneal abrasions or common infections.
	Topical prescription treatments Mupirocin, silver sulfadiazine, Permethrin 5% cream (scabies)	Selected superficial bacterial skin infections and burns
	Respiratory medications *Albuterol inhalers, budesonide/formoterol*	Asthma and COPD
	Mental health medications *Sertraline, fluoxetine, quetiapine*	Depression, anxiety, and selected psychiatric disorders
	Substance use disorder treatments *Buprenorphine/naloxone, naltrexone*	Opioid use disorder and, for naltrexone, alcohol use disorder. Buprenorphine, for example, is a Schedule III controlled substance. Some states permit RNs to administer certain controlled medications under authorized orders, that does not independently authorize an outreach organization to purchase, stock, transport, or dispense them.

	Overdose reversal medications *Naloxone nasal spray or injection*	Suspected opioid overdose; many formulations are available without a prescription. Not all states require a prescription.
	Sexually transmitted infection treatments *Doxycycline, ceftriaxone (gonorrhea), benzathine penicillin (syphilis)*	Selected bacterial STIs, including chlamydia, gonorrhea, and syphilis
	Dermatological treatments *Permethrin 5% cream, oral ivermectin*	Scabies and certain parasitic infestations
	Lidocaine 1% injection *Local anesthesia for selected procedures*	Specific order, verified RN competency, procedure authorization and emergency safeguards are required.
Medications like insulin or vaccines require special handling as storage usually requires refrigeration. These are not typically carried by street nursing teams on a regular basis.		
	Gastrointestinal *Famotidine, omeprazole, bismuth subsalicylate, or calcium carbonate*	

Before RNs carry prescription medications into the field:

Abide by a written medication management policy addressing:

- Prescriber authorization: Identify the responsible physician or other authorized prescriber and establish valid medication orders.
- Medication acquisition: Follow a lawful source for medications, rather than relying on recycling personal prescriptions or informal donations.
- Storage and transportation: Follow procedures for temperature control, security, expiration dates and medication accountability.
- Administration protocols: Define and follow indications, contraindications, assessments, documentation and emergency response.
- Dispensing restrictions: Identify whether patients may receive medications to take away and which licensed entity is authorized to provide them.

Every state has specific requirements for clinic pharmacies. A Class D clinic pharmacy, for example, may stock and dispense medications under an approved formulary within the limits of its license. A nonprofit designation alone does not create that authority.

OVER THE COUNTER MEDICATIONS

CATEGORY	COMMON OTC MEDICATIONS	POTENTIAL USE
Pain and fever	Acetaminophen (Tylenol), Ibuprofen (Advil)	Mild pain, headaches, muscle aches, fever
Allergies	Cetirizine (Zyrtec), loratadine (Claritin)	Seasonal allergies, itching
Skin irritation	Hydrocortisone 1% cream	Minor itching, dermatitis, insect bites
Wound care	Bacitracin or plain petroleum jelly	Minor cuts, abrasions, skin protection
Fungal infections	Clotrimazole 1%, terbinafine 1%	Athlete's foot and other superficial fungal infections
Gastrointestinal symptoms	Calcium carbonate (Tums), bismuth subsalicylate (Pepto-Bismol)	Heartburn, indigestion, selected diarrhea symptoms
Diarrhea	Loperamide (Imodium)	Short-term management of uncomplicated diarrhea
Constipation	Polyethylene glycol 3350 (MiraLAX)	Occasional constipation
Dehydration	Oral rehydration salts or electrolyte solutions	Replacement of fluids and electrolytes
Nasal symptoms	Saline nasal spray	Nasal dryness and irritation
Eye irritation	Preservative-free artificial tears	Dry eyes and minor irritation
Opioid overdose	Naloxone 4 mg nasal spray (OTC formulations)	Emergency reversal of suspected opioid overdose
Allergic reactions	Benadryl-antihistamine (may impair alertness and increase vulnerability to injury)	Allergic reactions, itching, urticaria
Respiratory	Cough drops	

WOUND CARE SUPPLIES

CATEGORY	EXAMPLES	STREET NURSING CONSIDERATIONS
Cleaning	• Saline • Chlorhexidine • Hypochlorous acid cleanser • Mild bleach solution • Water and soap	• Avoid alcohol wipes or hydrogen peroxide • Reserve bleach solution for only the most contaminated wounds and use the lowest concentration due to cytotoxicity
Debridement	• Medical raw honey • Scalpel ** • Collagenase ointment • Surgical scrub brush	• 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	• Sterile & non-sterile gauze • Rope packing • Nonadherent dressing • Foam dressing • Alginates	• Choose based on wound moisture/exudation • For packing dry wounds can also moisten gauze with saline
Barrier protection	• Zinc oxide cream • Petroleum jelly	• For healthy tissue surrounding an exudative wound • Petroleum jelly also helpful for keeping dry wounds moist
Secondary dressing	• Abdominal pad • Kerlix gauze • Sleeves e.g. tubigrip • Compressive wraps • Tape	• 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
Other supplies		
	• Chux/pads – (absorbent disposable pads)	• Set up a clean space to clean the wound.
	• Individual wound care kit: gloves, cleaning solution, gauze, plain language care instructions, tape, appropriate dressing.	• Provide wound care kit & appropriate bandages for the wound to allow the patient to change their wound at least twice a week.
Foot care	• Clean socks • Nail clippers • Callus cushions	• Foot needs are common; consider including commonly used podiatry tools and supplies.

NOTES:

- Consider local wounds and diseases when choosing wound supplies.
- With the wide variety of wound care products available, selecting supplies that are practical, easy to use, and appropriate for the outreach setting is essential, as more specialized products may present challenges for both patients and healthcare team members.

OTHER SUPPLIES

CATEGORY	EXAMPLES	STREET NURSING CONSIDERATIONS
Basic needs	• Clothing (especially socks) • Hygiene/toiletries • Emergency weather supplies: extreme cold or hot weather • Body lotion • Bug spray • Sunscreen	Providing essential supplies during street outreach promotes engagement and helps establish meaningful connections, foster trust, and strengthen relationships with individuals experiencing unsheltered homelessness.
Kits	• Hygiene kits: toothbrush, tooth paste, wet wipes, deodorant, female hygiene products such as sanitary pads and tampons • Safe sex kits: condoms, wipes and lubricant • Safe injection kits: alcohol pads, tourniquet, 2x2 gauze, "cookers", sterile water plastic ampules • Narcan/Nalaxone-If approved in your state	Consider weather appropriate needs
Water and food	• Bottled water • Individually wrapped snacks: protein bars, granola bars, or cereal bars • Canned food only if they do not require a can opener.	Depending on state ordinances, a food handling permit is needed if feeding prepared food to large groups of people.
Substance use supplies	• Nalaxone • New insulin syringes • Individual sharps containers	Ensure that the distribution of supplies complies with organizational policies and applicable local, state, and federal regulations. Select resources based on the

		substances most frequently used within the community and the specific risk reduction needs of the population served.
Pet supplies	• Dog food • Cat food • Water bowls • Referrals to veterinary services	

Social/Ethical Concerns

- **Medication Diversion and Misuse Considerations**: Concerns about medication misuse or diversion should be approached without judgment or assumptions that reinforce stigma toward marginalized populations.

  Among individuals experiencing homelessness, sharing, exchanging, or selling medications and supplies may reflect unmet basic needs or survival strategies.

  In some circumstances, the informal redistribution of medications for opioid use disorder (MOUD) may increase access to treatment; however, potential benefits must be considered alongside medication safety, legal requirements, and the risks associated with use without appropriate medical supervision.

- **Cigarettes:** Providing tobacco products during outreach raises ethical and health considerations. Although some may view this practice as a way to establish rapport or reduce exposure to discarded cigarette materials, the potential benefits must be weighed against the health risks of tobacco use, professional responsibilities, and organizational policies. Safer alternatives for building trust should be prioritized

- **Money:** Direct cash distribution is generally discouraged during clinical outreach because it may create unintended expectations, influence patient decisions, or complicate professional boundaries. Assistance with essential needs should follow established organizational guidelines and prioritize patient autonomy.

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