



Emergency Drugs for GP Practices

Clinical and Prescribing

This advice has been prepared by Nigel Sparrow, CQC's Senior National GP Advisor.

There have been some questions about the emergency drugs that should be available to GPs in their practices and in the doctor's home visit bag.

We cannot be 100 percent prescriptive around the exact emergency drugs that should be available to GPs because it depends on the situation.

One thing is for sure, GPs need the knowledge, skills, drugs and equipment for managing medical emergencies. Practices also need treatment rooms that enable emergencies to be managed while waiting for an ambulance.

The doctor's bag

GPs need to carry a range of drugs for use in acute situations when on home visits.

Exactly which drugs they should carry is very dependent on the location of the practice. The drugs required by a remote and rural GP can be very different to drugs required by an inner city GP.

Therefore the choice of what to include in the GP's bag is determined by:

- the medical conditions they are likely to face
- the medicines they are confident in using
- the storage requirements
- shelf-life
- the extent of ambulance paramedic cover
- the proximity of the nearest hospital
- the availability of a 24 hour pharmacy

In the GP practice

Below is a suggested list of emergency drugs for GP practices. This list is based on current practice modified from a Drugs and Therapeutics Bulletin in 2005.

This is not intended to be either exhaustive or mandatory and that final decision needs to be taken contextually so that choices/omissions can be professionally justifiable.

| Drug | Indication |
|---|--|
| Adrenaline for injection | Anaphylaxis or acute angio-oedema |
| Atropine for practices that fit coils or minor surgery is performed | Bradycardia |
| Benzylpenicillin for injection | Suspected bacterial meningitis |
| Chlorphenamine for injection | Anaphylaxis or acute angio-oedema |
| Glucagon (needs refrigeration) or Glucagel | Hypoglycaemia |
| Hydrocortisone for injection | Acute severe asthma, severe or recurrent anaphylaxis |
| Salbutamol either nebulas or inhaler with volumatic | Asthma |
| Antiemetic – Cyclizine or Metoclopramide | Nausea and vomiting |
| Opiates – Diamorphine or Morphine or Pethidine | Severe pain |
| Naloxone (dependent on if opiates are kept at the practice) | Opioid overdose |
| Diclofenac (intramuscular injection) | Analgesia |
| GTN Spray or unopened in date GTN SL tabs | Chest pain of possible cardiac origin |
| Aspirin soluble | Suspected myocardial infraction |
| Rectal diazepam and/or IV diazepam | Epileptic fit |

CQC would want to see evidence that an appropriate risk assessment has been carried out to identify a list of medicines that are not suitable for a practice to stock, and how this is kept under review. There should be a process and system in place to check that drugs are in date and equipment is well maintained.

This PatientPlus Article on Doctor's Bag Contents may provide additional useful information -

<http://www.patient.co.uk/doctor/doctors-bag-contents>



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