

## CQC Guidance - Emergency Drugs for GP Practices

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. CQC 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 infarction
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. You may find this article helpful as a reference guide -

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