

Primary Care Services

Emergency Medicines Policy Version 1.0

Version	1.0
Approved By (sponsor group)	Clinical and Non Clinical Policy Review Group
Ratified By	Quality and Assurance Group
Date Ratified	14.10.21
Name and Job Title of Author	Dr Liz Dawson – Medical Director Charan Saduera – Associate Director Quality, Compliance and Performance
Executive Director Lead	Mohit Venkataram
Implementation Date	Oct 21
Last Review Date	September 2021
Next Review Date	September 2024

Version Control Summary

Version	Date	Author	Comment
1.0		Dr Liz Dawson / Charan Saduera	

Contents

1. Executive Summary.....	3
2. Home Visits	3
3. In the Practice	3
4. List of Emergency Drugs Held in Practices	4
5. Individual practice Arrangements (to be completed by the service)	5
6. Review	5

1. Executive Summary

This policy sets out guidance for the storage and usage of emergency medications. The medications held on site in each ELFT primary care service will be dependent on a number of factors.

Unwell patients can present to primary care services and patients can also deteriorate clinically after they have presented to services. This policy is intended to set out the expectations for the safe storage and usage of emergency medications for use should a patient present with a medical emergency or deteriorate whilst on site.

Emergency medications should only be administered by appropriately trained clinical staff.

2. Home Visits

GPs and Health Care Professionals (HCPs) need the knowledge, skills, and equipment for managing medical emergencies. They need to be able to access a range of medicines for use in acute situations when on home visits.

Exactly which emergency drugs are required is dependent on the practice and the type of home visits being undertaken.

The choice of what medicines to have access to is decided by the:

- medical conditions likely to be faced
- medicines the HCPs are confident in using
- storage requirements
- shelf-life
- extent of ambulance paramedic cover
- proximity of the nearest hospital
- availability of a 24-hour pharmacy or in-house dispensary

3. In the Practice

Individual Practices must consider where a patient presenting with an emergency condition would be managed and ensure that the location is appropriate. This information should be available to all staff in the Practice

Medicines kept in the practice to help manage medical emergencies should be held in safe and appropriate storage conditions.

4. List of Emergency Drugs Held in Practices

Medication	Indication	Held in Practice Y/N
Adrenaline for injection	Anaphylaxis or acute angio-oedema	
Antiemetic – for example cyclizine, ondansetron, metoclopramide or prochlorperazine	Nausea and vomiting	
Aspirin soluble tablets	Suspected myocardial infarction	
Atropine	Bradycardia	
Benzylpenicillin for injection	Suspected bacterial meningitis	
Chlorphenamine for injection	Anaphylaxis or acute angio-oedema	
Dexamethasone 5mg/2.5ml oral solution- requires date opened stick and new expiry once seal broken	Croup (children)	
Diclofenac (intramuscular injection)	Analgesia	
Furosemide	Left ventricular failure	
Glucagon (needs refrigeration) or alternative medicine to treat hypoglycaemia.	Hypoglycaemia	
Glyceryl trinitrate (GTN) spray or unopened in date GTN sublingual tablets	Chest pain of possible cardiac origin	
Hydrocortisone for injection and/or soluble prednisolone	Exacerbations of asthma, severe or recurrent anaphylaxis	
Midazolam (buccal) or diazepam (rectal)	Epileptic fit	
Naloxone - Practices who stock opiates either in the practice or in the doctor's bag should also stock naloxone	Opioid overdose	
Opiates – diamorphine, morphine or pethidine ampoules for injection. (Water for injection may be required to reconstitute)	Severe pain including myocardial infarction	
Salbutamol either nebulules with a nebuliser or inhaler with Volumatic and ipratropium bromide (children) - consider strengths stocked.	Asthma	
Other- please list		

5. Individual practice Arrangements (to be completed by the service)

Process to escalate unwell patient if they present to reception	
Process to escalate unwell patient if visited at home	
What emergency medication is stored in your practice- please complete the list above with Y/N answers	
Where are your emergency medications stored	
How do you ensure your clinical team know where the medication is stored	
Are your medications kept in a clearly marked container- marked 'for emergency use' and is this tamper proof	
Is the emergency medications supply easily accessible in an emergency	
Is there a log in place to record checking that the emergency medications are in date and not tampered with	
In an emergency situation how is the administration of emergency medications recorded	

6. Review

This policy will be subject to review every three years, or sooner, in light of any changes to the requirements of emergency medicines in General Practice or Trust policy.