

Primary Care Services

Emergency Medicines Policy Version 1.0

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Version Control Summary

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1.0		Dr Liz Dawson / Charan Saduera	
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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 Ampoules 1:1000/ml	Anaphylaxis or acute angio-oedema	
Antiemetic (injectable)– for example one of the following: <ul style="list-style-type: none"> • Cyclizine 50mg/ml, • Ondansetron 2mg/ml, • Metoclopramide 5mg/ml or • Prochlorperazine (Stemetil) 12.5mg/ml 	Nausea and vomiting	
Aspirin 300mg Dispersible	Suspected myocardial infarction	
Atropine Sulphate Injection 0.6mg/ml	Bradycardia (For surgeries that insert or remove intrauterine devices or perform minor surgery)	
Benzyl Penicillin 600mg Powder	Suspected bacterial meningitis	
Chlorphenamine 10mg/ml	Allergic reaction	
Dexamethasone 2mg/5ml oral solution	Croup (children)	
Diazepam Rectubes 5mg and 10mg (or buccal Midazolam)	Epileptic fit	
Diclofenac 75mg/3ml	Analgesia	
Furosemide 20mg/2 mls	Left ventricular failure	
Glucagon (needs refrigeration. GlucaGen HypoKit has an 18 month expiry out of the fridge – should be labelled with new expiry date)	Hypoglycaemia	
Glucogel Hypostop (3x25g Tubes)	Hypoglycaemia	
Glyceryl Trinitrate 400mcg pump spray	Chest pain of possible cardiac origin	
Hydrocortisone 100mg/ml	Exacerbations of asthma, severe or recurrent anaphylaxis	
Ipratropium Bromide nebulas 250mcg/ml	Asthma	
Prednisolone 5mg Tablets	Asthma	
Prenoxad (Naloxone) 2ml pre-filled syringe kit	Opioid overdose (For surgeries that stock opiates or based on their patient population)	
Prochlorperazine tablets 5mg	Nausea and Vomiting	
Salbutamol either nebulas with a nebuliser or inhaler with Volumatic and ipratropium bromide (children) - consider strengths stocked.	Asthma	
Water for Injection 10ml	To reconstitute with Benzyl Penicillin if not already supplied	

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.