

## General practice accreditation

To meet accreditation standards, general practices must have oxygen, a bag-valve-mask system, and appropriate emergency drugs. All general practitioners must have access to a doctor's bag (which may be shared between two or more general practitioners). There should be a system for checking emergency drug stocks and expiry dates – for example, a monthly inventory by a practice nurse. Doctor's bags should have a sharps container, disposable gloves, and dressing packs. Safety intravenous cannulas and needless systems reduce the risk of needlestick injury.<sup>3</sup>

## Conclusion

Appropriate drugs in the doctor's bag are an essential part of general practice. The contents of the bag will be tailored to suit the needs of each practice.

## References

1. Murtagh J. Drugs for the doctor's bag. Aust Prescr 1996;19:89-92.
2. Murtagh J. The doctor's bag – what do you really need? Aust Fam Physician 2000;29:2509.
3. Hiramanek N, O'Shea C, Lee C, Speechly C, Cavanagh K. What's in the doctor's bag? Aust Fam Physician 2004;33: 714-20.
4. Pharmaceutical Benefits Scheme: Doctor's bag item list. <http://www.pbs.gov.au/html/healthpro/browseby/doctorsbag> [cited 2007 Nov 12]
5. eTG complete. Therapeutic Guidelines. 2006 Oct. <http://www.tg.com.au> [cited 2007 Nov 12]
6. Molloy A. Does pethidine still have a place in therapy? Aust Prescr 2002;25:12-13.
7. Emergency management of anaphylaxis in the community. Wall chart [insert]. Aust Prescr 2007;30(5).
8. Seidel R, Sanderson C, Mitchell G, Currow DC. Until the chemist opens – palliation from the doctor's bag. Aust Fam Physician 2006;35:225-31.

## Further reading

Australian Resuscitation Council guidelines. <http://www.resus.org.au> [cited 2007 Nov 12]

Adult cardiorespiratory arrest flow chart. [http://www.resus.org.au/public/arc\\_adult\\_cardiorespiratory\\_arrest.pdf](http://www.resus.org.au/public/arc_adult_cardiorespiratory_arrest.pdf) [cited 2007 Nov 12]

Paediatric cardiorespiratory arrest flow chart. [http://www.resus.org.au/public/arc\\_paediatric\\_cardiorespiratory\\_arrest.pdf](http://www.resus.org.au/public/arc_paediatric_cardiorespiratory_arrest.pdf) [cited 2007 Nov 12]

National Asthma Council. Emergency management of asthma. <http://www.nationalasthma.org.au/html/emergency/print/EMAC.pdf> [cited 2007 Nov 12]

National Heart Foundation. Emergency department/CCU guidelines for the management of acute coronary syndrome. ACS therapy algorithm. [http://www.heartfoundation.org.au/document/NHF/acs\\_chart0506.pdf](http://www.heartfoundation.org.au/document/NHF/acs_chart0506.pdf) [cited 2007 Nov 12]

*Conflict of interest: none declared*

## Dental notes

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### Drugs for the doctor's bag

Dentists do not need to stock as many emergency drugs as general practitioners, however we are required to have fully equipped and well maintained emergency equipment in our surgery.

As stated in the recently published Therapeutic Guidelines: Oral and Dental<sup>1</sup>, the minimum requirements for emergency situations in the dental surgery are oxygen, a disposable airway, and adrenaline. For dental practices performing more extensive procedures, or with an increased proportion of medically compromised patients, then more equipment and medications are required.

Medical emergencies in dental surgeries are uncommon so there is a risk that medications will expire before they are needed. It is incumbent on dentists to ensure that the drugs in their emergency equipment are not out of date. Ideally, there should be a system for checking emergency drug stocks and expiry dates, perhaps by a monthly inventory. Many dental practices probably already have such an inventory and it can be easily foreseen that such documentation may well become part of any potential practice audit.

Emergency drugs are not available under the Pharmaceutical Benefits Scheme for dentists and must be purchased at full cost. This anomaly should be redressed.

### Reference

1. Therapeutic Guidelines: Oral and Dental. Version 1. Melbourne: Therapeutic Guidelines Limited; 2007.