Doctor's Bag - Contents

Introduction

The doctor’s bag is very important and the contents of it vary according to the individual doctor and their pattern of work. GPs working in remote parts of the Highlands of Scotland will obviously have very different requirements from those working in the inner city. Many GPs will no longer work out of hours but will still need to be able to assess and manage patients while out on home visits. Those working for out of hours organisations may have some, or all, of the necessary equipment and medications provided.

General issues

Some GPs may prefer to wear a jacket or coat with capacious pockets rather than carry a bag. Most GPs will use a bag of some variety and the following should be considered:

- The bag must be lockable and not left unattended.
- Most medicines should be stored between 4° and 25°C. A silver-coloured bag or cool bag is more likely to keep drugs cooler than a traditional black bag.
- Consider keeping a maximum-minimum thermometer in the bag to record extremes of temperature.
- Bright lights may inactivate some drugs (eg, injectable prochlorperazine) so keep the bag closed when not in use.
- Lock the bag out of sight in the vehicle boot when not in use.

Basic and administrative equipment

- Photocard ID should be carried. Many patients may recognise their regular GP but locums or new GPs may need to confirm their identity before admission and all GPs may be required to identify themselves to other emergency services.
- Mobile phone - smartphones may also serve a number of other functions but this may be dependent on adequate reception.
- Stationery and a limited number of FP10 prescriptions, Med3 (fit notes), letter-headed paper and envelopes.
- British National Formulary or equivalent - but electronic versions of these which can be used via a smartphone or tablet are available and can replace the need for printed reference material.
- Investigation forms.
- Local map or electronic equivalent - satnav/GPS or smartphone.
- Personal alarm - several versions are readily available. The police suggest that when used, an alarm be thrown about 10-20 feet to cause distraction.

Diagnostic equipment

- Stethoscope and pocket diagnostic set.
- Sphygmomanometer and infrared thermometer - sphygmomanometers should have calibration date stickers.
- Pulse oximeter.
- Glucometer including appropriate strips and lancets.
- Alcohol wipes, gloves, lubricating jelly.
- Alcohol gel for hands.
- Additional sphygmomanometer cuffs.
- Reflex hammer.
- Multistix for urinalysis.
- Tongue depressors, preferably wrapped.
- Small torch.
- Peak flow meter, preferably low-reading.
- Specimen bottles (urine/faeces) and swabs.

Other equipment

Some GPs will also carry the following equipment:

- A selection of syringes (1 ml, 2 ml and 5 ml), needles and tourniquet will need to be included if any parenteral medication is carried.
- A small sharps box.
- Face mask.
- A selection of airways can form part of the car’s first aid kit and can be extended to one’s own preference and skills up to full ‘BASICS’ level.
- Reversable fluorescent jacket (with Velcro® ‘Doctor’ signs) carried in the vehicle boot can be helpful in emergencies.
- Handheld spotlight plugged into the cigarette lighter can highlight house numbers (where they exist).
- Out of hours services are likely to provide equipment such as an automated external defibrillator (AED), oxygen and nebulisers. Individual GPs will need to assess whether these items are appropriate to their practice.

Administrative issues
There are a number of requirements around the administration of any medications. See also separate Controlled Drugs article.

- A record should be kept of the origin, expiry date and batch numbers of all drugs administered.
- Check at least twice a year that drugs are in date and usable (more often for medications that have a short shelf life like Syntometrine® and nitrates).
- If oxygen is carried the car should display the appropriate 'Hazchem' sticker.
- Patients given more than immediate treatment should be supplied with a patient information leaflet.
- A separate Controlled Drug (CD) register should be kept for the CD stock held within the doctor's bag.
- Each doctor is responsible for the receipt and supply of CDs from their own bag.
- Restocking of a bag from practice stock should be witnessed by another member of the practice staff, as should the appropriate entries into the practice’s CD register.
- Where a prescription is written by a doctor following the administration of a CD to a patient, the doctor should endorse the prescription form with the word ‘administered’ and then date it.
- Information on any medications given should be entered into the patient’s record as soon as practicable.

Drugs

The selection of a particular drug to be carried in a doctor’s bag should be based on a number of considerations including the GP’s personal familiarity with the drug, storage requirements, shelf life, cost, the availability of ambulance paramedic cover, the availability of a 24-hour pharmacy and the proximity of the nearest hospital.

Out of hours centres may require their clinicians to use FP10P-REC forms to record medications dispensed to patients during out of hours consultations.

The list of drugs below, based on guidance from the Drugs and Therapeutics Bulletin[1, 2], can be used as the basis for a selection that can be used to meet common clinical scenarios. It is not exhaustive and neither is it expected that all GPs would carry all these medications.

NB: when an antibiotic or antiviral is given, a full course should be provided (ie enough medication to treat the presenting condition)[3].

Analgesia

- Paracetamol - 120 mg/5 ml and 250 mg/5 ml oral suspensions, 500 mg tablets.
- Ibuprofen - 100 mg/5 ml oral suspension, 400 mg tablets.
- Codeine - 25 mg in 5 ml syrup, 30 mg tablets.
- Morphine - 10 mg/5 ml oral solution, 10 mg/ml injection.
- Diamorphine - 5 mg or 10 mg (powder for reconstitution with water for injection).
- Diclofenac - 25 mg/ml injection, 25 mg tablets and 100 mg suppositories.
- Diazepam - 5 mg tablets (for muscle spasm).
- Naloxone - 400 micrograms/ml injection (to reverse opioid overdose).

Antimicrobials

- Benzylpenicillin - 600 mg vials (x 2) for reconstitution with sodium chloride or water for injection.
- Cefotaxime - 1 g vial reconstituted with water for injection.
- Chloramphenicol - 1 g vial reconstituted in water for injection.
- Amoxicillin - 125 mg/ml and 250 mg/5 ml oral suspension, 250 mg capsules.
- Erythromycin - 125 mg/5 ml and 250 mg/5 ml suspensions, 250 mg tablets.
- Clarithromycin - 125 mg/5 ml and 250 mg/5 ml suspensions, 250 mg tablets.
- Trimethoprim - 50 mg/5 ml suspension, 200 mg tablets.
- Cefalexin - 125 mg/5 ml and 250 mg/5 ml suspension, 250 mg capsules.
- Flucloxacillin - 125 mg/5 ml and 250 mg/5 ml suspensions, 250 mg tablets.
- Aciclovir - 800 mg tablets.

Asthma[4]

- A short-acting beta agonist - salbutamol metered dose inhaler (MDI) via spacer or 1 mg/ml nebuliser solution, or terbutaline MDI or 2.5 mg/ml nebuliser solution.
- Prednisolone - available as soluble tablets or solution.
- Oxygen - delivered via a close-fitting face mask with rebreather bag or nasal prongs.
- Ipratropium - 250 micrograms/ml nebuliser solution.
- Hydrocortisone - 100 mg powder as sodium succinate for reconstitution with water for injection (also useful for anaphylactic shock, adrenal crises).

Rehydration

Oral rehydration salts - eg, Dioralyte® or Electrolade® sachets.

Diabetic hypoglycaemia[5]

- Quick-acting carbohydrate such as GlucoGel® or Dextrogel®.
- Glucagon - 1 mg/ml injection.
- Intravenous (IV) glucose - 50 ml of 50% is available in pre-filled disposable syringes.
Seizures
- Rectal diazepam - 2 mg/ml and 4 mg/ml strengths in a 2.5 ml rectal application tube.
- Midazolam - 5 mg/ml oromucosal solution, 2 ml pre-filled syringe given buccally (unlicensed route).
- Lorazepam - 4 mg/ml injection.

Anaphylaxis
- Adrenaline (epinephrine) - 1 mg/ml ampoules (1:1,000) for intramuscular (IM) use.
- Chlorphenamine - 4 mg tablets, 2 mg/5 ml syrup, 10 mg/ml ampoules for injection.
- Sodium chloride - 0.9%, 500 ml via giving set.
- Hydrocortisone - 100 mg powder as sodium succinate for reconstitution with water for injection (also useful for asthma, adrenal crises).

Nausea and vomiting
- Domperidone - 1 mg/ml suspension, 10 mg tablets, 30 mg suppositories.
- Prochlorperazine 5 mg tablets, 3 mg buccal tablets, 12.5 mg/ml injection.
- Cyclizine - 50 mg tablets, 50 mg/ml injection.
- Procyclidine - (to reverse oculogyric crises and other dystonic reactions) 5 mg/ml injection.
- Metoclopramide - 10 mg tablets, 5 mg/ml injections.

Myocardial infarction and angina
- Aspirin - 300 mg dispersible (or chewed) tablets.
- Glyceryl trinitrate spray or sublingual tablets.
- Thrombolytics - some GPs may administer as per protocol drawn up in conjunction with local specialists. Pre-hospital thrombolysis is indicated if the time from the initial call to arrival at hospital is likely to be over 30 minutes. The National Institute for Health and Care Excellence (NICE) recommends using an IV bolus (reteplase or tenecteplase) rather than an infusion for pre-hospital thrombolysis.
- Atropine - 600 micrograms/ml injection for bradycardia.

See also separate Acute Myocardial Infarction Management article.

Acute left ventricular failure
- Furosemide - 10 mg/ml injection, 20-50 mg by slow IV injection. It is also useful to have 40 mg tablets available for less severe congestive cardiac failure.

Postpartum haemorrhage
- Syntometrine® - ergometrine maleate 500 micrograms plus oxytocin 5 units/ml injection.

Psychiatric emergencies
- Haloperidol - 1.5 mg tablets, 5 mg/ml injection.
- Lorazepam - 1 mg tablets, 4 mg/ml injections.
- Flumazenil - 100 micrograms/ml injection to reverse respiratory depression caused by lorazepam.

Further reading & references
- Drugs for the doctor's bag: 1 - adults; Drug Ther Bull. 2005 Sep;43(9):65-8.
- British Guideline on the management of asthma; Scottish Intercollegiate Guidelines Network - SIGN (2016)
- Diabetes (type 1 and type 2) in children and young people: diagnosis and management; NICE Guidelines (Aug 2015, updated Nov 2016)
- Prevention and management of postpartum haemorrhage; Royal College of Obstetricians and Gynaecologists (May 2009 with revisions April 2011)

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