Drugs in the doctor’s bag - children and adolescents

A recent Drug and Therapeutics Bulletin has suggested a range of medicines suitable for inclusion in a doctor’s bag for use in acute situations when on home visits. Healthcare professionals should refer to the BNF and BNFc and Summaries of Product Characteristics (SPCs) for details of indication, dosing, administration, cautions and contraindications, drug interactions and adverse effects of medications. Some of the medicines included in the article may not have market authorisation for the indication or dose listed. Prescribers should follow professional guidance on the use of unlicensed or off-label medicines.

The bulletin does not intend to imply that every doctor should carry every drug mentioned but instead aims to highlight key treatments which a GP would wish to use when tackling common clinical scenarios. Suitable drugs for inclusion are summarised in the table below.

### Acute Pain
- Paracetamol (oral or rectal) or ibuprofen (oral) are suitable first-line choices for treating mild-to-moderate pain in children.
- Paracetamol is not licensed for oral administration in children aged under 2 months or for use by rectal administration in children aged under 3 months. Ibuprofen is not licensed for use in children aged under 3 months (or body-weight under 5kg).
- Paracetamol 120 mg/5mL oral suspension
- Paracetamol 500 mg tablets
- Paracetamol 60 mg, 120 mg (or 125 mg), 250 mg suppositories
- Ibuprofen 100 mg/5mL oral suspension
- Ibuprofen 200 mg tablets

**Codeine and dihydrocodeine are not recommended for use in primary care. The MHRA advises that codeine-containing products should only be used to treat acute moderate pain in children older than 12 years and only if it cannot be relieved by other painkillers such as paracetamol or ibuprofen alone. Opioids should be used only on specialist advice.**

### Anaphylaxis
- Adrenaline 1:1,000 injection (1 mg/mL)
- Adrenaline 500 microgram, 300 microgram, 150 microgram prefilled pen injection (it is important the user has been trained in its use).
- Chlorphenamine 10 mg/mL injection
- Hydrocortisone sodium succinate 100 mg injection

### Acute respiratory conditions (Asthma and Croup)
- Salbutamol 100 micrograms pMDI via spacer (the patient may have their own spacer, or nebuliser)
- Dexamethasone 2 mg/5mL oral solution
- Prednisolone 5 mg soluble tablets
- Salbutamol nebules 2.5 mg, 5 mg
- Ipratropium bromide nebules 250 micrograms/mL

### Hypoglycaemia
- Proprietary quick-acting carbohydrate (e.g. GlucoGel, Dextrogel)
- Glucagon 1 mg injection

### Suspected bacterial meningitis/meningococcal septicaemia
- Benzyl penicillin 600 mg injection
- Cefotaxime 1g injection

### Nausea and Vomiting, gastroenteritis and dehydration
- Oral rehydration salts

### Seizures
- Midazolam liquid oromucosal solution
- Diazepam 5 mg/2.5 mL, 10 mg/5 mL rectal tubes

### Diluents to carry
- Water for injection, sodium chloride injection 0.9%

### Opoid Overdose
- Naloxone 400 micrograms/mL injection

**Points to note**
- The bag must be lockable and not left unattended. It is best stored in a cool place in the surgery or at home rather than in the doctor’s car. When it is in the car, the bag should be locked out of sight in the vehicle boot.
- Most medicines should be stored between 4° and 25°C. A silver coloured or cool bag is more likely to keep drugs cool 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 (e.g. injectable prochlorperazine) so keep the bag closed when not in use.
- A system should be in place to ensure regular review of usage and expiry dates. Expired drugs must be disposed of safely in accordance with waste management regulations.
- The original batch numbers and expiry dates of all the drugs should be recorded when administered.
- Details of any medication administered should be entered into the patient’s record as soon as practicable, and this information should also go with any patient who is admitted to hospital.
- If more than immediate treatment is given, the patient should also be given a patient information leaflet.

To contact the Medicines Optimisation Team please phone 01772 214302

References and further information can be found at the following link:

[DTB_Doctors_bag_c_hild_June-15.pdf](https://example.com)