A General Practitioner's Emergency Bag

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When I was in recent years, doing emergency duties at the Polyclinic in Floriana, final year medical students who used to accompany us on emergencies, were, quite naturally, interested to know what a general practitioner should carry in his emergency bag. This is the sort of question I asked myself many times before qualifying some 24 years ago! (How time flies!)

I would like in this paper to give my personal views and choice of medical requisites a general practitioner should *wisely* carry in his bag.

First of all I would like to make it clear that when one is called on an emergency, one usually hears the voices of hysterical relatives yelling and shouting on the phone wanting a doctor immediately. Try to keep your calm, and above all try to calm down the caller! Tell him (or her) to give you exact details as to the address where you are needed; try to extract from him what the emergency is, and if you don't know the anonymous caller get from him the phone number he is ringing from. I usually encourage them to tell me what the problem is so that I would take along any medicines the patient is likely to need.

What I have said in the above introduction, shows that one simply cannot devise a *utopian* bag which can deal with all emergencies. Emergency calls are usually made late in the evenings, at night, on weekends and public holidays, in other words, when the pharmacies are closed.

What are the symptoms, that worry patients and relatives most to make them resort to emergency phoning? These, quite naturally are:- considerable and unusual bleeding, sudden onset of severe pain, coma, fits, syncopal attacks, breathlessness, very high temperatures (with rigors), marked vomiting and diarrhoea, generalized urticarial skin, rashes, etc. One's temptation would be to ring for an ambulance straight away, but in my experience a good 75% of such would-be emergencies can be adequately tackled at the patient's own home, if one has the will, skill and basic medical requisites with him.

The following illnesses are commoner at night:- pulmonary oedema, renal colics, status asthmaticus and painful physical conjunctivitis from welding flashes, plus, of course, crying restless babies!

Having said this, I would like to catalogue the sort of requisites I carry in my case (see figure):-

1. Small labelled plastic bottles containing 'starter' tablets as follows: *Avomine,* Codeine, Penicillin, *Equivert, Largactil, Norgesic, Panadol, Negram, Avafortan, Saventrine, Valium,* pethidine, Erythromycin & Tetracycline.
2. Personal letter-headed prescription forms and other stationery including tickets of admission to hospital etc.
3. A small pair of scissors.
4. Two thermometers.
5. A lightweight stethoscope (bell and diaphragm).
6. A box containing a small Auriscope.
7. A spare compartment. This is useful to put in anything which one thinks might be needed e.g. children's suppositories, antibiotic injections, bottle mixtures, eye drops, etc.
8. A box with a transparent plastic lid top containing the following injections; Adrenaline, Dexamethasone, Digoxin, Ergometrine, *Largactil,* Frusemide, Morphine, Atropine, Pethidine, *Valium,* Theophylline or Aminophylline, Lignocaine Hydrochloride *(Xylocard), Avafortan* and *Sosegon.*
9. Disposable sterile plastic syringes plus some cotton wool swabs.
10. Anaeroid Sphygmomanometer.
11. Elastoplast dressings. Glucose and Albumin test strips.
12. A rubber band *velcro* tourniquet for i.v. injection purposes.
13. A small hand lens (remember that ageing G.P.'s are by no means immune to presbyopia!)

I will now suggest some DO's and DON'Ts

1. Do try to keep your bag (Attaché-case sounds to me more updated!) as light to carry as possible. Remember that most of our blocks of flats have long flights of stairs and no lifts, (or, as the Americans would say:- no elevators!)
2. Do remember to replenish your bag (case) with the items you would have used, immediately on returning to base (home).
3. Do mark your case with your initials and preferably your home address.
4. Do Spring clean your case very often and remove expired injections or tablets, remove dust and fluff plus pieces of cotton wool, that accumulate over the weeks.
5. Don't leave your case in your car to the mercy of the hot summer sun as most of your medicines will lose their potency and your thermometers will break on exceeding maximum temperatures.
6. Don't leave your case easily visible on your car seat when out in the evening, but leave it well tucked and hidden in the car booth. Many doctors had their car windows broken by drug addicts in the aim of acquiring morphine or pethidine on the *quick*. Remember that drug addicts know where it is most likely to find drugs and in desperation resort to anything to have an immediate supply.

I would like to end this article with this anecdote. An ex-Chief Consultant of mine once told me, "I can recognize the chronological academic age of general practitioners by the size of their bags. He explained that the newly qualified ones usually carry a very large one tucking into it whatever injections, tablets and medical paraphernalia thay might possess. The middle aged ones usually carry smaller lighter cases, because by now they have learnt the medical requisites one might need. Finally I can recognize the older ones, who discard their case completely, carry, just a stetescope in their pocket knowing that they are by now past doing emergencies and their solution is to simply ring a younger enthusiastic colleague to come to the rescue with his large bag of tricks!" This is a life cycle in a world of EXPERIENCE!