



Emergency Doctors Organisational & Operational Policy (OOP)

Policy Title	Management of Medicines
Policy Number	EDOOP.011.V3
Purpose	To ensure that EDMS manages all medicines within the correct legal framework and Use's them in safe, evidence based and effective manner.
Author	Dr Aaron Pennell, Clinical Director
Responsible officer/s	Dr Aaron Pennell, Clinical Director Miss Paula Wilkinson – Medicines Advisor to ED
For use by	All clinical Staff
This policy complies with or has been guided by	<ul style="list-style-type: none"> • Medicines Act 1968 • Prescription Only Medicines (Human Use) Order 1997 • Misuse of Drugs Act 1989 • Medicines Matters DOH (2007) • Safer Management of Controlled Drugs DOH (2007) • Medicines Management-Everybody's Business DOH (2008)
CQC outcome compliant	Outcome 9: management and Use of Medicines
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<p>Equal Opportunities, Health and Safety, Employment conduct and Professional Liabilities Assessment:</p> <p>EDMS has ensured, given every reasonable means and with the information available at this time, that this policy will not discriminate either directly or indirectly in any way against employees, patients or customers on the grounds of race, religion, colour, age, gender or sexual orientation, disability, marital status or culture. EDMS has assessed this policy in terms of current health and safety guidance and has ensured that where requirements have been stipulated these are met. Emergency Doctors Medical Services has ensured that it holds appropriate insurance for this policy to be fully endorsed. EDMS has assessed this policy for any impact it may have on corporate or individual professional requirements and conduct and has ensured any such impact meets with the approval of any professional bodies it may encounter. This policy can be made available in Braille or voice recording and can be translated into other languages</p>	

1.0 Executive Summary:

In order to deliver a professional, comprehensive and complete medical emergency service, EDMS clinical staff will prescribe, supply or administer prescription only medicines (POM's) and on occasion controlled drugs (CD's). There are a number of legislative, corporate and professional aspects to this activity that are needed to ensure complete safety, security, professional use and clinical effectiveness. This policy outlines all aspects of this.

Any medicines used by EDMS are only done so via a registered health professional who is an independent prescriber or a professional with the legal authorisation to do so.

The medicines policy aims to set out a series of guidelines or principles to enable prescribers and practitioners to think through issues and to apply their expertise and judgement to ensure:

- Best practice with regard to the safe and secure handling of medicines in accordance with the Standards for Better Health
- Medicines are correctly and appropriately prescribed by an authorised practitioner
- Medicines are accurately and appropriately administered and supplied
- Recording and control of medicines is correctly performed to prevent the loss, inappropriate access to and misuse of medicines by staff, patients or the public
- Practitioners involved in the delivery of care carry responsibility for their actions
- That records regarding the administration of medicines are of the highest standards
- Staff who use medicines are supported in every aspect of their work

2.0 Terminology:

GSL:

General Sales List – These are medicines that can be bought by members of the public without prescription. An example would be Paracetamol or Ibuprofen in limited quantities.

PL:

Pharmacy List - These are medicines that can be bought by the public but only via a pharmacy under the supervision of a pharmacist. An example may be some types of headache medication such as Sumatriptan usually in limited quantities.

POM:

Prescription Only Medicine – this is a medicine that can only be supplied to a person following a prescription issued by an independent prescriber (see below).

CD:

Controlled Drug – this is a drug that is controlled under the misuse of drugs act and is subject to strict controls regarding ordering, storage, administration and destruction. There are 5 categories under this type. Examples include Morphine, Diamorphine, Fentanyl, Midazolam and Ketamine, Diazepam and Codeine.

Independent Prescriber:

This is a person who is legally permitted to prescribe a medication. This may be a doctor, dentist or a specially trained and registered nurse.

Supplementary Prescriber:

This is a health care professional who may prescribe a certain medicine in accordance with an agreed set of parameters set by an independent prescriber to a named patient. The independent prescriber must be a doctor.

Doctor:

For purposes of this policy is a registered medical practitioner licensed to practice medicine in the UK. The doctor must be registered with the GMC

Paramedic:

A person trained in paramedic practice that is registered as a paramedic with the Health professions Council (HPC)

HCP:

Health Care Professional – For purposes of this policy is a registered nurse, paramedic, operating department practitioner or physiotherapist

Responsible Officer:

Is a person who retains overall responsibility and accountability within EDMS for the management of all medicines including controlled drugs. In EDMS this is the Clinical Director.

3.0 Policy:

3.1 Medicines Management – responsible persons:

- All issues regarding medicines management will be handled by the clinical governance group. This is chaired by the clinical director and meets every 2 months.
- The person who retains overall responsibility for all medicines management within EDMS is Dr Aaron Pennell.
- A nominated medicines advisor / pharmacist will be appointed who will advise EDMS on all aspects of medicines management. This is currently Miss Paula Wilkinson.
- Where EDMS clinical staff are deployed (i.e. at an event) there will be a nominated medicines manager. This will usually be a doctor (if available at an event) or where only paramedic drugs are used, a registered paramedic.
- This medicines policy will be ratified by the clinical governance group and will be reviewed annually.

3.2 Scope of use:

The clinical services provided by EDMS fall into 3 categories

- Emergency pre-hospital medical and repatriation work
- Event medical cover
- Supply of non-emergency medical services

The use of any medicines by EDMS staff will therefore be solely for the purpose of:

- Treatment of critically ill and injured persons for the purpose of saving life, prevent deterioration or to relieve suffering
- Treatment of other ill and injured persons so far as is necessary to reduce pain, prevent complications or deterioration, promote recovery or aid diagnosis

The use of medicines by a private organisation in the pre-hospital setting can be fraught with problems. It is thus important that all EDMS staff adopt a strict 'if absolutely necessary' policy. This does not mean that EDMS staff should withhold medicines where they are normally used but moreover that we use only those medicines that are necessary at that time or where to withhold would potentially create suboptimal care.

Where private prescriptions are issued, these should only be for the purpose of treating a single condition and only so far as is necessary to prevent a condition worsening until an individual can seek medical attention from their own GP.

3.3 Agreed Formulary:

EDMS has an agreed medicines formulary. There is a separate document containing the formulary. The accepted medicines list is as follows:

Note: the schedule of the controlled drugs is shown in brackets

GSL Medicines: Paracetamol 500mg tablets Paracetamol syrup 250mg/ml Ibuprofen 200mg tablets Ibuprofen syrup Clorphenamine 4mg tablets Aspirin 300mg tablets	Controlled Drugs: Morphine Sulphate 10mg/ml – 1 ml ampoules (Sch 2) Fentanyl 50mcg/ml 2 ml ampoules (Sch 2) Ketamine 10mg/ml, 20ml vials (Sch 4) Midazolam 1mg/ml, 5 ml ampoules (Sch 3) Diazemuls 5mg/ml, 2 ml ampoule (Sch 4)
POM's: Adrenaline 1:1000 1mg/ml ampoule Adrenaline 1:10000 1mg/10ml prefilled syringe Atropine 600mcg/ml ampoule Amiodarone 50mg/ml, 3 ml ampoule Frusemide 10mg/ml, 5 ml ampoule Naloxone 400mcg/ml, 1 ml ampoule Hydrocortisone 100mg vial for reconstitution GTN Sublingual spray Ceftriaxone 1gm vial for reconstitution Ondansetron 2mg/ml, 2 ml ampoules Metoclopramide 5mg/ml, 2 ml ampoules Paracetamol (IV) Perfalgan 1gm/100mls Propofol 10mg/ml (1%), 20 ml ampoules Propofol 10mg/ml (1%) 50ml vial Rocuronium 10mg/ml, 10ml Vial Salbutamol 2.5mg/ml, 2 ml nebule Tranexemic Acid 100mg/ml, 5ml ampoule	POM's (cont): Ipratropium 250mcg/ml, 2 ml nebule Lignocaine 1% 10 ml ampoule 0.9% Sodium Chloride 10 ml ampoules Metaraminol 10mg/ml, 1 ml ampoule Ephedrine 30mg/ml, 1 ml ampoule Compound Sodium Lactate (Hartmann's solution) 500 ml bags for infusion Gelofusine 500ml bags for infusion Glucose 10% 500 ml bags for infusion 5% Hypertonic Sodium Chloride 500ml bag for infusion Water for Injection 10ml ampoules Fluorescein 1% Minims eye drops Amethocaine Minims eye drops

3.4 Ordering, collecting and receiving medicines:

1. An agreed stock list of medicines will be approved by the Clinical Governance Group (CGG).
2. A Service Level Agreement shall be set up with Colchester General Hospital (CGH) who will be nominated as the main supplier to EDMS for all medicines including POM's and CD's. No other supplier will be used for this purpose. This is to ensure a robust and transparent stock control process.
3. All orders for medicines, except for schedule 2,3, and 4 controlled drugs, shall be by written order signed by The medical director. The order shall be on EDMS letter headed paper and signed.
4. Payment for medicines orders shall be by invoice from CGH Pharmacy Department. All invoices for medicines shall be regarded as 'controlled data' and be kept securely.
5. Collection of all medicines, , except for schedule 2,3, and 4 controlled drugs, shall be by a nominated person whom has been given the authority and training to collect and transport medicines. Where a nominated person collects medicines including POM's an agreed procedure will be set up with CGH pharmacy to identify that person. In all cases CGH will have a written procedure regarding ordering and collection of medicines on behalf of EDMS.
6. On receipt of new stock this will be checked by two persons, one being a registered health professional and shall be placed in the locked pharmacy cupboard in the clinical store. The stock will be entered onto the stock control register.
7. Ordering of controlled drugs is currently the responsibility of individual doctors or paramedics. Please see the separate section on controlled drugs.

3.5 Issue of Medicines including POM's but excluding Controlled Drugs, to Equipment Bags:

1. There are 3 types of medicines packs used by EDMS (see appendix 1)
 - Doctors Critical Care Drugs Pack (in a yellow soft case)
 - Paramedic Standard Drugs Pack (in a red soft case)
 - Minor Injury and Illness pack
2. Stocking of these packs shall be by direct decanting from the pharmacy cupboard. NO OTHER SOURCES OF STOCK SHALL BE USED TO REPLENISH THESE PACKS. This is important to ensure any product recall is captured rapidly.
3. Two members of staff (one being a registered health professional) shall make up and replenish medicines from the cupboard into the packs. This shall be entered on the stock control system.
4. The 'date of first expiry' shall be written on the exterior of the medicines case to act as a back up to the electronic reminder sent by the stock control database to alert the user as to the first drug to expire in that pack.
5. Stock levels for each pack are set (appendix 1) Packs MUST NOT be overstocked

6. Where event cover is taking place, a supply of stock for replenishment may be taken on that event. This stock shall be signed out to an individual and be placed in a locked transport box and kept in the mobile control unit. A hard copy stock list shall be kept in that box that will be filled in if stock is used. If no stock is used it shall be returned to the clinical store pharmacy cupboard. All entries shall be made or updated on the stock control database

3.6 Expiry Dates:

All medicines have an expiry date. Our SLA with CGH will specify a minimum shelf life of 12 months for any medicines ordered. Where drugs are required to be refrigerated the listed expiry date will be shortened by 3 months if they are repeatedly removed and replaced into the medicines fridge.

No medicine is to be used if it is expired. There should never be a situation where expired medicines are present in a drugs pack. Any expired medicine found in a medicine pack is a clinical incident and should be reported as such on the on line reporting system.

4.0 Storage and security of medicines:

4.1 General:

All medicines will be stored in the clinical store either in the pharmacy cupboard, pharmacy fridge or in medicines packs sealed in the various medical bags. The pharmacy cupboard and fridge is locked and access is restricted to authorised personnel. The clinical store is locked and again, access restricted. The clinical store is also alarmed, the code for which is only given to authorised persons.

The clinical store will be, to an extent, temperature controlled by means of air conditioning in summer months and central heating in winter months. A minimum/maximum temperature gauge shall record high and low extremes. Where temperatures have gone above or below recommended storage temperatures, advice will be sought from the medicine manufacturers and where necessary stock will be destroyed.

4.2 Medicines including POM's:

These are stored in original packaging in the pharmacy cupboard. There is a designated shelf space for them and at all times they should correspond with the inventory total on the stock control system.

4.3 Fridge Medicines:

These are stored in original packaging in the drugs fridge. The fridge has a temperature gauge visible that records high and low temperatures. The fridge is locked. The fridge also has a power failure alarm that will indicate if power has been lost at any point.

Medicines requiring storage between 2 and 8 degrees C will be stored in the pharmacy fridge at all times other than when out at an event. The temperature of the fridge will be monitored using a min/max thermometer and checked on a daily basis to ensure that the temperature does not go outside the range of 2-8 degrees C. Any variance from required temperature must be notified to the director for clinical and medical services immediately.

4.4 Controlled drugs:

The agreed EDMS schedule 2, 3, 4 and 5 controlled drugs are Morphine, Ketamine, Midazolam, Fentanyl and Diazemuls.

- **Doctors are permitted to purchase and possess any of the agreed controlled drugs**
- **Paramedics are only permitted to purchase and possess Morphine and Diazemuls**

Individual doctors and paramedics are responsible for purchasing, storing and maintaining the necessary records for their own stocks. Individual doctors and paramedics may claim these drug costs as expenses. Lockable individualised CD safes are available in the clinical store for situations where clinicians need to secure their own CD's while at the office. EDMS does not otherwise store Schedule 2,3, and 4 controlled drugs on our premises.

Doctors and Paramedics are strongly encouraged to use the safes for storing their CDs when not on duty. If doctors or paramedics hold stocks of CDs in their own home they must ensure that full security is maintained. Storage in a metal, lockable cupboard which is secured to a solid internal wall is recommended. The local police and CCG CD Accountable Officer should be informed if CDs are stored at home.

Individual doctors and paramedics are responsible for stocking their own equipment bags with the approved levels of Controlled Drugs prior to each event, and are personally responsible for the security of their personal issue Controlled Drugs at all times.

4.5 Security of packs when away from the clinical store:

Medicines packs are part of our clinical equipment. Each pack is individually identified and is designated to a particular bag. Each bag is designated to a person or vehicle. There is always a nominated person responsible for the bag at all times.

While at an event the nominated person must ensure the security of the bag at all times. It should be kept away from extremes of heat, cold, moisture or direct sunlight. Where personal issue controlled drugs have been placed in the bag it is the responsibility of the accountable practitioner to ensure their security.

Any other packs, such as the paramedic pack or event medicines pack must be kept secure at all times.

4.6 Theft or loss of medicines:

All medicines used by EDMS (with the exception of personal issue controlled drugs) are the property of EDMS.

Where any medicines are suspected as having been stolen, or have been stolen this must be brought to the attention of the duty director immediately who will inform the director of clinical and medical services. The incident must be reported to the police.

An EDMS incident form must be completed and an investigation initiated this will include statements from all parties involved. Where the theft involves controlled drugs, the local PCT CD accountable officer should also be notified in addition to the police. The nominated police CD liaison officer can be contacted through police headquarters.

4.7 Destruction of medicines:

Where medicines have gone out of date they should be destroyed. This should be in the presence of 2 persons with full documentation. Medicines should be emptied into the appropriate sharps container (blue top) unbroken that will be removed by our nominated contractor. The destruction must be entered on the stock control system. Medicines **MUST NEVER** be kept for training purposes. Destruction of personal issue controlled drugs must be witnessed by an authorised person. Contact the CCG CD accountable officer.

4.8 Controlled Stationary:

Controlled stationary includes all invoices for POM's and CD's and our EDMS duplicate private prescription pads. These are locked in the pharmacy cupboard in the clinical store.

4.9 Product Recall:

Where a manufacturer has a need to recall a batch of medicines they will alert the MHRA. This is required in law. In turn the MHRA will alert those persons who subscribe to the alert service. EDMS are subscribed to this service. Where a drug has to be recalled the director for clinical and medical services will check to see if the recall affects EDMS and will initiate a recall process.

5.0 Clinical Use of Medicines:

EDMS has agreed Medicines Use Guidelines for doctors and paramedics. These guidelines are felt to be adequate to cover nearly all eventualities in pre-hospital care. If clinicians administer medicines outside of this formulary this will be explored by the clinical governance team and the clinician will be asked to account for that decision. This should not be seen as punitive or mistrusting but moreover a robust process to ensure clinical safety and efficacy. Clinicians should not carry or use their own medicines while working for EDMS.

Doctors are permitted to use any of the medicines on the agreed formulary as per our clinical operating procedures. Paramedics are only permitted to use the medicines contained in our own EDMS medicines list designated for use by paramedics. (see appendix 1)

5.1 Administration of medicines:

1. A medicine shall only be administered if it has been prescribed by an independent prescriber or by a person with the legal authority to administer a medicine.
2. The clinical responsibility rests with the person administering the medicine
3. A medicine can be administered by the independent prescriber or a paramedic in accordance with JRCALC or locally agreed protocols or a member of the clinical team under direct instruction of such an independent prescriber. Where administration is delegated by an independent prescriber the person responsible for the administration must be satisfied as to the competence of the individual to administer the medicine. Wherever possible the independent prescriber should administer the medicine. However, there may be situations, for example a cardiac arrest or other emergency, where another member of the clinical team is asked to administer the medicine under direct supervision. Paramedics **are not** legally permitted to delegate administration as they are not independent prescribers and are only individually authorised to administer medicines from the approved list.
4. The person administering the medicine must be satisfied as to the clinical indications and check the medicine itself, the expiry date and be satisfied as to the correct preparation/dilution BEFORE administration begins.

5. A Patient Group Direction (PGD) is a written document to permit certain health professionals to use medicines without specific recourse to a doctor. EDMS uses PGDs as an independent healthcare provider registered with the CQC.
6. Following administration, the particulars must be recorded on the clinical report form including the drug, dose, batch number and route of administration.
7. All medicines are SINGLE PATIENT USE. This includes large vials (such as Ketamine and Propofol) and GTN spray. Under NO CIRCUMSTANCES are medicines to be 'multi used'
8. Emergency Medical Technicians and nurses may administer a small range of medicines in emergencies. These are administered only in accordance with our own protocols. The medicines that can be administered are:

Medicine	Dose	Legal Exemption
Intramuscular Adrenaline	0.5 – 1.0 mg	Schedule 7 MA1968 for purpose of life saving in emergency in Anaphylactic Shock
Salbutamol as Nebuliser	5mg X 3 Doses	Non Parenteral Administration
Ipratropium as Nebuliser	500mcg X 1 dose	Non Parenteral Administration
GTN Spray	Metered Dose Spray	Non Parenteral Administration
Intramuscular Naloxone	400mcg X 2 doses	Schedule 7 MA1968 for purpose of life saving in emergency in Opiate Overdose
Methoxyflurane (Penthrox) Inhaler	3ml inhaler	Non Parenteral Inhalation

5.2 Private Prescriptions:

Private prescriptions may only be issued by a doctor using our own EDMS private prescription pad for all medicines with the exception of controlled drugs schedule 2 and 3. The bottom yellow copy is retained with the clinical record. A private prescription should only be used for those circumstances where the individual is unable to source a medicine in a timely manner in order to treat a specific condition. The supply should only be so far as to bridge the gap between presentation and being able to seek medical care from the patient's own GP.

EDMS doctors are not expected to prescribe schedule 2 or 3 controlled drugs

5.3 Reporting Reactions to Medicines:

Where a patient has a reaction to any medicine, this can be reported to the Medicines Healthcare Regulatory Agency (MHRA) via the yellow card system in the British National Formulary.

5.4 Controlled Drugs:

Controlled drugs are those that are subject to strict controls under the Misuse of Drugs regulations. There are specific requirements for ordering, possession, storage and administration.

At the present time, EDMS does not hold a Home Office Licence for the possession of controlled drugs as a company. The reason for this is largely due to the very small amount of CD's we would hold and use. However, in order to deliver a quality service we do require access to controlled drugs and this is facilitated via individuals who are legally permitted to order, store and administer their own controlled drugs.

Doctors are permitted in law to purchase, possess, and supply, prescribe and administer any controlled drug. Paramedics are permitted in law to possess, store and administer Morphine and Diazepam.

The following guidance is therefore designed to ensure safe and legal practice for doctors and paramedics using their own controlled drugs when delivering care on behalf of EDMS.

Although not required by law, EDMS has appointed a 'responsible officer' for controlled drug management. This person is the director for clinical and medical services.

5.5 Purchase of controlled drugs:

Doctors

Registered medical practitioners must register as a private prescriber with their CCG CD accountable officer within their own CCG locality. They must then obtain their own CD number that must be quoted on every CD order. Orders for controlled drugs are via Colchester general Hospital Pharmacy. Payment for the order is made by the individual doctor but can be claimed back as an expense from EDMS.

Paramedics

Paramedics should notify their local CCG CD accountable officer that they intend to privately hold controlled drugs. At present paramedics cannot be issued with their own CD number and are not legally permitted to register as a private prescriber. Paramedics may order Morphine via the submission of a written EDMS proforma letter stating their full name, address, HPC registration number and giving exact details (in words and figures) of the quantity of morphine required. It must be signed by the individual. This is then given to CGH pharmacy to place the order. The order must be collected in person and checked. Payment for the order is made by the individual paramedic but can be claimed back as an expense from EDMS.

5.5.1 Types and Quantity to be ordered:

The agreed CD list for EDMS is for Morphine and Fentanyl. In addition Ketamine, Midazolam and Diazemuls are also classified as controlled drugs. Doctors may order any of these while paramedics are only permitted to order Morphine at a strength not exceeding 20mg/ml and Diazemuls. No more than 1 box should be ordered by any one individual. For Morphine and Fentanyl this equates to 10 ampoules per box.

Since pharmacies can only supply in original packs, doctors and paramedics may have in their possession up to a maximum of two original packs at any one time, but it is expected that stock holding will be kept to a minimum within these constraints.

5.5.2 Record Keeping

Individual doctors and paramedics are required by law to maintain their own controlled drugs register. This must be a bound book (not 'loose pages') and must contain details regarding stock, dates of acquisition and use, names of patients they are used on, the amount given and the stock level. At all times the CD register MUST be consistent with the stock level. The CD register must be secure at all times. A 'cheque book' style CD register is available for individual doctors and paramedics via the EDMS office. EDMS expects that all schedule 2,3 and 4 controlled drugs will be treated as schedule 2 and full records kept.

5.5.3 Storage of controlled drugs:

Controlled drugs are permitted to be kept at the individual premises of the doctor or paramedic. They must be kept in a secure, locked cabinet with access restricted to the individual who is in legal possession of the CD's. A key locked or digital locked metal safe is suitable. The safe MUST be soundly secured to a solid immovable surface (such as a floor or brick wall). The local police and CCG CD accountable officer should be informed if CD's are stored at home. Individual Drugs safes are available for use by individual practitioners in the clinical store room. Controlled drugs must be under the 'personal control' of the doctor or paramedic when not stored in a secure, locked cupboard.

5.5.4 Use of CD's when working with EDMS:

EDMS will supply a personal CD pouch detailed with your name and details on it. You should decant only a small number of CD's into this pouch for use on patients if required. The pouch should remain on your person at all times. Your CD register should also be kept with the pouch or where you can access it. You should not bring boxes of CD's with you. Personal CD pouches must be stored in a secure locked cabinet when not out at an event.

5.5.5 Destruction of controlled drugs:

Where ampoules have been damaged or have gone out of date they should be destroyed. You should only destroy CD's in the presence of an authorised witness. An Authorised witness can be arranged via our local CCG. And destructions of controlled drugs MUST be entered in the individuals own CD register. DOOP containers for destruction will be made available in the clinical store.

5.5.6 Auditing CD supplies:

Although not required by law, EDMS will every 6 months routinely follow up with the CGH pharmacy department to audit the number of CD supplies made to any of its doctors or paramedics. This is designed to monitor the orders being placed by our clinical staff. It is recognised that authorised individuals may obtain their CD's from other sources. However, EDMS will wherever possible ensure an adequate audit trail to prevent misuse of CD's

6.0 Documentation

All administrations of controlled drugs are to be clearly documented on the clinical report form as well as the individuals controlled drugs register. This is also subject to the regular clinical governance process.

7.0 Dispensing of Medicines

7.1 Medicines can only be dispensed by a doctor

7.2 This will involve a direct assessment of the patient and the medicine will only be supplied for the purpose of an emergency supply.

7.3 Every medicine will require our own EDMS dispensing label to include the patients name and DOB.

7.4 A record of the medicine dispensed will be made on the PRF

END

Appendix 1: Medicines packs used by EDMS

Critical Care Drugs Pack Content (to be held by or in the presence of a doctor)	Quantity
Adrenaline Aurum prefilled syringe 1:10,000 (1mg/10mls)	2
Adrenaline 1mg/ml – 1ml ampoule	5
Atropine 600mcg/ml – 1ml ampoule	3
Ephedrine 30mg/ml – 1ml ampoule	1
Metaraminol 10mg/ml – 1ml ampoule	1
Amiodarone 50mg/ml – 3ml ampoule	3
Naloxone 400mcg/ml – 1 ml ampoule	2
Frusemide 10mg/ml – 5 ml ampoule	1
Salbutamol 2.5mg/ml – 2ml nebule	5
Ipratropium 500mcg/ml – 1ml nebule	2
Paracetamol (IV) 1gm in 100 mls	2
Ketamine 10mg/ml – 20ml vial	1
Midazolam 1mg/ml – 5ml ampoule	2
Diazemuls 5mg/ml – 2ml ampoule	1
Ondansetron 2mg/ml – 2 ml ampoule	2
Hydrocortisone 100mg powder for reconstitution	2
Ceftriaxone 1gm powder for reconstitution	2
GTN Sublingual Spray	1
Gelofusine 500 mls	1
Compound Sodium Lactate Solution 500 mls	1
Glucose 10% 500 mls	1
Hypertonic 5% Sodium Chloride 500 mls	1
Propofol 1% 10mg/ml – 20ml ampoule	3
Propofol 1% 10mg/ml – 50ml vial	1
Rocuronium 10mg/ml – 10 ml vial (Fridge Drug)	3 (in pack)
Lignocaine 1% 10ml ampoule	4
Tranexemic Acid 100mg/ml 5 ml ampoule	2
Water for Injections 10 mls	4
Paramedic Drugs Pack Content	Quantity
Adrenaline Aurum prefilled syringe 1:10,000 (1mg/10mls)	1
Adrenaline 1mg/ml – 1ml ampoule	5
Atropine 600mcg/ml – 1ml ampoule	2
Amiodarone 50mg/ml – 3ml ampoule	3
Naloxone 400mcg/ml – 1 ml ampoule	2
Frusemide 10mg/ml – 5 ml ampoule	1
Salbutamol 2.5mg/ml – 2ml nebule	5
Ipratropium 500mcg/ml – 1 ml nebule	2
Diazemuls 5mg/ml – 2ml ampoule	1
GTN Sublingual Spray	1
Gelofusine 500 mls	1
Compound Sodium Lactate Solution 500 mls	1
Glucose 10% 500 mls	1
Lignocaine 1% 10ml ampoule	2
Ondansetron 4mg/2ml ampoule	2
Aspirin 300mg tablets	2

Large Event Medicines Pack Content	Quantity
Paracetamol 500mg Tablets (16 tablets per box)	20 boxes
Ibuprofen 200mg Tablets (16 tablets per box)	20 boxes
Clorphenamine (Piriton) 4mg Tablets	10 boxes
Paracetamol Syrup 50mg/ml 100 ml bottle	2 bottles
Lignocaine 1% 10 ml ampoules	50 Ampoules
Rehydrate Sachets	100 sachets
Fluorescein 1% Minim Eye drops	20 Minims
Amethocaine eye drops - Minims	20 Minims

Minor Injuries Bag	Quantity
Paracetamol 500mg Tablets (16 tablets per box)	2 boxes
Ibuprofen 200mg Tablets (16 tablets per box)	2 boxes
Clorphenamine (Piriton) 4mg Tablets	1 boxes
Paracetamol Syrup 50mg/ml 100 ml bottle	1 bottles
Lignocaine 2% 10 ml plastic ampoule	5 ampoules

References and Guidance:

Misuse of Drugs Regulations 2001 (<http://www.legislation.gov.uk/uksi/2001/3998/contents/made>)

Misuse of Drugs (Safe Custody) Regulations 1973 (<http://www.npci.org.uk/cd/public/legislation.php>)

Misuse of Drugs and Misuse of Drugs (safe custody) (amendment) Regulations 2007
(<http://www.legislation.gov.uk/uksi/2007/2154/contents/made>)

Misuse of Drugs (supervision of Management and Use) Regulations 2006
(<http://www.npci.org.uk/cd/public/legislation.php>)

Medicines Act 1968 (<http://www.npci.org.uk/cd/public/legislation.php>)

Prescription Only Medicines (Human Use) Order 1997 (<http://www.npci.org.uk/cd/public/legislation.php>)

The Health Act 2006 (<http://www.npci.org.uk/cd/public/legislation.php>)

Safer Management of Controlled Drugs: (1) Guidance on Strengthened Governance Arrangements. Department of Health 2006.