

Are Perth metropolitan GPs prepared for common medical emergencies?

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General practitioners are the first point of contact for many acutely ill patients requiring emergency treatment.^{1,2} Although relatively infrequent, providing the correct treatment in a timely fashion may be crucial. Yet GPs are often inadequately prepared to deal with acutely ill patients, being limited mainly by the availability of emergency equipment (Table 1) and a lack of emergency drugs.^{3,4}

Methods

Between November and December 2004 we undertook a survey of the 481 general practices in the Perth (Western Australia) metropolitan area. The self administered, anonymous questionnaire was distributed through the six relevant divisions of general practice and completed by one GP in each practice, which, while maintaining GP confidentiality, precluded follow up of nonresponders.

Questions covered the type and frequency of medical emergencies presenting to their practice in the preceding year and the demographics of the practices. They also detailed the availability of emergency drugs and equipment, and the perceived adequacy of the GPs' training to manage the emergencies. We used similar classification of emergencies, drugs,⁵ and equipment⁶ as a previous Queensland study.

Results

There were 97 (20%) complete responses. The 10 most common medical emergencies reported were: asthma (82%), psychiatric emergencies (64%), anaphylaxis (43%), impaired consciousness (31%), hypoglycaemia (25%), convulsion (24%), shock (21%), overdose (19%), poisoning (19%), and diabetic ketoacidosis (13%). The majority felt inadequately prepared to deal with them: only 45 (46%) GPs had all the essential emergency drugs and 53 (55%) the essential equipment required; 43 (47%) felt their training in managing medical emergencies was inadequate at the end of their general practice training; and 87 (90%) wanted further training, in particular, skills or scenario based simulation training which was nominated by 76 (79%).

Discussion

The low response rate means that the results may be biased in directions we can only speculate on, although the results largely replicate the southeast Queensland study which documented deficiencies in drugs and equipment required for common medical emergencies.^{3,7,8} Although emergency drugs are readily available,⁷ our survey indicates that GPs often do not have the necessary skills to use them in common emergencies. This reflects a lack of training, previously reported,⁸⁻¹⁰ emphasising the importance of continued general practice education and skills training.

One option increasingly being developed for training the skills needed is scenario based simulation training. However, it is not clear how frequently this continuing

Table 1. Number (%) of GPs reporting the listed emergency equipment

Equipment	n=96	(%)
Sphygmomanometer*	96	(100)
Tourniquet	94	(98)
Nebuliser#	91	(95)
Oropharyngeal airway#*	91	(95)
Scalpel	91	(95)
Bag-valve-mask#*	89	(93)
Glucometer#	89	(93)
Electrocardiograph	87	(91)
Intravenous cannulas#	83	(86)
Oxygen supply#	81	(84)
Intravenous fluids#	69	(72)
Endotracheal tube	56	(58)
Suction	54	(56)
Laryngoscope	53	(55)
Laryngeal mask airway	36	(38)
Cardiac defibrillator	13	(14)

Essential equipment required to treat the top 10 emergencies reported (as judged by the authors)

* Equipment required for Australian General Practitioners Accreditation Limited accreditation

training should be repeated. Nor is it clear what standards we should expect in managing emergencies.

Implications for general practice

- A survey with a poor response rate in one metropolitan city suggests many GPs do not have the essential drugs and equipment to treat the most common medical emergencies.
- Adequate training in managing emergencies needs more support.

Conflict of interest: none declared.

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