

Would you know how to respond in a medical emergency?

The NHS is constantly under attack from the media and politicians who seek to do it down. We need to recognise that the NHS for — all its faults — is a hugely successful organisation that provides care for all people when they need it. This is especially true in an emergency. There is no time for ‘choose and book’ in a true emergency and there are no waiting lists. In an emergency patients get treated promptly and treated well.

Having a highly skilled workforce is essential for emergency care and this workforce needs to maintain its knowledge and skills. Pharmacists in all areas of the profession are part of the emergency care team. In secondary care pharmacists might be part of the resuscitation team and are involved in planning for emergency care provision of drugs. In a major incident we need to know how to get drugs, fluids and equipment to the clinical areas that need them; this might include areas outside the hospital, at the area of the incident. We need to know our role and practise the event, but hope that it never occurs. Pharmacists have been involved in many major incidents



© Linda Stevandi/istockphoto

including Hillsborough, Kegworth, Valley Parade (Bradford) and Ladbroke Grove.

In this month's *Pharmacy in Practice*

Ed England provides an overview of the responses health care professionals will need to make to future chemical, biological, radiological and nuclear incidents. These types of emergencies are very different to the major incidents that we have been used to because they are likely to be deliberate attacks; they may affect the public on a larger scale and have an element of mass fear or panic. As professionals pharmacists need to understand what roles they will put in place in advance of such an incident. For instance, how will patient group directions be implemented for community pharmacists to provide antibiotics to combat biological attacks or iodine for thyroid gland protection from radioactive iodine? Are pharmacists sufficiently trained to implement PDGs? (There will be no time for training when the incident hits). A recent paper in *The Pharmaceutical Journal* suggests most pharmacists in both hospital and community are unaware of national plans to co-ordinate a response and rated as poor their own ability to recognise or deal with an attack by chemical and biological agents.¹

In 1987 pharmacists were introduced as part of the cardiopulmonary resuscitation team at the Derbyshire Royal Infirmary. I was the first of the resident pharmacists to be at a CPR event. I subsequently attended about 100 CPRs. The coffee machine on the other side of the paper thin wall from the residents' bedroom in the pharmacy made exactly the same noise as the cardiac arrest bleep. Twenty years later I remain traumatised by bleeps and coffee machines. CPR guidance has changed a great deal since then and the latest update to the guidance was made in 2005. Bhavisha Pattani provides a review of the current adult cardiopulmonary resuscitation guidelines and basic advanced life support measures in this month's *Learning points* article. All pharmacists should be trained in basic life

support to the latest standards and we need to understand latest resuscitation Council UK guidelines to ensure the correct drugs are available in resuscitation boxes.

Continuing the series on *Basic pharmacy skills* Angela Burgin looks at liver function tests. As well as being useful in diagnosis liver function tests can give an indication of the functioning of the liver and can be used in making decisions about drug



© Jeanell Norvell/istockphoto

doses, potential adverse drug reactions and whether certain drugs should be avoided. Understanding how to interpret liver function tests by looking at patterns formed by individual tests, trends and absolute values is an important skill to allow clinical pharmacists to give advice on drug use. ❖

Duncan Petty, consultant editor

Reference

1. Brown D, Doyle P, Ojo R. An assessment of the training, knowledge and understanding of terrorism countermeasures among British pharmacists. *The Pharmaceutical Journal* 2008; **281**: 133-7.