

Do general practitioners use what's in their doctor's bag?

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Objective – To find out what general practitioners (GPs) take with them on house calls and how frequently they use it?

Design – A questionnaire about the drugs and medical equipment used during house calls.

Setting – Two peer review groups of GPs in Overijse and Hoeilaart (Belgium).

Subjects – 29 GPs.

Mean outcome measures – Availability and use of drugs and medical equipment on house calls.

Results – All GPs had a stethoscope, a sphygmomanometer, an otoscope and sterile injection syringes at their disposal on house calls and they used them frequently. Only 57% took a blood glucose sensor with them and 25% took the medical records on home visits. Though only 50% always carried all of the most common emergency

drugs with them, almost 100% of GPs had administered all of them in the previous 12 months. Only epinephrine and atropine were not frequently administered.

Conclusion – Most of the GPs were sufficiently equipped to meet most situations that can occur during house visits and emergency calls. Most of the available drugs and equipment were used during the 12 months preceding the registration. Only the medical records and a blood glucose sensor were insufficiently available.

Key words: primary health care, house calls, emergencies, medical equipment, drugs.

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Belgian general practitioners (GPs) are the European leaders when it comes to home visits (1,2). Owing to the high number of home visits (an average of 44 per week), they take much of their equipment and medication with them during home visits, not only on routine house calls but also in the case of life-threatening conditions. The GPs of our peer review groups (PRGs) believed that many of the drugs and much of the equipment were not used frequently. This study shows what GPs take with them in their doctor's bag and how frequently they use it.

MATERIAL AND METHODS

During two meetings, attended by 23 of the 29 GPs from the two PRGs of Overijse and Hoeilaart (Belgium), a questionnaire was completed about the equipment and medication available on house calls and their use during both the previous 12 months and the past 5 years. During the meeting, the original questionnaire was extended with the missing drugs and equipment.

RESULTS

All GPs had a stethoscope, a sphygmomanometer, an otoscope and sterile injection syringes at their disposal. More than 90% took a tourniquet, sterile gloves, a disinfectant, tongue depressors, a reflex

hammer, blood sample vials, scissors, bandage and sterile compresses with them. Remarkably, 43% of the GPs did not carry a blood glucose sensor. All GPs confirmed the use of all the above instruments during the previous 12 months, with the exception of blood vials, scissors, bandage and sterile compresses. Only 25% routinely took the medical records on home visits. Intravenous cannulae were used only exceptionally.

More than half of the participating GPs disposed of most of the essential drugs on house call (Table I). Most of these drugs were used regularly. Glucagon, beta-blocker tablets and prazepam drops were used more than they were available in the doctor's bag. Remarkably, more than half of the GPs had not administered epinephrine or atropine during the previous 5 years.

DISCUSSION

Most of the available drugs and instruments were frequently used in our study. An Israeli study has shown that the only pieces of equipment used in more than 30% of house calls were a stethoscope, sphygmomanometer and prescription pad (3).

The low proportion of GPs in our study with a blood glucose sensor on house calls was surprising. They mentioned that most diabetes patients had one at home.

Table I. Availability of the most common emergency drugs used during house calls (in percentages).

	Availability of drugs in the doctor's bag (n = 23)	Use of the drugs in the previous 12 months (n = 23)
Hyoscine butylbromide	74%	96%
Antiphlogistics	70%	83%
Diazepam	70%	91%
Hydrocortisone	70%	91%
Diuretics	65%	96%
Epinephrine	65%	52%
Metoclopramide	65%	91%
Morphine	65%	78%
Atropine	61%	43%
Nitrates	61%	78%
Acetylsalicylic acid	57%	78%
Haloperidol	57%	70%
Beta-mimetics	52%	57%
Glucose	52%	78%
H1-antihistaminics	43%	43%
Intravenous cannulae	39%	22%
Glucagon	22%	39%

Only a quarter of the GPs used the medical records during home visits. According to the Israeli study, the medical records seemed to be essential on house calls (3). A British study proved that the medical records were available in only 17% of all out-of-hours house calls. For older patients this increased to 30% (4). Our GPs mentioned that the files belonging to patients who are always visited at home often remained

with the patients. This allows for other health care workers to have direct access to the medical file.

Glucagon, beta-blockers and prazepam were used more than they were available because patients needing these drugs often store them at their home; for example, diabetes patients keep their glucagon in the refrigerator. Obviously the choice of drugs available during home visits is strongly influenced by the GP and the need of his patients.

In conclusion, most of the available drugs and equipment were used during the 12 months preceding the study. Only the medical records and blood glucose sensors were often unavailable during house calls. The contents of the doctor's bag are personalised to meet the personal needs of the physician and his patients.

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