

## Quality Standards: Primary care equipment and drug lists

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### Introduction

Healthcare organisations have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role.

As part of the Quality Standards for cardiopulmonary resuscitation practice and training, this document provides lists of the minimum equipment and drugs required for cardiopulmonary resuscitation. These lists are categorised according to the clinical setting.

The equipment and drug lists on this page are in reference to the [Primary Care Quality Standards](#).

The core standards for the provision of cardiopulmonary resuscitation across all healthcare settings are described in the [Introduction and Overview to Quality Standards](#).

**Drug tables for cardiac arrest are highlighted in the text with the symbol **

### General points

1. All providers of primary care must ensure that their staff have immediate access to appropriate resuscitation equipment and drugs when needed. [The standard AED sign](#) should be used in order to reduce delay in locating a

defibrillator in an emergency .

2. All staff must have a means of calling for help (e.g. internal or external landline telephone, mobile telephone with reliable signal, alarm bell, or portable radio with reliable signal).
3. Staff should be trained to use the available equipment according to their expected roles.
4. It is recognised that planning for every eventuality is complex; therefore, providers of primary care must undertake a risk assessment to determine what resources are required in their local circumstances. Risk factors to consider are:
  - patient groups (e.g. adults, children,)
  - likelihood of cardiorespiratory arrest (more patients seen in out-of-hours home visits may be at higher risk than those seen in routine daytime visits)
  - training of staff likely to be available to assist at any specific location
  - the response time for the ambulance service to be able to provide more advanced equipment and life support skills
5. This risk assessment should be overseen by a designated resuscitation lead. Expert advice should also be sought locally from those involved frequently in resuscitation (e.g. resuscitation officers, emergency physicians, ambulance services).
6. Resuscitation equipment should be for single-patient use and latex-free, whenever possible. Where non-disposable equipment is used, a policy for decontamination between use in different patients must be available and followed.
7. Personal protective equipment (e.g. gloves, aprons, eye protection) and sharps boxes must be available according to local policy.
8. A reliable system of equipment checks and replacement must be in place to ensure that equipment and drugs are always available for use in a cardiorespiratory arrest. This process should be designated to named individuals, with reliable arrangements for cover in case of absence. The frequency of checks will depend upon local circumstances but should be at least weekly.
9. The manufacturers' instructions must be followed regarding the use, storage, servicing and expiry of equipment and drugs.
10. The precise availability of equipment and drugs should be determined locally. The lists below include recommendations on when equipment and drugs should be available:
  - Immediate - available for use within the first minutes of cardiorespiratory arrest (i.e. at the start of resuscitation).

- Accessible - available for prompt use when the need is determined by those attempting resuscitation.
11. These lists are not exhaustive. Local experts should be consulted to ensure that appropriate equipment and drugs are available when they are needed, to enable provision of high-quality attempted resuscitation.
  12. These lists refer only to equipment for the management of cardiorespiratory arrest. All organisations providing primary care should have appropriate equipment and drugs for managing other life-threatening emergencies (e.g. anaphylaxis).

## **Equipment and drug lists**

Please see below:

### **Primary Care - Minimum suggested equipment**

#### **Primary Care - Minimum suggested equipment**

<b>Item</b>	<b>Suggested availability</b>	<b>Comments</b>
Protective equipment - gloves, aprons, eye protection	Immediate	
Pocket mask (adult) with oxygen port	Immediate	May be used inverted in infants
Oxygen cylinder (with key where necessary)	Immediate	
Oxygen tubing	Immediate	
Automated external defibrillator (AED)	Immediate	<p>Preferably with facilities for paediatric use as well as use in adults.</p> <p>Type of AED and location determined by a local risk assessment.</p> <p>AEDs are not intended for use in infants (less than 12 months old) and this should be considered at risk assessment.</p>
Adhesive defibrillator pads	Immediate	Spare set also recommended
Razor	Immediate	
Stethoscope	Immediate	
Absorbent towel	Immediate	To dry chest if necessary

**For skill sets covering patients at increased risk of cardiorespiratory arrest: Airway and Breathing**

**Primary Care - For skill sets covering patients at increased risk of cardiorespiratory arrest (see notes below)**

AIRWAY AND BREATHING

<b>Item</b>	<b>Suggested Availability</b>	<b>Comments</b>
Protective equipment - gloves, aprons, eye protection	Immediate	
Pocket mask with oxygen port	Immediate	
Portable suction (battery or manual) with Yankauer sucker and soft suction catheters	Immediate	Airway suction equipment. NPSA Signal. Reference number 1309. February 2011
Oropharyngeal airways sizes 0,1,2,3,4	Immediate	
Self-inflating bag with reservoir (adult)	Immediate	
Self-inflating bag with reservoir (child)	Immediate	
Clear face masks sizes 0,1,2,3,4	Immediate	
Supraglottic airway device with syringes, lubrication, and ties/tapes/scissors as appropriate	Accessible	Choice of device (e.g. laryngeal mask airway, i-gel® laryngeal tube) and size will depend on local policy and staff training
Oxygen cylinder (with key where necessary)	Immediate	
Oxygen tubing	Immediate	
Stethoscope	Immediate	

**For skill sets covering patients at increased risk of  
cardiorespiratory arrest: Circulation**

**Primary Care - For skill sets covering patients at increased risk of  
cardiorespiratory arrest (see notes below)**

CIRCULATION

<b>Item</b>	<b>Suggested Availability</b>	<b>Comments</b>
Automated external defibrillator (AED)	Immediate	<p>Preferably with facilities for paediatric use as well as use in adults.</p> <p>Type of AED and locations determined by local risk assessment.</p> <p>AEDs are not intended for use in infants (less than 12 months old) and this should be considered at risk assessment.</p>
Adhesive defibrillator pads	Immediate	Spare set of pads also recommended.
Razor	Immediate	
ECG electrodes	Accessible	May use AED pads or ECG electrodes with ECG monitor, according to local policy.
Intravenous cannulae (selection of sizes) and 2% chlorhexidine/alcohol wipes, tourniquets and cannula dressings	Accessible	
Adhesive tape	Accessible	
Intravenous infusion set	Accessible	
Sodium chloride 0.9% (2 x 1000 ml)	Accessible	



<b>Item</b>	<b>Suggested Availability</b>	<b>Comments</b>
Glucose 10% (500 ml)	Accessible	
Selection of needles and syringes	Accessible	
Intraosseous access device and / or needles suitable for infants, children and adults	Accessible	
IV extension set	Accessible	Types of connectors, ports, and caps to be determined locally
50 ml syringes x 2	Accessible	For intraosseous infusion
Adrenaline 1 mg (= 10 ml 1:10,000) as a prefilled syringe	Accessible	Number of syringes required will depend on anticipated time until ambulance arrives: 1mg needed for each 4-5 min of CPR
Algorithms, emergency drug doses, paediatric drug calculators	Immediate	According to local policy
Sharps box	Accessible	
Scissors	Accessible	
Glucose monitor	Accessible	

## **Notes**

1. The list for those with enhanced skills or covering higher-risk patients,

particularly, is for guidance only. Certain organisations may have practitioners whose skills can provide more advanced care than included on this list (tracheal intubation, arrhythmia management, other critical-care skills). Organisations employing those with such skills should ensure that provision is made so that these skills can be employed to ensure that patients receive optimal care.

2. Similarly, some organisations may have staff who are not familiar with certain equipment in which case a local decision should be made as to whether training is increased to cover such skills or whether such equipment is not required.
3. Keeping resuscitation drugs locked away - this problem was addressed in detail in 2005 by the Royal Pharmaceutical Society of Great Britain in a revision of the Duthie Report (1988) 'The Safe and Secure Handling of Medicines'. [RCUK responded with a statement](#), along with an accompanying letter written to the CQC explaining the position.

Related content

[Quality Standards: Primary care](#)

[2021 Resuscitation Guidelines](#)