

Review of an Emergency Medical Team (EMT) Type 2 Medicine Cache

Background

The National Critical Care and Trauma Response Centre manages a medicine cache for a rapidly deployable EMT Type 2 surgical field hospital, including an outpatient and emergency care facility.

Purpose

To update the medicine cache to:

- > Meet the latest WHO minimum standards for EMTs
- > Reflect contemporary best practices
- > Ensure the cache is light, agile and cost-efficient

Method

WHO minimum standards and contemporary practices reviewed by the pharmacy team

1



Assessed medicine availability in likely deployment region

2



3

Proposed changes reviewed by the Technical Working Group (TWG)

Final approval by Medical Advisor

4



Results and Improvements

1

Medicine storage and distribution

Change and benefit

Smaller cases allow safer transfer. Medicines moved from pharmacy to treatment areas for easier access in hospital

Large space cases 50kg



Changed to Half-sized space cases 25kg



3

Medicine formulations

Change and benefit

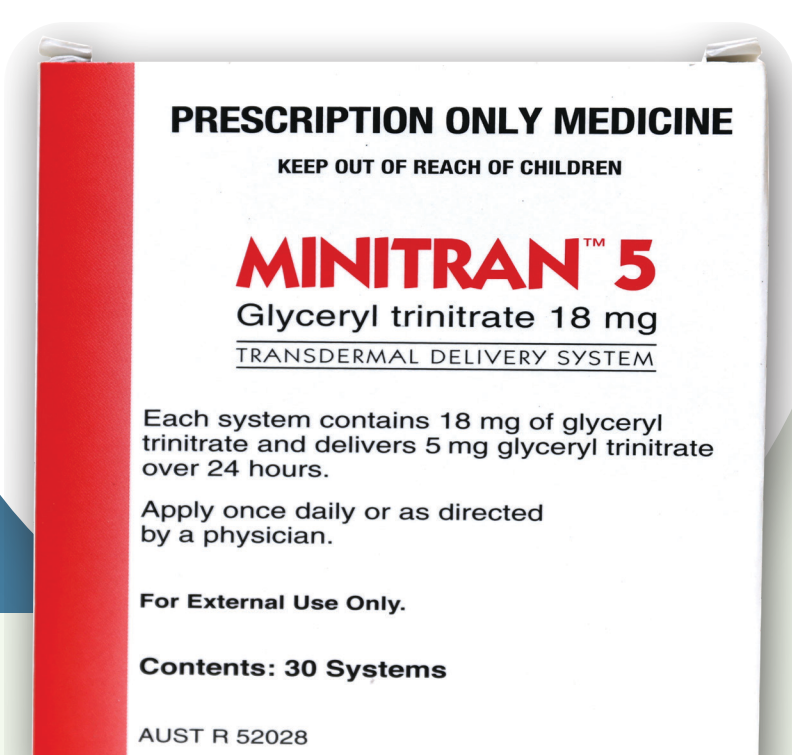
Shift to convenient forms (e.g., transdermal, once-daily) to save nursing time, space and consumables

GTN Injection



Changed to

GTN Patches



2

Resuscitation tray

Change and benefit

Specialised resuscitation kits replace general treatment bags and are mounted inside secure locked cases

Rapid Response Kit



Changed to Resuscitation tray



4

Reference materials

Change and benefit

Reduced from 20 physical books to 11 - with the majority now electronic for easy laptop portability

Books 21 kg



Changed to Books 10 kg



Principles for medication changes

- ➔ No increase in space (one antibiotic in, one antibiotic out)
- ➔ Close therapy gaps in line with the latest standards
- ➔ Stock medicines available in deployment region
- ➔ Use the WHO Essential Medicines List as a basis for medicine choices
- ➔ Minimise refrigerated medicines or medicines classified as dangerous goods
- ➔ Engage pharmacists in TWG discussions
- ➔ Review medicine packs and packaging for sustainability

Conclusion

Improved medicine appropriateness, access, handling, and transport strengthens the operational effectiveness of the EMT Type 2.



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