

MANAGEMENT OF MEDICAL EMERGENCIES IN THE GENERAL PRACTICE

Pre-Course Assignment 2020

Dear Participant, please include this cover page when handing in the Assessment on the training day.

Answer all questions as best you can on separate sheets of paper attached to this cover sheet.

Name: _____ Practitioner Number: _____

Practice: _____ Date of course attended: _____

Q1: Please, very briefly, describe the medical emergency plan in your practice.

Q2: List the two best things about your practice's capability to manage an unexpected medical emergency?

Q3: List the two things about your emergency preparedness that causes you most concern.

Q4: To what extent are you willing to take your practice to? CPR, defibrillation, advanced airway management or IV/IO (interosseous) cannulation?

Q5: List the equipment you need in managing a cardiac arrest.

Thank you for completing this activity.

Please print this and bring with you on the training day or email to Frances.fahey@cynergexgroup.com.au

Informing, Educating and Supporting Professional Practice

Cynergex Group Pty Ltd: Head Office: 37/2 Chaplin Drive, Lane Cove West, NSW 2066
ABN 54 071 826 321 • Phone: 1300 793 649 • Fax: 02 8090 7043 • www.cynergexgroup.com.au