



# UK NHS Ambulance Services pre-alert guideline for the deteriorating adult patient

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A pre-alert call from an ambulance clinician to a receiving hospital should be used to provide information about the patient that will enable the receiving Emergency Department or other clinical area to prepare a different or special response.

The purpose of the pre-alert call is to allow time for the receiving hospital to:

- Prepare to provide immediate clinical interventions
- Support patient or staff safety
- Activate a specific clinical pathway that is required immediately on the patient's arrival.

An ambulance clinician may request a specific response from the receiving hospital e.g. resus, trauma team or immediate senior clinical review. Provision of a short summary of the specific issue usually means that the hospital response will be predetermined to support patient care on arrival.

A pre-alert call must be clear and concise (ideally no more than 60 seconds) and it must follow the structured format that has been agreed by each individual ambulance service e.g. ATMIST, SBAR etc.

Pre-alerts providing information that do not lead to a specific response add to information overload for ED teams, and "pre-alert fatigue."

A pre-alert should be made for any rapidly deteriorating patient where an ambulance clinician is concerned for reasons other than the specific criteria highlighted in this guideline

Pre-alert calls must only be made when, in the view of the ambulance clinician, the patient's condition requires such a response. They should be made according to the following criteria:

## Criteria

Physiological: Altered physiology (values here are for adults, for paediatric values see JRCALC page for age) including any of the following:

Respiratory rate  $\leq 8$  or  $\geq 25$

O<sub>2</sub> saturations on oxygen  $< 92\%$  (Patients usually running normal oxygen saturations)  $< 84\%$  (Patients with chronic hypercapnic respiratory failure)

Systolic  $< 90\text{mmHg}$  OR downward-trending systolic where symptomatic

Tachycardia  $\geq 131$

OR

### Specific conditions

Cardiac/Respiratory arrest

Airway compromise

Major trauma tool positive

ST elevation MI

Complete heart block or broad complex tachycardia with adverse features (shock, syncope, heart failure, myocardial ischaemia)

FAST-positive stroke within timeframe for thrombolysis

Sepsis with red flags triggering the Sepsis Trust prehospital bundle

Uncontrolled seizure (still fitting)

Obstetric emergency e.g. maternal convulsions, shoulder dystocia or abnormal presentation of the baby

Life threatening asthma

Uncontrolled major haemorrhage

Unconscious with a GCS motor score of less than 4

Overdose with abnormal physiology and possible lethality, which may require immediate intervention on arrival

Unstable vascular emergencies with clinical shock (e.g. AAA, thoracic dissection) or acutely ischaemic limb

**NB** A locally agreed emergency pathway may need to be triggered by a specific pre-alert