



# Clinical Guideline

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Title	ATMIST Early and Pre-alerts
Supplements/ Replaces	Replaces: JRCALC ATMIST
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## 1. Scope

- 1.1 This clinical guidance outlines the use of the ATMIST patient early alert, pre-alert and handover system.

## 2. Background

- 2.1 In order to align both the criteria for hospital pre-alerts and the structure of the message passed, the Trust implemented the ATMIST system during 2010-11. The introduction of ATMIST significantly improved communication with Emergency Departments.



### 3 Pre-alerts

3.1 In patients experiencing trauma, an ATMIST pre-alert is required in the following circumstances:

- Any patient triaged as major trauma by the Major Trauma Triage Tool.
- Any patient where a trauma team is required outside of the Major Trauma Triage Tool criteria.
- Other significant concerns.

3.2 The following format must be used:

- **A**ge (include patient's name for handover)
- **T**ime of incident (whenever it happened)
- **M**echanism of injury
- **I**njuries top to toe
- vital **S**igns\* (first set and significant changes)
- **T**reatment
- ETA, mode of transport (land vs air) and which specialist resources you need standing by (e.g.resuscitation, trauma)

3.3 In patients experiencing a medical emergency, an ATMIST pre-alert is required in the following circumstances:

- STEMI.
- FAST positive stroke.
- Cardiac arrest.
- Airway compromise.
- Respiratory compromise.
- Circulatory compromise.
- GCS less than 14.
- Where specified by JRCALC Guidelines.
- Other significant concern.

3.4 The following format must be used:

- **A**ge (include patient's name for handover)
- **T**ime of onset
- **M**edical complaint and history
- **I**nvestigations (brief examination of findings)
- vital **S**igns\* (first set and significant changes)
- **T**reatment
- ETA, mode of transport (land vs air) and which specialist resources you need standing by (e.g.resuscitation)



- 3.5 An ATMIST pre-alert must be made to the receiving hospital using the 'red phone' telephone number. In some Emergency Departments a dedicated ATMIST telephone number is now provided. All ATMIST calls must be recorded either by using the telephone function on an Airwave terminal, or if using a mobile phone, utilising the recorded line facility (01202 894003). Further guidance on the use of both methods can be found in [SOP C10 Telephone Advice](#).
- 3.6 Providing a pre-alert through the Clinical Hub is discouraged, due to the challenge of accurately passing clinical information between a third party.
- 3.7 When placing an alert clearly state 'This is an ATMIST pre-alert' at the beginning of the conversation. This will prompt the hospital clinicians to use the ATMIST forms or stickers which are now used in hospitals to provide a structure method of recording the information.

## 4 Early Alerts (Trauma)

- 4.1 Some Trauma Units operate a Consultant on-call system during the out-of-hours period. Whilst historically an ATMIST pre-alert would only be provided as the conveying resource leaves scene, consideration should be given to the benefit of providing an early alert, at the earliest opportunity once the lead ambulance clinician on-scene has decided that a patient will be transported to a particular unit.
- 4.2 Provide in the ATMIST format, clearly stating 'this is an ATMIST early alert'. Under the ETA section state 'patient not yet mobile to hospital'. Provide an approximate arrival time if this is possible (circumstances such as the patient being trapped may prevent an ETA from being provided). Whilst not all elements of the ATMIST structure may be available at this point, as much information as possible should be included.

## 5 Patient Handovers

- 5.1 When providing a clinical patient handover in the Emergency Departments Resuscitation room, it is also advisable to apply the ATMIST approach. Many hospitals now promote the use of ATMIST in this situation, as it facilitates a rapid, accurate handover.