Clinical Alerts – the importance of reporting

Clinical Alert: A condition which has the potential to be of critical importance to a patient’s management during the first 24 hours of their admission to hospital.

Steps to report a new Clinical Alert

1. Identification of a new clinical alert
   – by doctors, nurses, pharmacists and clinical coders
   Examples of clinical alerts:
   - Medication: Serious/life threatening adverse drug reaction (ADR) – e.g. anaphylaxis, Stevens-Johnson Syndrome
   - Medical: e.g. Pacemaker insertion, myasthenia gravis, asplenia, advanced health directive
   - Anaesthetic: e.g. difficult intubation, malignant hyperthermia

2. Document on your hospital’s MRALERT2 form
   - Complete the form by selecting the appropriate clinical alert code (ONE condition only per form).
   - Submit the completed paper form to the ward clerk.

   Clinical alerts should also be documented:
   - in the patient’s medical record
   - on the WA Hospital Medication Chart for ADRs
   - in the discharge summary (NaCS).

3. Approved clinical alerts are added to web PAS/TOPAS (by clerical staff)
   - The submitted clinical alert is reviewed by the Clinical Alert Committee which will either ‘Approve’ or ‘Reject’ the submission.

4. How to access the patient’s clinical alert information
   - Clinical alerts will appear in iSoft Clinical Manager with ‘MEDALERT EXISTS FOR THIS PATIENT’ appearing on patient profile.
   - Details can be viewed by selecting ‘Allergy/Comments’ when on the ‘Patient Info’ tab.