

ALS INTERCEPT REQUEST GUIDELINES

April 6, 2009

Purpose

PURPOSE:

1. To establish uniformity and coordination of the Advanced Life Support (ALS) intercept system in Platte County.
2. To ensure that all pre-hospital patients who meet criteria for ALS interventions have an equal opportunity to receive that level of care.
3. To provide guidelines to help dispatch centers determine which assignments require a simultaneous dispatch of an ALS unit.
4. To provide guidelines to assist Basic Life Support (BLS) providers in determining the appropriateness of ALS intercepts.
5. To provide BLS providers with guidelines on canceling a responding ALS unit
6. To provide guidelines to assist in identifying and accessing the most appropriate ALS service at the time of request

Requesting & Coordinating ALS Intercepts

1. Basic Life Support Responders may request an Advanced Life Support intercept at any time during an EMS assignment if in the reasonable judgment of the Basic Life Support Provider the patient would benefit from such care or the patient meets criteria set forth in the “Guidelines for Advanced Life Support Requests”.
2. A request for an Advanced Life Support intercept shall occur as noted in local protocols and as designated by the EMS medical director. In addition, Basic Life Support Providers will utilize the “Guidelines for Advanced Life Support Requests” to assist in determining the need for an Advanced Life Support intercept.

Requesting & Coordinating ALS Intercepts

3. ALS patients should be transported to the appropriate hospital without delay. BLS units should not wait on scene for an intercept with an ALS unit unless specifically instructed by that ALS unit. BLS units should begin transport of ALS candidates as soon as possible and coordinate a rendezvous or intercept point while en route to the hospital. Intercept coordination should not create a delay in transport greater than 5 minutes.
4. Once the units have arrived at the agreed intercept location, the Advanced Life Support Provider will determine whether it is appropriate to transfer the patient to the ALS unit or to take appropriate Advanced Life Support equipment into the BLS unit and proceed with patient transport in the BLS unit.

Requesting & Coordinating ALS Intercepts

5. Transport to the hospital should resume as soon as possible. At the discretion of the Advanced Life Support Provider, transport may be delayed, not more than 5 minutes, to complete procedures or assessments.
6. If the Advanced Life Support Provider determines there is no need for Advanced Life Support interventions, the Basic Life Support ambulance will resume transport to the hospital. Both agencies will generate Patient Care Reports, documenting the intercept.
7. Patients shall be transported, by either the BLS unit or the closest intercepting ALS unit, to the closest appropriate receiving facility.

Guidelines For Advanced Life Support Requests

- ▣ Abdominal Pain
 - Can result from life threatening etiologies
- ▣ Altered Mental Status (regardless of cause)
 - Impossible to determine etiology
- ▣ Amputation (except digits)
 - Risk for blood loss and shock
- ▣ Anaphylaxis or Allergic Reactions
 - High risk for respiratory distress
- ▣ BLS Medication Administration
 - Risk for vital sign changes or drug interactions
- ▣ Burns
 - High risk for multi-system compromise

Guidelines For Advanced Life Support Requests

- ▣ Cardiac or Respiratory Arrest
 - **Need for immediate interventions**
- ▣ Chest Pains or Suspected Cardiac Emergency
 - **High risk for rapid patient deterioration**
- ▣ Death in the same passenger compartment
 - **Indicates high mechanism of injury**
- ▣ Diabetic Patient with BG <60mg/dl
 - **High risk for rapid patient deterioration**
- ▣ Drowning or Near Drowning
 - **Patient is at high risk for respiratory distress**
- ▣ Drug Overdose or Toxic Exposure
 - **High risk for rapid patient deterioration**

Guidelines For Advanced Life Support Requests

- ▣ Extrication time in excess of 20 minutes or expected transport time in excess of 30 minutes
 - Interventions that can be done in the field don't have to wait, further eroding the patients "critical hour"
- ▣ Ejection or partial ejection from an automobile
 - Indicates high mechanism of injury
- ▣ Falls from greater than 20 feet (10 feet for child)
 - Indicates high mechanism of injury
- ▣ Glasgow Coma Scale is less than or equal to 13
 - Indicates possibility of head/brain injury
- ▣ Head Trauma
 - Impossible to determine extent of internal injury.
 - High risk for rapid patient deterioration

Guidelines For Advanced Life Support Requests

- ▣ Helicopter Transport Requests
 - Patient can be stabilized prior to air evac
- ▣ Injured patient is pregnant
 - High risk of complications and varied vital signs
- ▣ Mass Casualty Incidents
 - Increased need for rapid triage and treatment
- ▣ Motorcycle crash >20 MPH or with separation of rider from motorcycle
 - Indicates high mechanism of injury
- ▣ Neurological Deficits Present
 - High risk for rapid patient deterioration
- ▣ OBGYN Emergency
 - High risk for multi-system compromise

Guidelines For Advanced Life Support Requests

- ▣ Open or depressed skull fracture
 - **High risk for rapid patient deterioration**
- ▣ Penetrating Trauma
 - **Impossible to determine extent of internal injury**
- ▣ Penetrating injury to the head, neck, torso or proximal extremities
 - **High risk for multi-system compromise**
- ▣ Poisonings (Accidental or Intentional)
 - **High risk for rapid patient deterioration**
- ▣ Pulse rate is less than 50 or more than 120 beats per minute
 - **Indicates potential for cardiac insufficiency**

Guidelines For Advanced Life Support Requests

- ▣ Respiratory Distress or Difficulty in Breathing
 - **High risk for rapid patient deterioration**
- ▣ Respiratory rate is less than 10 or more than 29 breaths per minute
 - **Indicates potential respiratory insufficiency**
- ▣ Seizure or Post Seizure State
 - **Unknown etiology**
 - **Possibility of recurring seizure activity & complications**
- ▣ Shock / Hypoperfusion
 - **Need for immediate intervention**
- ▣ Suspected Hypoglycemia
 - **High risk for rapid patient deterioration**
- ▣ Suspected flail chest
 - **Need for immediate intervention**

Guidelines For Advanced Life Support Requests

- ▣ Suspected spinal cord injury or limb paralysis
 - Potential for developing life threatening complications
- ▣ Suspected pelvic fracture
 - Potential for rapid extensive internal hemorrhage
- ▣ Systolic blood pressure is less than 90mmHg
 - Indicates potential for cardiac insufficiency
- ▣ Thoracic Injuries
 - High risk for multi-system compromise
- ▣ Two or more suspected proximal long bone fractures
 - Indicates high mechanism of injury
- ▣ Vehicle collision resulting in 12 inches of intrusion in to the passenger compartment
 - Indicates high mechanism of injury

Guidelines For Advanced Life Support Requests

- ▣ Unresponsive or Unconscious
 - **Need for immediate interventions**
- ▣ Unstable or Abnormal Vital Signs
 - **High risk for rapid patient deterioration**
- ▣ Vehicle rollover (90 degree vehicle rotation or more) with unrestrained passenger
 - **Indicates high mechanism of injury**
- ▣ Vehicle vs. pedestrian or bicycle collision above 5 MPH
 - **Indicates high mechanism of injury**

**THESE CRITERIA ARE NOT TO BE
SUPERCEDED BY THE JUDGEMENT OF A
BLS PROVIDER**

Canceling ALS

- ▣ When EMD or local protocol has determined ALS necessity and/or has already paged an ALS unit, that ALS unit shall only be canceled by an EMT responder who has:
 - Arrived on scene
 - Made Patient Contact
 - Completed an Assessment (Including Vitals)
 - Has made the determination, based on the patient's presentation, vital signs, and communication with the responding ALS unit, that the patient's condition does not warrant ALS interventions in accordance with the "Guidelines For Advanced Life Support Requests".

Canceling ALS

- ▣ Upon cancelation of an ALS unit, the BLS unit assumes complete responsibility for patient care and reserves the right to request an ALS intercept should the patient's condition deteriorate or develop criteria described in the "Guidelines For Advanced Life Support Requests".
- ▣ When it has been confirmed that a patient in need of care exists, under no circumstance should an ALS unit be canceled prior to the arrival of a certified EMT and an appropriate transport unit.

ALS Request Criteria Similar to Those At:

- ▣ Wisconsin Department of Health
- ▣ New York Department of Health
- ▣ Pennsylvania Department of Health

QUESTIONS?
CONCERNS?
COMMENTS?