

GUIDELINES FOR BLS TRANSPORT

ALS INCLUSION CRITERIA

- Pediatric patients (age <15yrs)
- Following complaints/conditions
 - Chest pain
 - Shortness of breath / increased work of breathing at any time / concern for airway compromise
 - Altered LOC (pt. is not awake and responsive to questions or at baseline)
 - Syncope / near syncope
 - Stroke / TIA
 - Pregnancy >20 weeks
 - Overdose / suicide attempt
 - Behavioral disturbance that may need medication (*see notes)
 - Suspected chemical or toxic exposure
 - Seizures
 - Severe bleeding, amputation, extremity injury with pulse or neuro deficit
 - Isolated abdominal pain in pts. >50 years old
 - Any specialty team activation (sepsis/STEMI/stroke/trauma/burns)
- Patient receives ALS treatment
 - *Exceptions:**
 - *ondansetron
 - *Acetaminophen
 - *NSAIDs (i.e., ketorolac, ibuprofen)
 - *Fluid bolus outside of observed hypotension
- Patient requires cardiac monitoring
- High risk patients (i.e., transplant, Cancer receiving chemotherapy, LVAD, ESRD, ESLD)
- Special circumstances: strangulation, submersion injury, heat or cold exposure
- Patient assessed by ALS provider on scene who determines that ALS treatment is needed or anticipated to be needed
- Receiving BLS provider on scene requests paramedic support

*****All providers (ALS and BLS) must agree that this is a BLS appropriate patient. If there is disagreement, then the patient is to be transported by ALS*****

BLS INCLUSION CRITERIA

- Absence of complaints/conditions noted above (ALS inclusion criteria)
- ALS providers on scene approve BLS transport
- BLS provider accepts transfer of patient care
- ALL vital signs must be within the following ranges:
 - HR between 50 and 130
 - RR between 8 and 24
 - SpO2 >90% on RA or previous prescribed home O2
 - SBP >90 (MAP >65) without symptoms of hypotension (e.g., lightheaded, dizzy, diaphoresis)
 - SBP <180 (MAP <130) without symptoms of hypertensive urgency (e.g., headache, vomiting, chest pain, altered mental status)
 - ETCO2 >25mmHg & <60mmHg
- Patients with saline lock may be transported BLS
- Patients already on home oxygen by mask or cannula may be transported BLS
- Patients with an isolated traumatic extremity injury with splinting as only intervention may be transported BLS
- Use of intoxicants with clearly assessed/documentated decision-making capacity

NOTES

When transferring patient care

- Receiving and transferring providers should:
 - Ensure all patient information is transferred to the receiving provider (e.g., chief complaint, PMHx, current history, VS, care given prior to transfer of care)
 - Assist the receiving provider until they are ready to assume patient care
 - Be willing to accompany the receiving provider to the hospital if the patient's condition warrants or the receiving provider requests it
- *Pts with suicidal ideation AND no attempt may be appropriate for BLS transport

Documentation

- Both providers will complete a Patient Care Report (PCR), detailing the care given to the patient while in their care
- The receiving provider must briefly document patient care given prior to receiving the patient