

PURPOSE

The decision to request ALS intercept must weigh the potential benefits against any delays in delivering the patient to definitive care.

This guideline is intended for services that provide BLS transport. It defines which patients may benefit from ALS intercept and/or transport. For the purposes of this policy, BLS is defined as EMT-Basic, while ALS is defined as Intermediate Technician, EMT-Intermediate, and EMT-Paramedic.

Patients presenting with the following conditions should be assessed for the potential benefit of receiving ALS care through an ALS intercept from the closest available ALS service.

GUIDELINE

- I. Patients with the following presentations should be considered for ALS intercept:
 - A. Accident/assault victim with multiple trauma or significant mechanism of injury, including but not limited to:
 1. Falls from a distance of > 20 feet
 2. Ejection from a vehicle
 3. Death in the same passenger compartment
 4. Extrication time > 20 minutes
 5. Rollover
 6. High speed auto crash with:
 - a. Initial speed > 40 mph,
 - b. Major auto deformity > 20 inches,
 - c. Passenger compartment intrusion > 12 inches,
 - d. Or steering wheel deformity
 7. Auto-pedestrian/auto-bicycle injury with significant (> 5mph) impact
 8. Pedestrian thrown or run over
 9. Motorcycle crash > 20mph or with separation of rider
 - B. Airway compromise
 - C. Altered level of consciousness: persistent, alternating, unknown etiology, or GCS < 13
 - D. Anaphylaxis
 - E. Breathing distress
 - F. Burns: major partial or full thickness, hydrofluoric acid or fluorine gas exposure, respiratory or facial, or when pain control is indicated
 - G. Chest pain and/or heart problems
 - H. Cardiac or respiratory arrest
 - I. Cerebrovascular accident or stroke symptoms

- J. Near drowning
- K. Electrical injury
- L. Fractures: bilateral femur, pelvic, or open fractures (suspected or known), or when pain control is indicated
- M. Heatstroke with altered level of consciousness
- N. Hemorrhage: internal or external, with evidence of shock
- O. Obstetrical: known or suspected complications, including, but not limited to, breech, prematurity, multiple births, or pre-eclampsia
- P. Overdoses, drug reactions, and poisonings associated with GCS <13
- Q. Penetrating trauma to head, neck, or torso
- R. Seizures: prolonged or repetitive, initial episode or unknown etiology
- S. Paramedic, EMT, or physician discretion
- T. Any patient whose vital signs fall within these ranges should be considered for ALS intercept:

Age	Blood Pressure	Pulse	Respirations
>11 Yrs	<90 or >200 systolic or >120 diastolic	<50 or >150	<10 or >30
3-11 Yrs	<80 systolic	<60 or >150	<15 or >30
3mo-2Yrs	<70 systolic	<80 or >160	<20 or >40
Birth-2 Mos	<50 systolic	<100 or >180	<30 or >50

- II. Patients with the following presentations may be transported BLS as long as they do not fit any of the above criteria:
 - A. Accident/assault victims with minor trauma
 - B. Altered level of consciousness: brief and improving, and GCS of 14 or 15
 - C. Burns: minor (<20% total body surface area (TBSA) in adults, <10% TBSA if <12 or >60 years)
 - D. Fractures: simple
 - E. Lacerations: minor
 - F. Obstetrical: uncomplicated
 - G. Psychiatric or suicidal patients
 - H. Seizure: febrile or with known history and improving LOC
 - I. Uncomplicated diabetic emergencies responding rapidly to oral glucose or Glucagon