

ALS Transport Indicators

The following is a list of potential indicators for ALS transport. This can also act as a guide for BLS crews to know when to include ALS not previously dispatched. Please use your patient assessment and best clinical judgment as the primary tool to make good decisions for your patients regarding ALS vs. BLS transport. This list is to be used as a reference to aid in your decision-making process. The list is offered as a summary guide for likely ALS transport reasons and is not comprehensive. It does not account for MOI or on-line medical control advice. If a patient is transported BLS with a listed condition, please provide good documentation as to the reasons/justifications for your decision.

Altered Vital Signs

- Hypotension (all causes): systolic BP < 90
- Tachycardia: sustained HR > 120 BPM
- Orthostatic hypotension: systolic BP decrease > 15 or pulse increase > 20
- Hypertension: systolic BP > 190 or diastolic BP >110
- Symptomatic bradycardia HR < 40 BPM
- RR > 30, or < 8 under appropriate clinical setting
- Hypo- or Hyperglycemia with ALOC (see Diabetic)
- SpO2 < 92 with supplemental oxygen
- T < 95 degrees or > 104 degrees

Abdominal Pain

- Discomfort, pain, or unusual sensations between the naval and jaw if the patient is > or = 40 y/o and/or has cardiac history
- Severe, unremitting abdominal pain (suspected gall/kidney stones, appendicitis, unexplained)
- Any abdominal pain needing pain control (see Medications)

Breathing

- Respirations > 30/min
- SpO2 < 92 with supplemental oxygen
- Failure to respond to repeated inhalers or nebulized treatments
- Asthma attack with history of previous intubation
- Audible wheezing not improved with inhaler or nebulized treatment
- Abdominal respiratory patterns or retractions or tripod patient position
- Near drowning or any submerged water rescue

Burns

- Burns with possible airway involvement or potential for airway swelling
- Burns with electrical injury, fractures, multi trauma
- Deep/partial thickness, or full thickness burns to the face/head, genitals, or > 20% TBSA
- Full thickness circumferential burns to torso or extremities (excluding fingers)

Cardiac

- Chest pain not associated with trauma (seat belt)
- Any suspected Acute Coronary Syndrome regardless of pain score, or STEMI criteria
- Cardiac arrest with ECMO, or REBOA potential (follow criteria)
- Cardiac arrest with ROSC

CVA/Stroke

- **CSS = 3 (All 3 signs are abnormal)**
- Altered LOC with CVA history
- Extreme hypertension with or without headache (see Altered Vital Signs)

Diabetic

- Suspected ketoacidosis (DKA)
- Diabetic with low FSBG that fails to respond to oral glucose or D10
- Diabetic with hypoxia (unknown or extended time)

Hypothermia

- Hypothermia with significant co-morbidity: elderly, illness, trauma, drugs/alcohol
- Temperature < 95 degrees

LOC/Neuro

- GCS < or = 14 with no improvement on scene
- Abnormal behavior with unstable vitals or trauma
- Altered LOC with unknown drug/alcohol quantities
- Altered LOC with suspected suicide ideation
- Pregnancy with altered LOC (see OB/GYN)

OB/GYN

- Severe unremitting or unexplained pelvic pain
- Excessive vaginal bleeding
- Possible ectopic pregnancy
- Any active birthing process (contractions < 10 min apart)
- Pregnancy complications: placenta previa, abruptio placenta, eclampsia (seizures), new onset diabetes, multiple birth, breech birth, limb presentation, prolapse cord, shoulder dystocia, uncontrolled postpartum hemorrhage
- Trauma with pregnancy in 3rd trimester
- Any significant traumatic MOI with pregnancy

Medications

- Any need for narcotic pain control/sedation
- Medications given for any medical/trauma except for: Narcan (Naloxone) for OD, Dextrose (D10) for hypoglycemia with resolution of symptoms, DuoNeb or Albuterol for respiratory distress with resolution of symptoms
- IM Epinephrine given by BLS crew prior to ALS unit

Sepsis

- Infection or suspected infection with decreased LOC
- Hyperventilation with fever
- Signs and symptoms of shock

Seizure

- Multiple seizures
- Single seizure > 5 minutes or > 15 minutes postictal with no LOC improvement
- Severe headache associated with seizures
- Seizures associated with concurrent trauma, drugs/alcohol, hypoglycemia, or alcohol withdrawal
- Pregnancy with hypertension and seizures (see OB/GYN)

Shock (inadequate tissue perfusion/ oxygenation)

- Hypotension (all causes): systolic BP < 90
- Tachycardia: sustained HR > 120 BPM
- Heart rate > systolic BP
- Unexplained altered mental status
- Skin appearance of shock: cool, clammy, pale, delayed capillary refill (unrelated to environment)

Trauma

- Falls > 10 feet (approximately 2 X patient height)
- Thrown > 10 to 15 feet
- Penetrating injury to head, neck, eyes, chest, abdomen, or groin (torso)
- Pelvic fracture, bilateral femur fracture, multisystem fractures
- Femur fracture with excessive swelling (compartment syndrome potential)
- Open fracture (except hands and feet)
- Severe pain
- Any significant entrapment or extrication
- Paresis (weakness) or paresthesia (abnormal sensation) due to trauma
- Paralysis (any amount new onset)
- Significant intrusion, ejection, death in same vehicle

Other

- Suspected meningitis
- Poor projected course of illness (prior ICU administration or intubation for same illness, possible airway compromise en route, high likelihood of repeat seizures, etc.)

Reference:

This document was originally structured as: ALS Indicators (Criteria) by Seattle King County Emergency Medical Services. Altered for use by Salt Lake City Fire Department, Medical Division.