Mercy EMS Education

Clinical Operations Team

Fine Tuning Our Practice

July 6, 2026

ALS vs BLS

Abnormal vitals signs should be ALS transport unless ALS is not available. If exceptional circumstances mandate BLS transport, that should be documented in the ePCR.
In a patient that is not fasting, blood sugar can range from 60-190. Numbers outside this range is an abnormal vital sign.

Patients in 60's y/o with abdominal pain, elevated HR and elevated BP. Pain of 4/10 with reports of nausea, vomiting, and diarrhea. This should be an ALS transport.

- **IV fluids and cardiac monitor would be appropriate preparing for electrolyte abnormalities, dehydration, and pain.**



70's y/o with back pain that reports loss of bowel and bladder function.

- **Concerns for cauda equina compression or spinal cord compression.**
- **This history should have a complete and ongoing neuro exams.**

Cellular phones (iphone, etc) with automatic crash 911 notifications often create responses that are typically false alarms.

- **Our typical operations do not typically respond to the initial phone generated crash notifications. We will await requests from other first responders or citizen calls for our need.**

40's y/o patient with dyspnea and hypotension with systolic blood pressures less than 70.

- **This would be high concern for sepsis and IV fluid would likely benefit.**
- **Addressing the hypotension with initial fluid bolus is a high priority followed by push dose pressors as needed.**

Behavioral health patients typically should not be transported across state lines for emergent stabilization

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