ALS Patients

POLICY

ADULT ALS CRITERIA

- Systolic <100; PR <60 or >120; RR <12 or >30
- Clinical signs of shock; need for IV fluids or medications
- AMS; respiratory distress; chest discomfort
- Pain requiring analgesics
- Weak, dizzy, nausea/vomiting — possible metabolic, cardiac, or vascular causes

BLS CARE — MAY BE PROVIDED BY EMT

- Transport of a stable patient not requiring ALS care as described here
- Includes patients with a heparin- or saline-locked IV (Intermittent Injection Cap) — nothing infusing
- BLS does not apply to any patient meeting criteria for cardiac monitoring

PEDIATRIC ALS CRITERIA

- Systolic <90 if >10 years; <70 + (2 × age) if 1–9 years; <70 at 1 month–1 year; <60 under 1 month
- PR >200 at any age; <85 or >200 newborn–3 months; <100 or >190 at 3 months–2 years; <60 or >140 at 2–10 years
- RR >60 at any age; >40 infants to 1 year; >30 at 1–4 years; >25 school age; >20 adolescent
- Any AMS, respiratory distress, clinical signs of shock, chest discomfort
- Need for IV fluids, medications, or analgesics

ALS CARE — PROVIDED BY PARAMEDIC

- Any unstable patient, or one a paramedic judges may become unstable
- Suction below the oral cavity to maintain an airway
- Any medication by inhaler, oral, sublingual, dermal, or injection; any IV fluid given or maintained
- Any patient on a cardiac monitor — a patient admitted to a monitored room gets ECG monitoring en route

Take Home Message:

Err on the side of caution — if you think a patient is sick or has the potential to decompensate, choose ALS transport.