

DEFINITIONS:

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure - except isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification are also considered to have an emergency medical condition.

Extremis: A life-threatening, time-critical situation (e.g., unmanageable airway, uncontrollable hemorrhage) that, without immediate stabilization, could result in serious and immediate jeopardy to the health of an individual (in the case of a pregnant woman, the health of the woman or her unborn child), such that the patient's life would be jeopardized by transportation to any destination but the most accessible receiving center (MAR) or for pediatrics the emergency department approved for pediatrics (EDAP).

PRINCIPLES:

1. ALS providers, as compared to BLS providers, have additional assessment skills and equipment that allow a more thorough evaluation of patients in the field to determine whether an emergency medical condition is present.
2. Patients with an emergency medical condition require transport to the emergency department and may benefit from ALS care prehospital.
3. Patients released on scene are at increased risk of having a bad outcome.
4. BLS providers should always use their judgment when considering need for an ALS assessment. While this document lists when ALS assessment is required prior to transport or release at the scene, BLS providers need not be limited by this list and should request an ALS response whenever they feel it necessary.
5. For patients in extremis or for those patients for which waiting for ALS may be longer than transport to the ED, BLS providers may transport to the closest facility if, in their judgment, this will provide the most rapid ALS care for the patient.

GUIDELINES:

1. If the patient has an emergency medical condition as defined above and a BLS unit is alone on scene, the BLS unit should immediately consider whether an ALS assessment is required. If en route, the ALS unit should not be cancelled.
2. Any adult or pediatric patient with a provider impression requiring Base Contact as defined in Ref. 1200.2 requires ALS assessment and transport unless otherwise directed by online medical control.
3. Additionally, an ALS assessment is required for pediatric patients who meet transport guidelines to a Pediatric Medical Center and pediatric patients in labor. An ALS assessment with Base Contact is required for patients 13-36 months of age who are not transported (unless no medical

complaint or with isolated minor extremity injury). Patients ≤ 12 months require transport.

4. Finally, patients with the following high-risk features also require an ALS assessment regardless of provider impression. The ALS assessment will determine the provider impression and the level of transport required.
 - a. The following abnormal vital signs sustained or deteriorating over two measurements 5 minutes apart:
 - i. For adults:
 - a. $HR \geq 120$
 - b. $SBP < 90$
 - c. $RR \geq 24$
 - d. $O_2 \text{ Sat} < 94\%$ ($< 88\%$ for COPD patients) – If patient on home O_2 , as measured on usual O_2 flow rate (If pulse oximetry is available)
 - ii. For pediatrics, as per [MCG 1309](#)
 - b. Chief complaints including:
 - i. Acute focal neurologic symptoms
 - ii. Altered mental status
 - iii. Chest pain (medical cause)
 - iv. Severe agitation requiring medication
 - v. Shortness of breath
 - vi. Syncope/Near syncope
 - vii. Vaginal bleeding in pregnancy greater than or equal to 20 weeks