

POLICY:	INITIATION OF ALS CARE – 300.9		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 9/1/2016	CURRENT REVIEW/REVISION DATE: 8/16	SUPERSEDES: N/A	ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MANAGEMENT SYSTEM	

I. Purpose:

To standardize guidelines in order to identify the situations when advanced life support (ALS) care should be initiated by Paramedics or Pre-Hospital Registered Nurses (PHRN) transporting in ALS vehicles.

II. Policy:

A. Advanced life support care should be initiated according to the following guidelines:

1. Adult patients with abnormal vital signs, regardless of complaints:

- a. Pulse <60 or >130 BPM or irregular
- b. Respiratory rate <10 or >28 breaths per minute or irregular
- c. Systolic blood pressure <90 or >200 mmHg

2. Pediatric patients with abnormal vital signs, regardless of complaints

AGE	PULSE	SYSTOLIC BLOOD PRESSURE	RESPIRATORY RATE
Neonate (0 – 30 days)	100 – 180	50 – 90	30 – 60
Infant (31 days – < 1 yr)	100 – 160	60 – 100	30 – 60
Toddler (1 yr – < 3 yrs)	90 – 150	70 – 105	24 – 40
Pre-School (3 yrs – < 5 yrs)	80 – 140	75 – 105	22 – 34
School Age (5 yrs – 12 yrs)	70 – 120	80 – 120	18 – 30
Adolescent (> 12 yrs)	60 – 100	90 – 120	12 – 20

The above chart reflects age appropriate parameters, American Academy of Pediatrics.

3. Any patient with a potentially life-threatening or limb-threatening condition, which exists or might develop during transport. Examples of situations in which ALS care is usually indicated include but are not limited to:

- a. Altered mental status and/or unconsciousness
- b. Chest pain, palpitations
- c. Seizures
- d. Neurologic deficit/stroke, syncope or near syncope, abdominal pain
- e. Shortness of breath/difficulty breathing
- f. Vaginal bleeding
- g. Complications of pregnancy or emergency childbirth
- h. GI bleeding
- i. Trauma

- j. Overdose/poisoning
 - k. Burns
 - l. Cyanosis
 - m. Failure of child to recognize parents
 - n. Child with fever and petechiae
4. If scene safety is not a certainty, or if dealing with an uncooperative patient, the requirements to initiate assessment and full ALS service may be waived in favor of assuring that the patient is transported to the closest, most appropriate hospital. Document clearly the reasons ALS care was aborted.
5. Never discontinue ALS care once initiated unless there is prior approval by the Resource or Associate Hospital base station.
6. *When in doubt, consult with the medical control.*

Approval:

Thomas J. Dohm VP of Professional Services	Date
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Robin Stortz, RN Manager of EMS	Date
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