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, 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 impressions 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 and transport is required for pediatric patients who meet transport guidelines to a Pediatric Medical Center, patients ≤ 36 months of age (unless no medical complaint or with isolated minor extremity injury), and pediatric patients in labor.
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

   i. For adults:
      a. HR ≥ 110
      b. SBP < 90 or ≥ 180
      c. DBP ≥ 120
      d. RR ≥ 24
      e. O₂ Sat <94% (<88% for COPD patients) – If patient on home O₂, as measured on usual O₂ flow rate

   ii. For pediatrics, as per MCG 1309

b. Extremes of age (≤12 months or ≥70 years old) unless there is no medical complaint or isolated minor extremity trauma

c. Chief complaints including:

   i. Acute focal neurologic symptoms
   ii. Altered mental status
   iii. Chest pain
   iv. Gastrointestinal bleeding (upper or lower)
   v. Hazardous materials exposure
   vi. Shortness of breath
   vii. Syncope
   viii. Vaginal bleeding