

ALS TO BLS DOWNGRADE

Not all EMS patient responses require ALS skills. In most any EMS system there are fewer Paramedics available to respond than EMTs. When EMS calls are appropriately downgraded from ALS level to BLS level it can allow for more efficient use of ALS resources. The question becomes "Is this appropriate and if so, when?"

The basic principles for an ALS to BLS downgrade are covered in References #502 (Patient Destination), #806 (Procedures Prior to Base Station Contact) and #808 (Base Hospital Contact and Transport Criteria)

Ref #502 states that EMTs shall transport to the Most Accessible Receiving (MAR) hospital appropriate for that patient. (Consideration is given for; pediatric, perinatal, trauma and patient request situations) Because Paramedics can provide advanced care enroute and therefore justify a longer ETA, ALS destinations include specialty care centers. (Trauma, STEMI, stroke, PMC) If a patient were downgraded from ALS to BLS their destination would become the MAR and they might be denied the resources available to them at a specialty care center.

Ref #808 classifies patient situations according to the chief complaint and patient age. Complaints from patients listed in section I require Paramedics to make base station contact for medical direction and destination. While making base station contact is required in these situations, a Hospital Base Station may approve a transfer of care to the EMT level for transport.

Ref #808 section II lists patient chief complaints that require transport to the appropriate MAR. In these situations the transport team may be either ALS or BLS as long as transportation is provided to the patient. No specific base station contact is required.

Ref #808 section III covers pediatric situations.

It is very difficult to perform a thorough assessment of a child in a field setting. Because of this unless the child is obviously dead (Ref #814) ALL children who are aged 12 months or less MUST be transported to the hospital. Regardless of their chief complaint, regardless of how critical or minor the situation appears. Essentially anytime somebody calls 911 for an infant, they need a hospital evaluation. Children age 13 to 36 months require either base station contact or transport. (except for minor extremity injuries)

Ref#808 section III says all pediatric patients less than 36 months must come to the hospital, but if the parents refuse all care/transport then Paramedics must make base station contact prior to leaving the scene which gives the base hospital a chance to talk the parents into allowing transport for their child.

Ref#808 does not specify ALS or BLS level of care only those situations when radio contact must be made. BLS units are not equipped to make direct radio contact with a base hospital so contact will always be an ALS function. In situations where ALS level care is required, (e.g. IV or medications) base station contact is necessary to receive orders.

Ref #806 allows Paramedics to begin ALS care prior to making base station contact. This policy describes certain treatments and medications that can be applied before contact occurs. It does not state that just because an ALS procedure was provided that patient automatically requires ALS follow up and transport (but that is generally the case) one notable example is pain management.

Pain control is a prehospital objective, but the cause of the pain may not require ALS follow up care. Scald burns or extremity fractures should receive pain control. Administration of Morphine is an ALS skill, but once pain control has been achieved the patient may need only BLS transport. This type of ALS to BLS downgrade is permitted within the LA County EMS system.

The many varied situations that develop in the delivery of EMS care makes it virtually impossible to specify ALL situations when patient care may be downgraded from ALS to BLS, good judgment and common sense are absolutely necessary. Anytime a patient's care is downgraded ALS providers must have performed AND DOCUMENTED a thorough patient assessment and considered alternate diagnoses related to the chief complaint to ensure that the downgrade is safe and appropriate.

It is valuable to know that Los Angeles County policies DO allow for a downgrade in care from ALS to BLS and in the proper situations this can help limited ALS resources go a little farther.