**GUIDELINES FOR ALS UTILIZATION**

1. Basic Life Support (BLS) and Intermediate Life Support (ILS) personnel should initiate patient care and transport to the level of their ability following applicable BLS/ILS patient care treatment guidelines. For the purposes of these guidelines, BLS personnel will include Emergency First Responders (EMR), and EMT Providers (EMT). ILS personnel will include Advanced EMT Providers (AEMT) and ALS personnel will include Paramedic Providers (P).
2. Basic Life Support and Intermediate Life Support providers may request an Advanced Life Support (ALS) provider to participate in patient care when the patient’s clinical needs exceed their capacities or scope of practice. These conditions may include but are not limited to:

1. Altered level of consciousness/ syncope.

2. Anaphylactic reaction or severe allergic reactions, difficulty breathing or

swallowing.

3. Cardiac symptoms/ cardiac arrest.

4. Multi-system trauma or severe single system trauma.

5. OB/Gyn (2nd or 3rd trimester bleeding or miscarriage).

6. Overdose/poisoning (associated with any other categories on this list).

7. Respiratory distress/ respiratory arrest.

8. Seizures/convulsions which are prolonged or ongoing.

9. Shock (hypoperfusion, hypotension, hypovolemia).

10. Stroke/CVA symptoms.

11. Severe pain.

C. If transport time by BLS/ILS to an appropriate receiving facility can be accomplished before ALS can initiate care, then the BLS/ILS transport service should transport as soon as possible and should not request or should cancel ALS.

D. BLS/ILS services should not delay patient care or transport while waiting for ALS personnel. If ALS arrival at scene is not anticipated before initiation of transport, arrangements should be made to rendezvous with the ALS service.

E. In the case of a long BLS/ILS transport time with a nearby ALS service coming from the opposite direction, it may be appropriate to delay transport for a short period of time while awaiting the arrival of ALS if this delay will significantly decrease the time to ALS care for the patient. When BLS/ILS transport time to a receiving facility is relatively short, this delay is not appropriate.

1. BLS/ILS personnel may cancel ALS provider response when the patient’s needs are met by BLS/ILS capabilities.
2. Dispatch always needs to be notified of cancellations and availability for further calls of the ALS unit.
3. If at the scene of illness or injury, a bystander identifies himself or herself as a licensed physician or registered nurse, follow On Scene Medical Provider guideline (1041).

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QA BCEMS will review the care and outcome of patients with “ALS” diagnoses who were treated and transported by BLS/ILS only providers.