

Skagit County ALS Indicators

The following are indicators that an Advanced Life Support (ALS) evaluation should be performed. The following list is a guideline only and is not comprehensive. Always take in to account the Index of Suspicion and the Mechanism of Injury. If in doubt, always error on the side of safety and request an ALS evaluation.

Primary ALS Indicators	Notes
Any Patient considered “Sick” by BLS Provider	Per “Sick/Not Sick” Training Module
Decreased Level of Consciousness (LOC)	Abnormal LOC for patient, includes acute intoxication
Airway Problems	All patients with airway problems should receive an ALS evaluation
Respiratory Distress	RR > 25 in adults, O2 Sats <91%, patient in tripod position, asthmatic with history of prior intubation, or concern for respiratory failure
Signs and/or symptoms of shock	Pale, diaphoretic, sustained tachycardia >115 in adults, and/or hypotension (BP <90 in adults)
Extremes of Age: Age less than 2 or greater than 75	All patients age less than 2 or age greater than 75 should receive an ALS evaluation
Condition Specific	Indicators are listed below this line
Abdominal Pain/Vomiting	Severe, unrelenting pain or vomiting
Asthma	Any patient with clinically evident increased work of breathing, or SOB unrelieved with use of asthma inhaler, history of intubation from prior asthma exacerbation
Burns, involving airway or severe	Burns with possible airway involvement, 2nd or 3rd degree burns >5% TBSA, Electrical Shock
Chest Pain/Discomfort (suspected Acute Coronary Syndrome)	All Chest Pain patients should receive an ALS evaluation
CVA/TIA (Suspected Stroke)	All patients with suspected stroke should receive an ALS evaluation
Diabetic Emergency	Hypoglycemia with failure to respond to oral glucose, involves patient unable to swallow, Hyperglycemia with suspected ketoacidosis or respiratory rate >25
Hypertension	Blood Pressure >200 systolic or >110 diastolic
Hypothermia	Temp <95 or low temperature with comorbidity (elderly, trauma, drugs, etc...)
Orthopedic	Suspected hip fracture, severe pain, suspected neuromuscular compromise
Severe Pain	Severe pain for which BLS provider indicates emergent pain management evaluation is warranted
Suspected OB/GYN Emergency	Severe pelvic pain, severe vaginal bleeding, suspected ectopic, suspected imminent birth or complications of birth, Pregnant w/BP >190 or <90.
Seizures	All patients with seizure or suspected seizure should receive an ALS evaluation

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Syncope	All patients with syncope or suspected syncope should receive an ALS evaluation
Trauma	Any patients who meet Full or Modified/Standby Trauma Criteria, multiple fractures suspected, severe pain, submersion injury, or neurologic symptoms/suspected spinal injury, Uncontrolled hemorrhage.
Trauma Mechanism	MVC with death in same vehicle, High Speed mechanism, falls >10 feet, penetrating injuries to head, neck, chest or abdomen. Age <6 or greater than 60 (not including ground level falls)
Epinephrine or Naloxone Administration	Regardless of who administered the medication (BLS provider or someone else)
High Risk Refusals	Any patient attempting to refuse for which BLS provider recommends transport to ED

Notes:

1. Under certain circumstances (e.g., MCI) an ALS Evaluation may not be available in a timely fashion. In setting of a Mass Casualty Incident (MCI), direct transport without ALS evaluation may be reasonable. Outside of an MCI, a report to and discussion with the nearest responding ALS unit is indicated prior to direct transport.
2. Abnormal Vital Signs should prompt a careful assessment and documentation.