

### 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
<b>Any Patient considered "Sick" by BLS Provider</b>	Per "Sick/Not Sick" Training Module
<b>Decreased Level of Consciousness (LOC)</b>	Abnormal LOC for patient, includes acute intoxication
<b>Airway Problems</b>	All patients with airway problems should receive an ALS evaluation
<b>Respiratory Distress</b>	RR > 25 in adults, O2 Sats <91%, patient in tripod position, asthmatic with history of prior intubation, or concern for respiratory failure
<b>Signs and/or symptoms of shock</b>	Pale, diaphoretic, sustained tachycardia >115 in adults, and/or hypotension (BP <90 in adults)
<b>Extremes of Age: Age less than 2 or greater than 75</b>	All patients age less than 2 or age greater than 75 should receive an ALS evaluation
<b>***Condition Specific</b>	<b>Indicators are listed below this line***</b>
<b>Abdominal Pain/Vomiting</b>	Severe, unrelenting pain or vomiting
<b>Asthma</b>	Any patient with clinically evident increased work of breathing, or SOB unrelieved with use of asthma inhaler, history of intubation from prior asthma exacerbation
<b>Burns, involving airway or severe</b>	Burns with possible airway involvement, 2nd or 3rd degree burns >5% TBSA, Electrical Shock
<b>Chest Pain/Discomfort (suspected Acute Coronary Syndrome)</b>	All Chest Pain patients should receive an ALS evaluation
<b>CVA/TIA (Suspected Stroke)</b>	All patients with suspected stroke should receive an ALS evaluation
<b>Diabetic Emergency</b>	Hypoglycemia with failure to respond to oral glucose, involves patient unable to swallow, Hyperglycemia with suspected ketoacidosis or respiratory rate >25
<b>Hypertension</b>	Blood Pressure >200 systolic or >110 diastolic
<b>Hypothermia/Hyperthermia</b>	Temp <95 degrees F or low temperature with comorbidity (elderly, trauma, drugs, etc...), or high temperature >104 degrees F
<b>Orthopedic</b>	Suspected hip fracture, severe pain, suspected neuromuscular compromise
<b>Severe Pain</b>	Severe pain for which BLS provider indicates emergent pain management evaluation is warranted
<b>Suspected OB/GYN Emergency</b>	Severe pelvic pain, severe vaginal bleeding, suspected ectopic, suspected imminent birth or complications of birth, Pregnant w/BP >190 or <90.
<b>Seizures</b>	All patients with seizure or suspected seizure should receive an ALS evaluation

Primary ALS Indicators	Notes
<b>Syncope</b>	All patients with syncope or suspected syncope should receive an ALS evaluation
<b>Trauma</b>	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.
<b>Trauma Mechanism</b>	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)
<b>Epinephrine or Naloxone Administration</b>	Regardless of who administered the medication (BLS provider or someone else)
<b>High Risk Refusals</b>	Any patient attempting to refuse for which BLS provider recommends transport to ED
<b>Hyperkalemia (Elevated Potassium)</b>	Patients with laboratories identifying an elevated potassium greater than 5.0 mEq/L (e.g. patients with recent lab draws or from clinic or nursing home)

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.



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