☑ Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

## *ALS and LALS Intercept/Transfer of Care*

**Purpose:** The purpose of this protocol is to establish indications and procedures for ALS intercept for patients being managed by a BLS or LALS unit who might benefit from ALS care or LALS intercept for patients being managed by a BLS unit when ALS is not available.

I. If a transport has begun by a Basic Life Support (BLS) unit, a rendezvous with an Advanced Life Support (ALS) unit or Limited Advanced Life Support (LALS) if available and ALS unit is not available, should be attempted at a mutually agreed upon location, if indicated and available.

II. If a transport has begun by a Limited Advanced Life Support (LALS) unit, a rendezvous with an Advanced Life Support (ALS) unit should be attempted at a mutually agreed upon location, if indicated and available.

III. Indications
   a. Patients presenting with conditions for which ALS interventions would be potentially beneficial for patients, if the intercept can be completed 10 or more minutes from the receiving facility, including, but not limited to patients with:
      i. Chest pain with suspected cardiac etiology
      ii. Seizure
      iii. Uncontrolled pain
      iv. Hypoglycemia
      v. Altered mental status
      vi. Worsening respiratory distress
      vii. Major trauma
   b. Patients presenting with conditions where ALS may be needed for life saving interventions may be intercepted at any distance from the hospital:
      i. Those with an uncontrolled airway
      ii. Patients in cardiac arrest without a mechanical CPR device in place

III. Contraindications
   a. Low acuity patients for which advanced intervention would likely not be beneficial to the patient.
   b. Patients with time sensitive emergencies where advanced intervention would likely not be beneficial to the patient

**NOTE:** BLS unit may contact Medical Control for assistance with any situation as necessary.

**Procedure & Documentation**

1. BLS/LALS personnel are required to provide the receiving ALS (or if applicable LALS) personnel with a complete hand-off report including medical history, pertinent physical exam findings, vital signs, treatment provided and response to treatment.
    a. The hand-off procedure (i.e., verbal report, field notes, air drop, etc.) must be MCA approved.
2. ALS (or if applicable LALS) personnel will include the complete hand-off report from BLS/LALS within or attached to (i.e., scannable field note) the ALS (or if applicable LALS) patient care record.
3. Both the initial unit (BLS/LALS) and unit receiving the rendezvous (ALS or if applicable LALS) shall complete an electronic Patient Care Report (PCR) and include the following in addition to patient care information:
    a. Agency name/unit number/providers names from whom patient was received or transferred to.
    b. If both transferring and receiving units are from the same agency, all personnel should be listed as crew in both the ALS and BLS run when possible.