ALS to BLS Transfer of Care (MCA Optional Protocol)

☑ 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.

Purpose
Patients who need or desire transport to a hospital and do NOT meet criteria for ALS interventions, may have care transferred from an ALS unit to a BLS unit if all criteria are met.

1. Criteria for transfer of care from ALS to BLS must include:
    a. Patient assessed by on scene paramedic and deemed appropriate for BLS care.
    b. Patient's airway is patent, maintained without assistance or adjuncts.
    c. Patient is hemodynamically stable with medical complaints or injuries that would be cared for at the BLS level.
    d. No imminent changes are anticipated in the patient's present condition.
    e. Patient presents at baseline mentation and GCS or if unknown, GCS ≥ 14.
    f. The EMT in attendance must be willing to accept the transfer of care given the patient's condition.
    g. ALS may consider transfer to BLS for the patients who have meet the above criteria and have had the following ALS interventions:
        i. IV placement with saline lock
        ii. Dextrose administration with return to baseline mental status
        iii. Naloxone administration with return to baseline mental status and without respiratory complaints
        iv. Analgesia administration, with no other excluding criteria and not requiring additional doses during transport.
    h. For any other patients with ALS interventions performed, contact medical control prior to ALS to BLS transfer of care.

2. Transport by the ALS unit shall be considered if the transfer of care to the BLS staffed ambulance would incur a time delay greater than the projected transport time to the intended receiving facility.

Procedure & Documentation
1. ALS personnel are required to provide BLS 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. BLS personnel will include the complete hand-off report from ALS within or attached to (i.e., scannable field note) the BLS patient care record.
3. Both ALS and BLS 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.

Quality Improvement/Quality Assurance (QA/QI)

1. The MCA shall establish a QA/QI process for review of ALS to BLS transfers of care.