

**B1** - **PEDIATRIC PATIENTS (8 years of age or younger)**

# □ Any neonate (30 days or younger) requiring transfer for evaluation and/or treatment of an UNSTABILIZED acute condition.

□ Any pediatric patient with critical illness or injury.

**NOTE:** On-line **MEDICAL CONTROL** should be involved in determining whether pediatric patients require critical care.

□ Any pathology associated with the potential for imminent upper airway collapse and / or obstruction (including but not limited to airway burns, toxic inhalation, epiglottitis, retropharyngeal abscess, etc.). If any concerns whether patient falls into this category, contact MEDICAL CONTROL.

# □ Any pediatric patient requiring ventilatory support (NIV, high flow NC, ventilator, etc.) who requires an interfacility transfer.

□ All conditions that apply to adult medical patients also require CCT for the pediatric patient.

**NOTE:** On-line MEDICAL CONTROL should be involved in determining whether pediatric patients require critical care.

**B2 - ADULT MEDICAL PATIENTS**

□Unless approved by **MEDICAL CONTROL,** patients requiring more than three (3) medication infusions by IV pump, not including maintenance fluids must be transported by CCT.

□Unless approved by **Medical Control,** any patient receiving more than one vasoactive medication infusion must be transported by CCT. ·

□Any patient who is being actively paced (either transvenous or transcutaneous) must be transported by CCT.

□Patients being transferred due to an issue with a ventricular assist device that may require active monitoring or management.

□Patients with an intra-aortic balloon pump.

□Any patients with a pulmonary artery catheter.

NOTE: Central lines may be transported by ALS IFT

□Any patient with an intracranial device requiring active monitoring.

**NOTE:** Except for chronic use devices, such as ventriculoperitoneal shunts, etc.

□Any pathology associated with the potential for imminent upper airway collapse and / or obstruction (including but not limited to airway burns, toxic inhalation, epiglottitis, retropharyngeal abscess, etc.). If any concerns whether patient falls into this category, contact **MEDICAL CONTROL.**

NOTE: If any concerns about whether patient falls into this category, contact **MEDICAL**

**CONTROL.**

□ Any patient being artificially ventilated for ARDS or Acute Lung Injury.