

ALS Interfacility Transfer Protocols

Part B- Determining the need for CCT

A3

Protocol Continued

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 acute 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.

Protocol Continues