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.