9-1-1 ADVANCED LIFE SUPPORT BASE CONTACT, STANDING ORDER, AND TRANSPORT CRITERIA

I. AUTHORITY:

California Health and Safety Code, Division 2,5, Sections 1797.220, 1797.222, 1797.250, 1797.257, 1798.0, and 1798.2.

II. APPLICATION:

This policy defines when 9-1-1 dispatched advanced life support units (ALS), including ALS air rescue units, must make base contact for EMS system coordination and medical direction of field patient care. It extends the definition to include Comprehensive Children's Emergency Receiving Center (pediatric base) contact when responding to a patient under 15-years of age. This policy also provides authorization and criteria for use of Standing Orders (SO) and Procedures Prior to Base Contact by 9-1-1 ALS personnel and requirements for transportation of patients from the field to Emergency Receiving Centers (ERC).

III. CRITERIA:

BASE HOSPITAL CONTACT:

Base Hospital contact is encouraged and appropriate at any time an OCEMS 9-1-1 dispatched paramedic determines there is a benefit or need to do so.

Base Hospital (BH) contact is required for the following types of cases:

- Adult patients with unstable vital signs for whom there is not an applicable Standing Order. Unstable vital signs are defined as:

	Adult/Adolescent
Pulse (bpm)	<50 or >130
Respirations (resp/min)	<12 or > 26
Systolic blood pressure (mm Hg)	<90

- All persons identified in Standing Orders (SO) as requiring base contact. Base contact must be enacted prior to the initiation of transport when required by SO.
- For 9-1-1 emergency transports between acute care hospitals (see OCEMS P/P # 310.20).
- Patients for whom a 12-lead ECG is performed who request to sign out AMA for transport.
- Mass Casualty Incidents (MCI) for receiving ERC/TC destination, unless the Orange County Communications Center (OCC) is determined by field protocol as communication point for destination assignments.
- Cardiovascular Receiving Center (CVRC) patients to determine destination for an open cardiac catheterization laboratory. Indications for CVRC transport include:
  - Return Of Spontaneous Circulation (ROSC)
  - Automatic Implantable Cardioverter Defibrillator "firing" or defibrillating two or more times in less than fifteen minutes.
  - 12 lead EKG reading of acute MI
  - Patient with symptomatic bradycardia
  - Patient with a Left Ventricular Assist Device (LVAD)

- Patients who meet Trauma or Replant Criteria (see SO-T-15).
- Patients who meet Stroke-Neurology Center criteria.
- Burn Center (see SO-E-05) patients to determine which center is available for receiving acute cases.
- Triage decisions in which Base Hospital contact may assist field personnel, such as ALS level refusal of care when there is a question of patient mental capacity.
- Field transport by helicopter to an ERC

Comprehensive Children's Emergency Receiving Center (CCERC) contact is encouraged and appropriate at any time a paramedic determines there is a benefit or need to do so.

Base Hospital (BH) contact (CCERC pediatric base preferred) is required for the following cases:

- Pediatric patients with unstable vital signs for whom there is not an applicable Standing Order. Unstable vital signs are defined as:

	Newborn through 14 years
Pulse (bpm)	<60 or >200
Respirations (resp/min)	<12 or > 50
Systolic blood pressure (mm Hg)	<80

- All persons identified in Standing Orders (SO) as requiring base contact. Base contact must be enacted prior to the initiation of transport when required by SO.
- Respiratory distress or labored breathing manifested by:
  - Intercostal retractions,
  - Nasal flaring with inspiration,
  - Respirations less than approximately 12/min or more than approximately 50/min,
  - Cyanosis (particularly of lips and central face area),
  - Complaint of difficulty breathing by child who can communicate
  - Paramedic judgment
- Circulatory compromise manifested by:
  - Poor skin color (pallor, cyanosis)
  - Decreased capillary refill of hypothenar area (3 seconds or greater)
  - Altered mental status or confusion
  - Mottling of skin (darkened or lighter patches)
  - Pale lips or fingernail beds
  - Weak / thready pulse or heart rate less than 60/min or over 200/min
  - Paramedic judgement
- Children with acute symptoms of a BRUE (ALTE) below, either observed by EMS personnel or reported by parent or caretaker, even when signs or symptoms are apparently resolved: