

## **Critical Care**

Moderate to High Risk of Clinical Changes or Decompensation



### When Rotor Requests Matter:

- Minimize the patients out of hospital time and risk
- High risk of clinical changes or decompensation
- Surgical emergencies
- Immediate response to patient bedsideUnstable patients
- Mitigate delays, i.e. traffic, weather and road condit
- Severe trauma, injury or illness
- Level 1 programs: Stroke, STEMI, PE, Vascular

### **Patients Coming From:**

- Emergency Department
- Adult Intensive Care Unit
- Pediatric Intensive Care Unit
- Neonatal Intensive Care Unit
- · Cath Lab
- Interventional Radiology
- Operating Room

### When to Request Critical Care:

- Complex patients requiring two-on-one care
- · Acutely intubated patients
- Complex pharmacological management
- · Patients requiring both respiratory and hemodynamic support

**Patients Coming From:** 

When to Request ALS:

• Emergency Department

Medical Surgical Floor

. Long-term Acute Care

Need for Cardiac Monitoring

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### **Patient Condition Criteria:**

- Intra-aortic balloon pumps
- Advanced cardiac devices (ECMO, VAD and Cardiac Flow Devices)
- Chest tube initiation and/or maintenance Cardiac pacing

- · Acutely intubated, high flow ventilation, continuous nebulizer
- Neuro specialized equipment including EVD and ICP monitoring
- High risk OB care and monitoring
- · Neonate requiring isolette transport, nitric oxide, neonatal cooling and high frequency ventilation
- Initiate blood and plasma



### **Current Medications:**

- IV drips and pain medications
  - Sedation
  - Paralytics
- Pressors (beyond Levophed)
- Anti-hypertensive medications
- Mannitol/3% Saline
- = Insulin
- Antiarrhythmics



### Critical Care Adult/Pediatric Crew:

- · Critical Care Registered Nurse
- Critical Care Paramedic

### Critical Care Neonatal/Pediatric Crew:

- Critical Care Registered Nurse
- Critical Care Registered Respiratory Therapist

### Additional Specialists Available:

- · High risk OB Nurse
- Neonatal Nurse Practitione



# Advanced Life Support (ALS)

Moderate Risk of Clinical Changes



**Patient Condition Criteria:** 

- ■Patients requiring EKG monitoring and interpretation
- Altered level of conscious
- · Chest pain or shortness of breath
- Medication reaction or drug overdose
- Intubated and tracheotomy (greater than 24 hours post intervention)
- · Controlled bleeding
- IV pump
- Nebulized medication (non-continuous)



### **Current Medications:**

- ■IV locks and fluids
- IV drips and pain medications
  - « Antibiotics
  - = TPN
  - Magnesium
  - Nitroglycerin
  - Heparin
  - Bolus dosing (during transport)
- Blood products already running (>15 minutes)



## ALS Crew:

• EMT-B



Basic Life Support (BLS)

Low Risk of Clinical Changes

### **Patients Coming From:**

- Emergency Department
- Medical Surgical Floor

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### When to Request BLS:

- Transport to home or sub-acute facilities
- . Medical/surgical admitted patients not requiring cardiac monitoring

### **Patient Condition Criteria:**

- Awake and alert
- Unable to sit requires basic stretcher transportation
- · Airway, breathing, circulation stable
- . No chest pain or shortness of breath No signs of acute distress or deficit
- Sp02 monitoring



### **Current Medications:** IV locks and fluids

BLS crew: ■EMT-B ■EMT-B

To request IU Health LifeLine, call 800.382.9922 for emergencies or 317.962.8350 for all other transport requests