Your guide for expert transport medicine from IU Health LifeLine



Critical Care

Moderate to High Risk of Clinical Changes or Decompensation



When Rotor Requests Matter:

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

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

Patient Condition Criteria:

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



Critical Care Adult/Pediatric Crew:

Critical Care Registered Nurse

Current Medications:

■ Pressors (beyond Levophed)

Anti-hypertensive medications

IV drips and pain medications

Mannitol/3% Saline

Sedation

Paralytics

Insulin

BiCarb

Critical Care Paramedic

Antiarrhythmics

Critical Care **Neonatal/Pediatric Crew:**

- Critical Care Registered Nurse
- Critical Care Registered Respiratory Therapist

Additional Specialists Available:

- High risk OB Nurse
- Neonatal Nurse Practitioner





Advanced Life Support (ALS)

Moderate Risk of Clinical Changes

Patients Coming From:

- Emergency Department
- Medical Surgical Floor ■ Long-term Acute Care

When to Request ALS:

■ Need for Cardiac Monitoring Interfacility Transport



Patient Condition Criteria:

- Patients requiring EKG monitoring and interpretation
- Altered level of consciousness
- Chest pain or shortness of breath Medication reaction or drug overdose
- Intubated and tracheotomy
- (greater than 24 hours post intervention)
- Controlled bleeding

- 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
- Paramedic

Basic Life Support (BLS)

Low Risk of Clinical Changes



Patients Coming From:

- Emergency Department
- Medical Surgical Floor

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 LifeLine

To request IU Health LifeLine, call 317.962.8350 or 800.382.9922