PURPOSE
To establish criteria for downgrading from an advanced life support (ALS) level of care to a basic life support (BLS) level of care in the pre-hospital setting.

APPLICATION
The intent of this policy is to permit first response agencies to downgrade the level of care a patient will receive during transport so that the maximum number of ALS transport ambulances and/or ALS first response apparatus are able to remain in service, and available, to respond to other medical aid requests. If / when an ALS transport ambulance arrives on scene before a first response agency apparatus, and the ALS transport paramedic determines that additional ALS assistance is not required AND the patient’s condition meets the criteria below, the patient should be transported by that ambulance. Excluding patients that have met Assess and Refer criteria related to behavioral health emergencies who have been referred out of the 911 system, it is not appropriate for an ALS transporting unit to wait at the scene for a BLS transporting unit when the paramedic is able to provide a BLS level of care.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797.204.]
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797.206.]
California Code of Regulations, Title 22, Chapter 4, Article 8, and Section 100170

ALS to BLS DOWNGRADE ELIGIBILITY – PRIMARY / SECONDARY IMPRESSION
If at any point during the ALS assessment or in the presence of an ALS scene provider the patient exhibits any of the following conditions, the patient is no longer considered eligible for ALS to BLS transition and care must be provided by an ALS provider.
1. Acute altered mental status (excluding patients whose mentation is GCS 14 or lower as their baseline)
2. Acute cardiac dysrhythmias
3. Any patient requiring specialty care services (Trauma, Stroke, STEMI)
4. Airway obstruction
5. Hypoglycemia that persists after oral glucose administration
6. Influenza-like illness which falls outside of the vital sign eligibility criteria listed below
7. Overdose, poisoning, or ingestion
8. Pregnancy / OB delivery-related complications
9. Seizures (active and/or presenting as postictal)
10. Suspected cardiac chest pain
11. Water-related submersion incidents

ALS to BLS DOWNGRADE ELIGIBILITY – VITAL SIGN ELIGIBILITY
If at any point during the ALS assessment, or in the presence of an ALS scene provider, the trend of the patient’s vital signs falls OUTSIDE of the parameters listed below, the patient cannot be downgraded to a BLS level of care. Trending vital signs require A MINIMUM OF TWO SETS during the patient encounter.
1. Blood glucose (BGL) is less than 60 mg/dl OR
   a. Glucometer reads “LO” OR
   b. The patient presents with symptomatic hypoglycemia, a BGL less than 80 mg/dl, AND a persistent, acute, altered mental status (excluding patients whose mentation is GCS 14 or lower as their baseline)
2. Blood glucose (BGL) is greater than 250 mg/dl OR
   a. Glucometer reads “HI” OR
   b. The patient presents with signs / symptoms of diabetic ketoacidosis (DKA): polydipsia, polyuria, generalized weakness, fatigue, nausea / vomiting, Kussmaul respirations, fruity odor on their breath, dry / flushed skin, etc.
3. Pulse oximetry (SpO2) of 93% saturation or below
4. Pulse rate is less than 60 beats per minute
5. Pulse rate is greater than 120 beats per minute
6. Respiratory rate of 10 breaths a minute or below
7. Respiratory rate of 24 breaths a minute or more
8. Sustained systolic blood pressure greater than 180 mmHg
9. Sustained systolic blood pressure less than 90 mmHg
10. Sustained diastolic blood pressure greater than 100 mmHg
11. Temperature is less than 93.2°F
12. Temperature is greater than 101°F

ALS to BLS Downgrade Eligibility – Pediatric Patients
If at any point during the ALS assessment of a pediatric patient, or in the presence of an ALS scene provider, the patient’s vital signs fall OUTSIDE of the parameters listed below, the patient cannot be downgraded to a BLS level of care.

1. Acute altered mental status (altered for the patient)
2. Acute cardiac dysrhythmias
3. Apparent life-threatening event / brief resolved unexplained event (ALTE / BRUE) in the pediatric population
4. Evidence of poor perfusion and/or cyanosis
5. Severe respiratory distress
6. Status epilepticus
7. Hypotension:
   a. In neonates (1 day to 28 days) = SBP less than 60 mmHg
   b. In infants (1 to 12 months) = SBP less than 70 mmHg
   c. In pediatrics (1 to 10 years) = SBP less than \[70 + (\text{age} \times 2)\]
   d. In adolescents (11 to 14 years) = SBP less than 90 mmHg

General Considerations Prior to Downgrade
- Patients who require immediate medical attention will be transported to the closest most appropriate hospital.
- Patients who have received ALS interventions, or those who would likely benefit from ALS intervention(s), cannot be downgraded to a BLS level of care.
- Patients, parents, or guardians must be alert, oriented, and acting appropriately for their age and do not present with any significant impairment due to drugs, alcohol, organic causes, or mental illness.

Documentation Requirements When Downgrading From ALS to BLS
In addition to the minimum NEMSIS requirements, the following must be documented in the ePCR:
- After selecting Patient Treated and Care Transferred to Another EMS Unit as the disposition, “BLS” must be selected as the Transporting Ambulance Level of Care in the “Ground Transport” panel
- Physical exam findings (must include a full head-to-toe exam within the Assessment Panel)
- Treatments provided, if any
- All pertinent findings and observations

Continuous Quality Improvement
All patient dispositions where the level of care was downgraded from ALS to BLS will undergo a minimum of 50% CQI by the ALS service provider who initiated the downgrade.