



Yolo County Emergency Medical Services Agency

Quick Reference

Level of Service Matrix for Interfacility Transports (IFT)	Level of Service	
	BLS	ALS
Airway & Breathing Management		
Respiratory assistance with a Bag Valve Mask (BVM)	Yes	Yes
Oxygen via mask or cannula	Yes	Yes
Non-invasive High-Flow Nasa Cannula (HFNC) – using equipment from hospital	No	Yes
Tracheostomy, shallow suctioning (to the distal tip of tube)	Yes	Yes
Tracheostomy, deep suctioning (to proximal carina)	No	Yes
Home Ventilator - managed by patient or patient’s caregiver	Yes	Yes
CPAP - PEEP max 10	Yes	Yes
Vascular Access		
Heparin/Saline Lock	Yes	Yes
Central line in place, non-infusing	No	Yes
Intraosseous Line	No	Yes
Infusions		
Peripheral IV maintained with mechanical pump	No	Yes
TKO Isotonic IV Fluids (5 or 10% Dextrose, saline, Ringer's Lactate)	Yes	Yes
Peripheral IV infusing: <ul style="list-style-type: none"> • Heparin; MAX conc. 100 units/mL; Max rate 1,600 units/hr • Magnesium sulfate; MAX conc. 50mg/250 mL; Max rate 2 g/hr • Nitroglycerin; MAX conc. 50mg/250 mL; titration ≤ 10 mcg/min • Potassium chloride; MAX conc. 40mEq/mL; Max rate 10 mEq/hr 	No	Yes
Monitoring		
EKG, including 12-lead monitoring	No	Yes
Advanced Cardiac Life Support - ACLS	No	Yes
Pediatric Advanced Life Support - PALS	No	Yes
Manual defibrillation, cardioversion, and transcutaneous pacing (TCP)	No	Yes
Pulse Oximetry	Yes	Yes
Miscellaneous		
Abdominal Tube (G-tube, J-tube, Peg, JP, etc)	Yes	Yes
Chest Tube - Clamped/gravity/water seal	No	Yes
Tubes/Catheter - Foley, Orogastric (OG), Nasogastric (NG)	Yes	Yes
Suctioning of Nasogastric (NG), Orogastric (OG) tube	Yes	Yes
<p>Advanced Life Support (ALS) and CCT transport are provided exclusively by:</p> <ul style="list-style-type: none"> • Yolo County American Medical Response (AMR) <p>Permitted Basic Life Support (BLS) transport providers include:</p> <ul style="list-style-type: none"> • AMR • AlphaOne Ambulance • Medic Ambulance • NORCAL Ambulance • ProTransport-1 Ambulance <p>Contact YEMSA Duty Officer to request Out of County Mutual Assistance</p> <p style="text-align: center;">EMSdutyofficer@yolocounty.org, (530) 321-3620 (call or text)</p>		
<p>Critical Care Transport (CCT) should ONLY be requested when treatment options above are insufficient for the patient's needs. See next page.</p>		



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Critical Care Transport (CCT) is frequently indicated for the following:

- Medications not in ALS Scope of Practice, central line infusion, blood products, or TPN
- Monitoring: arterial line, temporary pacemaker (other than TCP), chest tube attached to suction, EVD/intracranial pressure line, acute care ventilators

ALS Scope of Practice includes administration of the following medications by YEMSA policy or as ordered by transferring physician:

- 10%, 25% and 50% dextrose
- activated charcoal
- acetaminophen IV (Ofirmev)
- adenosine
- aerosolized or nebulized beta-2 specific bronchodilators
- amiodarone
- aspirin (ASA)
- atropine sulfate
- Buprenorphine (Suboxone)
- pralidoxime chloride
- calcium chloride
- diazepam
- diphenhydramine hydrochloride
- dopamine hydrochloride
- epinephrine (1:1000, 1:10,000, 1:100,000)
- fentanyl
- glucagon
- heparin, IV **MAX conc. 100 units/mL (25,000 units/250 mL); Max rate 1,600 units/hr**
- ipratropium bromide
- ketamine IV for pain management
- lorazepam
- midazolam
- lidocaine hydrochloride
- magnesium sulfate, IV **MAX conc. 50mg/250 mL; Max rate 2 g/hr**
- morphine sulfate
- naloxone hydrochloride
- nitroglycerin (NTG) Paste, IV; **MAX conc. 50mg/250 mL; titration \leq 10 mcg/min**
- ondansetron
- potassium chloride, IV, **MAX conc. 40mEq/mL; Max rate 10 mEq/hr;**
- sodium bicarbonate
- tranexamic acid (TXA)