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PARAMEDIC INTERCEPT GUIDELINES

PURPOSE: To define the circumstances in which a paramedic should be requested to intercept with an ambulance not staffed with a paramedic, and to provide guidance for the intercept process.

Considerations: If a paramedic intercept has been requested but the paramedic's estimated time of arrival is longer than the time it would take to transport the patient to the hospital via BLS ambulance, the patient should be transported without delay. In general, BLS should not wait on scene for ALS.

Types of Patient Problems Requiring Paramedic Intercept:

- a. Cardiopulmonary arrest
- b. Unconsciousness/syncope
- c. Difficulty breathing/compromised airway
- d. Multi-system trauma
- e. Chest pain – suspected cardiac
- f. Diabetic with altered level of consciousness
- g. Patients with unstable or deteriorating vital signs
- h. Active seizures, first seizure, or seizure following head trauma
- i. Significant allergic reaction
- j. Any other situation that would benefit from advanced level care

EMS Provider – Paramedic Interface:

- a. While awaiting the arrival of the paramedic, BLS personnel must provide patient care according to the standard of care. An effort should be made to package and transport the patient to an appropriate intercept location, thereby minimizing the time it will take for the patient to receive paramedic care.
- b. Continuous radio communication between the BLS and paramedic intercept units and C-MED must be maintained to apprise needs and circumstances and to confirm intercept location and estimated time of arrival.
- c. If the paramedic intercept is not at or near the intercept point upon arrival of the transporting unit, the transporting unit will continue to the hospital unless another intercept point can be identified rapidly. C-MED must be notified immediately.



- d. Upon intercept, the paramedic assumes medical responsibility for the patient(s). Other EMS providers should assist the paramedic as appropriate to their level of training.
- e. In cases when an intercepting paramedic determines that paramedic level care is not needed, this must be documented on the paramedic's patient care report, with adequate supporting information.
- f. Once requested by BLS personnel, a paramedic intercept may not be canceled prior to the paramedic's arrival at the scene unless it is deemed that the transporting unit can proceed to an appropriate hospital in less time. The paramedic must assess the patient, and only the paramedic may determine whether paramedic level care is needed or not.
- g. Except in extraordinary circumstances, the paramedic should transfer his/her ALS equipment to the BLS ambulance and continue to transport as soon as possible. In general, the transporting ambulance should continue en route as soon as the paramedic and his/her equipment are on board. Circumstances in which the patient should be transferred to the intercepting paramedic's ambulance might include mechanical failure of the transporting ambulance, a multi-patient event, or any other circumstance requiring that the transporting ambulance return to service as soon as possible.