



	Age > 14 yr	Age 6-13 yr	Age 1 w-5 yr	Age < 1 w
<b>Respiratory Rate</b>	<b>12-20</b>	<b>20-25</b>	<b>25-30</b>	<b>30-50</b>
<b>Heart Rate*</b>	<b>60-130</b>	<b>60-150</b>	<b>60-160</b>	<b>100-180</b>
<b>SBP*</b>	<b>&gt; 90</b>	<b>&gt; 80</b>	<b>&gt; 70 + (Age x2)</b>	<b>&gt; 70</b>
<b>Glucose</b>	<b>&gt; 60 with no symptoms</b>			<b>&gt; 40</b>
<b>Oxygen Saturation</b>	<b>&gt;92% with maximum of 6L supplemental O<sub>2</sub> by nasal cannula</b>			<b>&gt;92%</b>
<b>*Isolated hypotension or bradycardia with HR &lt;40 require ALS transport</b>				



## Education/Pearls

**Err on the side of caution; if you think a patient is sick or has the potential to decompensate then choose ALS transport.**

- **Adult Patient:** Vital signs are an essential indicator of underlying illness. **An adult with new hypotension (SBP <90 mmHg), may have a critical problem with the heart, a severe infection, or other problem.** Tachycardia (HR > 110), bradycardia (HR <60), tachypnea (RR > 20), bradypnea (RR <12), or hypoxia (SpO<sub>2</sub> <94%) may also indicate underlying illness. Vital signs may be masked or accentuated by medications; a beta blocker, for example, may prevent a patient from developing reflex tachycardia in shock, so that patient may have lower than expected pulse rates and blood pressure. General weakness can be a symptom of an underlying process. Diabetic patients and women may have atypical presentations of cardiac-related problems, such as MI.
- **Geriatric Patient:** Minor or moderate injury in the typical adult may be very serious in the elderly; hip fractures and dislocations carry a high mortality. Always check Blood Sugar and assess for signs of a stroke, trauma, etc. with any change in a patient's baseline mental status. Altered mental status is not always dementia, and may represent a stroke, metabolic problem, or infection, per **Altered/OD AG**.
- **Pediatric Patient:** For minor patients, it is preferable to have a parent or legal guardian provide consent for treatment; however EMS may provide emergency treatment when parent or guardian is not available. Special needs children may require continued use of pediatric-based guidelines regardless of age and weight. Initial assessment should utilize the Pediatric Assessment Triangle which encompasses Appearance, Work of Breathing and Circulation to skin. The order of assessment may require alteration dependent on the developmental state of the pediatric patient. Generally the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.
- **Intoxicated Patient:** In practice for intoxicated individuals, consider the patient's mental status. If the person is "talking but not walking," BLS transport could be appropriate for suspected mild intoxication. If the person is "not talking and not walking," then ALS transport is indicated for suspected moderate to severe intoxication. Any evidence of respiratory compromise should prompt ALS transport.