

The ALS/BLS Interface: There's Nothing "*BASIC*" About Me!



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The Objectives...



- Overview of the relationships between ALS and BLS Providers in EMS, both real and perceived.
- Discuss the importance of provision of good BLS assessment and treatment in the prehospital setting.
- Present methods in which BLS providers may assist ALS providers on scene
- Case examples
- Have FUN!!

****DISCLAIMER****



Views or material stated in this presentation may not reflect the views of the Virginia Office of Emergency Medical Services or the Virginia Department of Health.

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Views or material stated in this presentation are the opinions of the presenter, and all attendees should always refer to their own agency, regional, and state protocols and SOP's at all times.

Patient care is #1!

The relationship between ALS and BLS...



The relationship between ALS and BLS...



The relationship between ALS and BLS has been around for...well as long as there have been both ALS and BLS...

Is it good, or is it bad?

What types of issues exist between ALS and BLS providers?

What if there was (or wasn't)???



What if there were no tubes, no needles, no meds?

What if there's no battery on a Defib...

The relationship between ALS and BLS...

“The Great Unknown”



The things that one doesn't know about the other usually lead to breakdowns in those relationships, such as:

- Lack of familiarity with providers themselves.
- Lack of familiarity with skills that the other can perform.
- Lack of *respect* between the two.

The relationship between ALS and BLS...



Lack of familiarity between providers...

This is especially prevalent in systems with agencies with high turnover...

What's the functional lifespan of an BLS Provider? An ALS Provider?

Unfortunately, familiarity issues are more common from ALS to BLS than BLS to ALS.

The relationship between ALS and BLS...



Lack of respect between providers...

Also especially prevalent in systems with agencies with high turnover...

Unfortunately, this is also more common from ALS to BLS than BLS to ALS.

The relationship between ALS and BLS...



Lack of familiarity with skills that the other can perform...

This occurs from both sides, and mostly varies based on policies and protocols.

Do you know what skills ALS and BLS providers in your area can perform?

Changing the dynamic...



Changing the dynamic, and improving relationships between ALS providers and BLS providers is the hardest part of all of this. It involves changing thoughts, ideas and opinions that may have been in place for years...

“Tradition unimpeded by progress”

Changing the dynamic...



How can the lack of familiarity that exists between agencies and providers be changed?

Can it help?

Changing the dynamic...



How can the lack of familiarity with skills that the other can perform be changed?

Can it help?

Changing the dynamic...



Respect...



Respect is the biggest, as well as the hardest dynamic to change...

One of those “Golden Rules”



“You can’t have ALS without BLS!”

Why is that true?

What are ways that it is more important in some systems compared to others?

Also remember...



“It all starts with you”...

Most of the time...

It all starts with you...



ABCs...

Vital Signs...

Good Assessments...

Initial interventions...

How are those beneficial to ALS?

ALS “Assist”



Aside from the BLS skills you have, and are ready to utilize at a moments notice, you also have the ability to assist ALS providers in performing some of their tasks as well...

Who has formal ALS Assist programs in place?

ALS “Assist”



Some of the ALS assist skills that are most commonly taught to BLS providers:

- IV Drip Setup
- Glucometry
- 12 Lead placement

Things to remember...



Make sure the ALS provider knows that you know how to do whatever ALS assist skill is needed.

Allow them to make the decisions.

Remember that they are allowing you to “trade on their card”...

IV Drip Setup

The tools that you need...

What are they used for?

What are the things the BLS provider can and cannot do?



Glucometers...

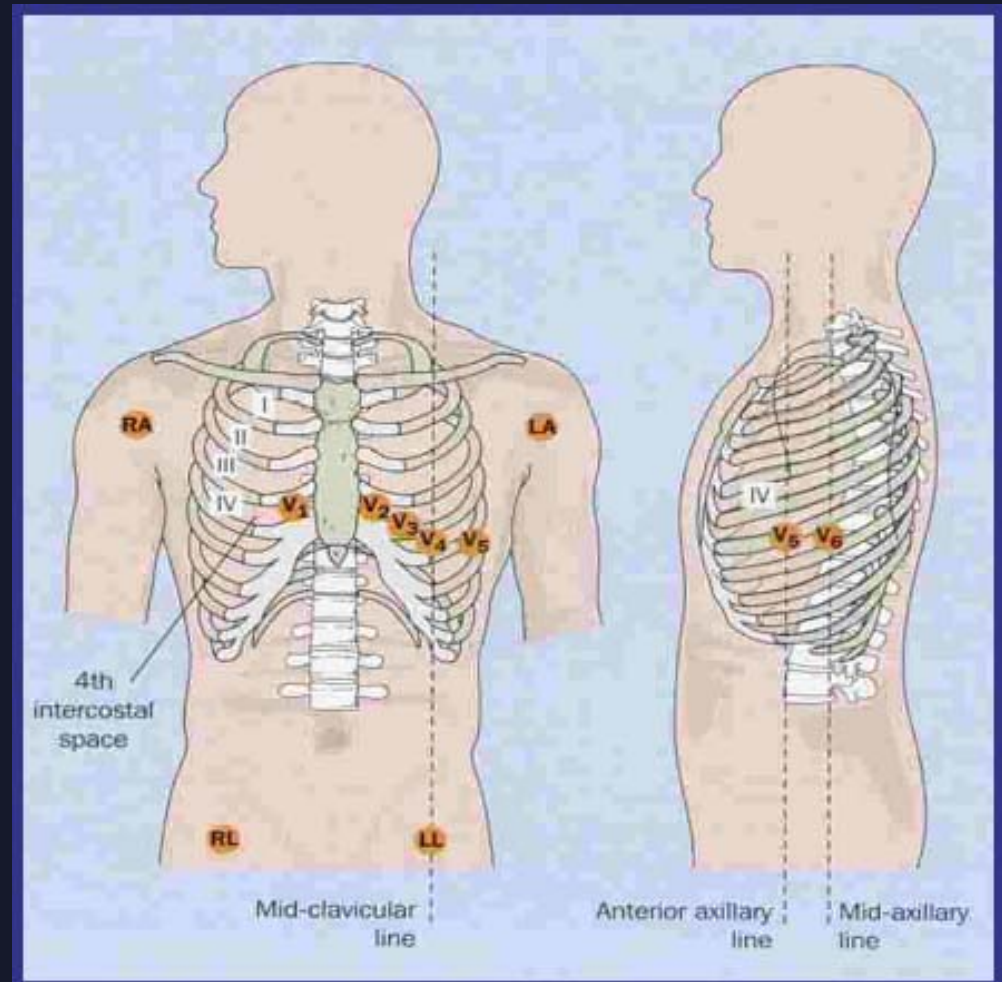


Why could this be dangerous?

What might the BLS provider do to treat patients with diabetes...

12 Lead Placement...

- Know your landmarks...
- Be careful of delays...



Other ALS Assist Skills...



10 mL NDC 0074-4911-33

**ATROPINE
SULFATE**

Injection, USP

1 mg (0.1 mg/mL)

LifeShield®

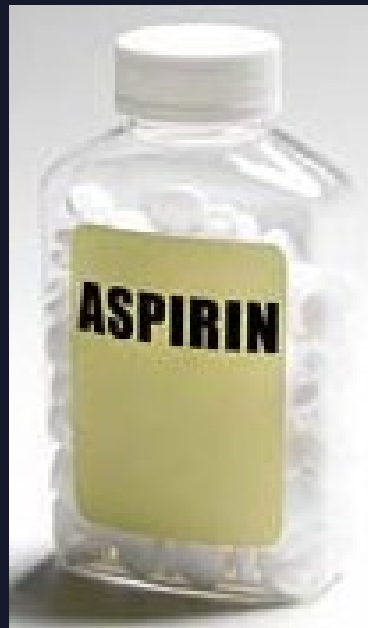
**Glass
ABBOJECT®
Unit of Use Syringe**

**with male luer lock
adapter and 20-Gauge
protected needle**

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◀ PRESS AND PULL TO OPEN

Other ALS Assist Skills...



Other ALS Assist Skills...



Other ALS Assist Skills...



Cases...



Let's discuss the following scenarios:

- Trauma
- Cardiac
- Diabetic
- Seizures

Remember...

It all starts with you...



ABCs...

Vital Signs...

Good Assessments...

Initial interventions...

Respect...



Questions??

****End of Presentation****