



Catherine B. Templeton, Director

*Promoting and protecting the health of the public and the environment*

# MEMO

To: All South Carolina EMS Agencies  
From: Henry Lewis, State EMS Coordinator  
Division of EMS and Trauma  
Date: May 18, 2012

RE: Transport of Ventilator Patients and Capnography Monitoring

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Due to recent questions, the South Carolina Medical Control Committee, in cooperation with the Department, have produced the following guidelines for transport and management of Ventilator patients.

1. Any patient who is endotracheally intubated must be treated as an ALS level of care and must also have capnography monitoring. This applies to interfacility, emergent, and non-emergent responses.
2. A Nonemergent\* ventilator patient being ventilated through a device other than an endotracheal tube (e.g. mature tracheostomy) may be transported by a BLS crew if there are no ALS interventions in place or anticipated. Capnography is strongly encouraged on these patients, however, is not mandated at this time.

In matters concerning Emergent Transport\*\*, this memo should not be interpreted to prohibit or delay patient care. If summoned to a residence to address an acute injury/illness, EMS should always act in the best interest of patient care.

\*Non-emergent as defined in Regulation 61-7, Section 201;

Q. Nonemergency Transport: Services and transportation provided to a patient whose condition is considered stable. A stable patient is one whose condition reasonably can be expected to remain the same throughout the transport and for whom none of the criteria for emergency transport has been met. Prearranged transports scheduled at the convenience of the service or medical facility will be classified as a nonemergency transport.

\*\*Emergent Transport as defined in Regulation 61-7, Section 201;

H. Emergency Transport: Services and transportation provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity, including severe pain, that the absence of medical attention could reasonably be expected to result in the following:

1. Placing the patient's health in serious jeopardy;
2. Causing serious impairment to bodily functions; or
3. Causing serious dysfunction of bodily organ or part;
4. A situation that resulted from an accident, injury, acute illness, unconsciousness, or shock, for example, required oxygen or other emergency treatment, required the patient to remain immobile because of a fracture, stroke, heart attack, or severe hemorrhage.