

# Western Regional Emergency Medical Advisory Committee

<b>Title:</b> Refusal of Evaluation, Treatment, & Transport		<b>Policy #</b> 1997-1
<b>Effective Date:</b>	February 1997	
<b>Reviewed:</b>	June 2009	
<b>Updated:</b>	March 15, 2017	

## General:

- When EMS personnel are called to a scene, all persons for whom the call was made will be offered evaluation/stabilization and transport to an appropriate facility. An appropriate facility may be the closest, or one designated by WREMAC transport policy, or one designated by Medical Control.
- Discuss with the patient the need for treatment and/or transport. If the patient still refuses treatment or transport and you feel that the patient's condition requires treatment or transport, allow the patient's family members, friends, or anyone else who is familiar with the patient to try and convince the patient of the need for treatment or transport.
- **CFR's must not make an independent decision regarding a patient's refusal of medical care or transport.** The CFR must assure that additional EMS resources (EMT or above) will evaluate the patient. If no EMT is available the CFR must contact Medical Control.

## Criteria for refusal – All elements must be present:

- A patient may give consent or refuse treatment if they are: 18 years of age or older, or is an emancipated minor, or is the parent of a child, or has married
  - Patients under 18 years of age and not meeting above criteria must have consent or refusal of treatment provided by their parent or guardian
- The patient is alert, oriented, not intoxicated (drugs or alcohol), and appears to possess the capacity to make informed decisions.
- The patient understands the risks involved and the consequences of refusal of treatment.
- The patient is not a danger to themselves or others.
- The patient does not have abnormal vital signs (as defined below)

## Informed Refusal:

- The risk of refusal of evaluation/stabilization/transport should be described to the patient.
- The patient shall be informed that EMS personnel lack the benefit of training and diagnostic tools present in an Emergency Department, and may be unable to fully access the illness/injury and may be unable to determine the potential risks to the patient.
- Providers should:
  - Educate patient/family to call back or go to the ER immediately if patient worsens or changes mind
  - Have patient/family contact the patient's physician

## Medical Control MUST Be Contacted In The Following Situations:

- The patient does not appear to possess capacity to make an informed decision.
- The patient is a danger to themselves or others.
- The patient appears to be intoxicated with drugs or alcohol.
- The patient has sustained a head injury or a loss of consciousness.

- The patient has signs or symptoms that require or required ALS care (e.g. hypoglycemia).
- The highest level of care is a Certified First Responder.
- The patient is under 18 years old and there is no legal parent / guardian available.
- The patient may have been the victim of physical abuse, sexual abuse, neglect, or an unsafe home environment.
- Inability to ambulate or care for self at home.
- The patient has abnormal vital signs:
  - Heart Rate: <50 bpm or >100 bpm
  - Systolic BP: <100 mm Hg or >200 mm Hg
  - Diastolic BP: <50 mm Hg or >100 mm Hg
  - Respiratory Rate: <12 rpm or > 24 rpm
  - Pulse Ox: <95%
  - Vital signs outside age appropriate normal values for pediatric patients

#### **Documentation:**

- The patient or legal representative should sign the WREMAC Refusal of Evaluation, Treatment, & Transport Form. Agencies may elect to use their own refusal form so long as it documents the information required in this policy and other applicable state policies.
- If the patient or applicable responsible party refuses to sign the refusal form then have a family member, Law Enforcement official, or bystander sign as a witness and document the refusal to sign on the PCR.
- The PCR should be completed, including:
  - Vital signs and a physical examination, including general appearance and mental status.
  - Any Treatment given and the patient's response.
  - Specifically what the patient is refusing
  - If police were contacted, agency, time, badge number (as appropriate)
  - Components of informed refusal including risks of refusal and how the patient indicated understanding the risks
  - The risk of refusal of evaluation/stabilization/transport should be described to the patient.

#### **Police Involvement:**

- If the patient does not appear to possess capacity to make an informed decision and is a danger to him/herself or others, the patient shall be transported.
- Police should be called to assist if the patient resists transport. The police may restrain the patient per the restraint policy.

#### **References:**

NYS DOH BEMS Statewide Pre-Hospital Treatment Protocols Version 16.04

- Refusing Medical Aid SC-5

NYS BEMS Policy Statement 99-09: Patient Care and Consent for Minors

2015 WREMAC Protocols:

- Refusal of Evaluation / Transport Policy

Pennsylvania DOH BEMS 2015 Statewide Basic Life Support Protocols

- Refusal of Treatment / Transport

# WREMAC Refusal of Evaluation, Treatment, & Transport

Date: \_\_\_\_\_

Run #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Situation of Injury/Illness: \_\_\_\_\_

**Check marks in shaded areas require consult with Medical Control before patient release.**

Suspected serious injury or illness based upon patient

History, mechanism of injury or physical examination:  Yes  No

The patient is <18 years old and there is no legal parent/guardian available.  Yes  No

Any evidence of: Head Injury?  Yes  No

Intoxication?  Yes  No

Patient oriented to: Person  Yes  No

Chest pain?  Yes  No

Place  Yes  No

Dyspnea?  Yes  No

Time  Yes  No

Syncope?  Yes  No

Event  Yes  No

Patient is a danger to themselves or others?  Yes  No

**Consult Medical Command If:**

Pulse \_\_\_\_\_ <50bpm or >100bpm

If altered mental or diabetic:

Sys BP \_\_\_\_\_ <100mm Hg or >200mm Hg

Chemstrip/Glucometer: \_\_\_\_\_ mg/dl  <60mg/dl  >300mg/dl

Dia BP \_\_\_\_\_ <50mm Hg or >100mm Hg

If chest pain, S.O.B. or altered mental status—

Resp \_\_\_\_\_ <12rpm or >24rpm

SpO2 (if available): \_\_\_\_\_ %  <95%

For pediatric patients, consult MC if VS outside normal range for age.

Risks explained to patient: \_\_\_\_\_

The EMS providers strongly urge you to seek further medical attention. Please seek immediate care, or call us back if you change your mind, or if any worrisome signs or symptoms occur. Examples of such concerns could be:

Increase in pain  Difficulty breathing

Fainting or loss of consciousness

Bleeding  Fever

Change in behavior or temperament

Numbness anywhere  Drooling

Change in skin color

Loss of mobility  Profuse sweating

Change in bowel or bladder function

Patient understands clinical situation  Yes  No

Patient verbalizes understanding of risks  Yes  No

Patient's plan to seek further medical evaluation: \_\_\_\_\_

**Medical Control:**

Physician contacted: \_\_\_\_\_ Facility: \_\_\_\_\_ Time: \_\_\_\_\_

Physician spoke to patient: Yes No Command not contacted: Why? \_\_\_\_\_

Medical Control orders: \_\_\_\_\_

**Patient Outcome:**  Patient refuses all medical treatment & transport to a hospital against EMS advice.

Patient consents to treatment on scene, but refuses transport to a hospital against EMS advice.

Patient accepts transportation to hospital by EMS but refuses any or all treatment offered.

Specify all treatments refused: \_\_\_\_\_

This form is being provided to me because I have refused assessment, treatment and/or transport by an EMS provider for myself or on behalf of this patient. I understand that EMS providers are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that there may be a serious injury or illness which could get worse without medical attention even though I (or the patient) may feel fine at the present time. I understand that I may change my mind and call 911 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day. I acknowledge that this advice has been explained to me by the EMS crew and that I have read this form completely and understand its terms.

Signature (Patient or Other)

Date

EMS Provider Signature

If other than patient, print name and relationship to patient

Witness Signature