PROCEDURE GUIDELINES

Protocol Title: Refusal of Assessment, Treatment, and/or Transport

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PURPOSE
This policy outlines the guidelines for the management and documentation of situations where patients refuse assessment, treatment, and/or transportation, or insist on transportation to a destination other than that recommended by the Emergency Care Provider.

POLICY
Overview
For the purposes of the refusal procedure, a “patient” is defined as, a person evaluated by EMS personnel, for an actual or potential injury or medical problem. These persons may have requested an EMS response or may have had an EMS response requested for them. Due to the hidden nature of some illnesses or injuries, providers should make every attempt to perform a Patient Assessment on all patients. Even if only by visual inspection, patients initially refusing care shall receive as thorough a Patient Assessment as possible, with all assessment findings documented as appropriate on the Patient Refusal Form and PCR.

Patient Assessment
The Patient Assessment of any patient refusing medical treatment or transport will include the following areas:

- Visual Assessment – To include responsiveness, level of consciousness, orientation, obvious injuries, respiratory distress, initial impression, and gait,
- Initial Assessment – Airway, breathing, circulation, and disability,
- Vital Signs – Pulse, blood pressure, respiratory rate and effort; pulse oximetry and/or blood glucose when clinically indicated,
- Focused Exam – As dictated by the patient’s complaint (if any).
Medical Decision Making Capacity Determination – As defined below and as indicated on the Patient Refusal Form

In the event an ECP is unable to obtain any portion of the assessment, thorough documentation of such must be included in the PCR. This documentation should include what portion of the assessment was not gathered (e.g. vital signs), and the reason the assessment was not completed (e.g. combative/uncooperative patient).

Medical Decision Making Capacity

In order to ensure that a patient exhibits the capacity for medical decision-making, the patient must have the ability to understand the nature and consequences of their medical care decision. A patient evaluated and found to have any one of the conditions listed as High Risk Criteria, may lack the capacity to make medical decisions regarding assessment, treatment, and/or transport and further cognitive evaluation is required.

It is highly recommended that the ECP contact On-line Medical Control for any patient meeting more than one High Risk criterion. The ECP should also consider the utilization of additional resources (i.e. EMS Supervisor, On-line Medical Control, Mental Health Crisis Team, and Law Enforcement), to assist in convincing these patients to be transported for further evaluation, prior to obtaining a refusal.

If deemed necessary and authorized by Law Enforcement, transport High Risk patients to the closest appropriate medical facility under Iowa Code 229.22, “Hospitalization – Emergency Procedure,” referred elsewhere in this document as implied consent. If implied consent transport is initiated, consider the use of the Agitation Protocol for non-cooperative patients.

High Risk Criteria

In Section (I) of the EMS Refusal Form, Medical Capacity, any single “Yes” answer, requires the completion of Section (V) the EMS Cognitive Evaluation.

- A patient exhibiting signs or symptoms of altered mental status from any cause including altered vital signs, intoxication from drugs and/or alcohol, presumed metabolic causes (ingestion, hypoglycemia, stroke, etc), head trauma, or dementia.
- Any patient less than 18 years of age that is suffering from an acute life-threatening event, unless they are an emancipated minor.
- Any patient who attempts suicide, presents a danger to themselves or others, or who is verbalizing suicidal intent.
- Any patient who is acting in an irrational manner, which a reasonable person would believe impairs their capacity to make medical decisions.
- Any patient with a severe illness or injury to the extent that a reasonable and medically capable person (or, for a pediatric patient, the parent/guardian) would seek further medical care.
- Suspected, patient admitted, or obvious signs of alcohol or illicit drug use
- Suspected, patient admitted, or obvious signs of head injury
- Unsteady gait
- Slurred speech
• Abnormal pupils
• Age greater than 65 years
• Pulse > 120 or <50
• Systolic blood pressure >200 or <90
• Respirations >29 or <10
• Initial GCS of <10
• Serious Chief Complaint with altered vital signs (CC)
  o Chest pain
  o Shortness of breath
  o Syncope, etc
• Serious Mechanism Of Injury (MOI) with associated injury or high suspicion of injury
  o Fall >6’ or twice the patient’s height
  o Motor vehicle crash involving roll-over, steering wheel deformity, broken seat backs, or suspected patient caused windshield damage
  o Penetrating trauma, etc

Refusal Form Completion Guidelines
Though pre-hospital patient care refusals are inherently High Risk, for clarity during refusal form completion, patient refusals are classified into three sub groups; each requiring a specific standard. They are:

“Low Risk”
• No “YES answers in Section (I) Medical Capacity
  o Patient seemingly does not lack the capacity to refuse care
• Proceed to Sections (III) and (IV)
  o Sections (II) & (V) are NOT required
• Obtain Informed Consent
• Document Patient Disposition
• Obtain Signatures

“Medium Risk”
• One “YES” answer in Section (I) Medical Capacity
  o Patient may lack the capacity to refuse care, further cognitive evaluation is required
• Proceed to Section (V) and complete the EMS Cognitive Evaluation
  o Score of 23 to 29 = “no impairment
    ▪ Continue with refusal proceed to Sections (III) and (IV)
    ▪ Obtain Informed Consent
    ▪ Document Patient Disposition
    ▪ Obtain Signatures
  o Score of 19 to 22 = questionable impairment
    ▪ Consider OLMC and use of additional resources (supervisor, Law Enforcement, etc.)
    ▪ Continue with refusal proceed to Sections (III) and (IV)
    ▪ Obtain Informed Consent
• Document Patient Disposition
• Obtain Signatures
  o Score of <19 = probable impairment – “High Risk

“High Risk”
• Two or more “YES” answer in Section (I) Medical Capacity or <19 points on EMS Cognitive Evaluation
  o Patient may lack the capacity to refuse care
• OLMC is Highly Recommended
• Consider utilization of additional recourses to convince patient to be transported
  ▪ Law Enforcement Officers
  ▪ Public Safety Chaplain/ Other Clergy
  ▪ Patients Primary Clinician
  ▪ Family Members
  ▪ EMS Supervisor
  ▪ Fire Duty Officer
  ▪ Mental Health Crisis Team
  ▪ Interpreter/ Communication Assistant (as appropriate)
  ▪ Other resources as appropriate
• Consider Implied Consent Transport
• If after every reasonable effort has been made to ensure the patient receives medical assistance and Implied Consent transport is not initiated by Law Enforcement continue to complete Sections II, III, & IV (as appropriate), obtain signatures, allow refusal, and assure accurate and thorough documentation on the PCR.

On-Line Medical Control
The EMS provider should consider the use of On-Line Medical Control anytime the patient does not wish transport, however; On-Line Medical Control is not required to obtain a patient refusal.

The purpose of the consultation is to obtain a “second opinion” with the goal of helping the patient realize the seriousness of their condition and accept transportation. The patient speaking directly to On-Line Medical Control facilitates this “second opinion.”

On-Line Medical Control consultation is highly recommended for the following:
1. The provider is unsure if the patient is medically capable to refuse treatment and/or transport.
2. The provider disagrees with the patient’s decision to refuse transport due to unstable vital signs, clinical factors uncovered by the assessment, or the provider’s judgment that the patient is likely to have a poor outcome if not transported.
3. Patients meeting two or more High Risk Criteria
4. Patient with a EMS Cognitive Evaluation score less than 19

Medical Control consultation is required for the parent or legal guardian refusing transport of a patient less than 18 years of age found to have any High Risk Criteria.

Documentation
Patient refusals are the highest risk encounters in clinical EMS. Careful assessment, patient counseling, and appropriate Medical Control consultation can decrease non-transport of high-risk refusals. Paramount to the decision-making involved in a patient refusal of assessment, treatment, and/or transport is the documentation of that refusal. This documentation must include:

1. Completion of the Refusal of Assessment, Treatment, and/or Transport Form:
   - Identify the date, time, and location of the incident
   - Identify the call number associated with the refusal
   - Identify Patient Information (Name, Address, & Birth date)
   - Complete Sections (I) through (V) as appropriate and indicated in the Refusal Form completion Guidelines.
   - Have the patient, parent, or guardian sign, date, and time the refusal form
   - Have a witness sign and print their name on the refusal form
   - ECP sign, date, and indicate the provider’s certification number on the form
   - If the patient refuses to sign, complete the “Patient refused to sign” box and gather at a minimum, one but preferably two, witness signatures (non-EMS staff) and have both ECP’s sign.

2. PCR documentation must include the provider’s assessment, any treatment provided, the reasons for patient refusal, and medical control consultation or lack of as outlined on the Patient Refusal Form.

3. Provide the patient, parent, or guardian with the copy of the refusal form.

4. Attach the original refusal form to the PCR (electronically or paper).