Purpose:

To establish guidelines for handling and documenting patient refusal of care or transportation.

Policy:

Whenever a qualified person refuses emergency medical evaluation or treatment, pre-hospital personnel shall utilize the following steps to determine the patient's ability to make an informed decision.

1. Legal Capacity

   If the patient answers “Yes” to at least one of the questions in this section the patient has the legal capacity to sign the refusal form.

   - Is the patient over the age of 18?
   - If a minor, is the patient married?
   - If a minor, is the patient legally emancipated by a court of law and able to produce a court order as evidence of the emancipation?

2. Mental Capacity

   If the answers to any of the following questions are “Yes” the patient may lack capacity to refuse care, though this is fact-specific determination and consultation with medical control is encouraged. Do not release Patient or allow to sign refusal
form unless an explanation is noted or, if Patient is less than 18 years of age, the refusal form is signed by a parent or legal guardian.

- Is the patient disorientated to Person, Place or Time?
- Is there possible use of ETOH / recreational drugs?
- Is the patient’s speech slurred, indicating possible ETOH or recreational drug usage?
- Is there an odor of ETOH about the patient?
- Does the patient stand or ambulate with an unsteady gait?

3. Medical Capacity

If the answers to any of the following questions are “Yes” the patient may lack capacity to refuse care, though this is fact-specific determination and consultation with medical control is encouraged. Do not release Patient or allow him / her to sign refusal form unless an explanation is noted or, if Patient is less than 18 years of age, the refusal form is signed by a parent or legal guardian.

- Has the patient suffered from a head injury?
- Does the patient present with abnormal pupils?
- Does the patient present with an altered level of consciousness?
- Does the patient have severe shortness of breath?
- Does the patient have an abnormal blood glucose level (<60mg/dl)?
- Does the patient have an abnormal Sa02 reading (<90%)?

4. Documentation of the circumstances of the refusal:

- Evaluate the patient as much as capable or allowed;
- Document the history and physical on the patient care report (PCR), charting as much information as is available, including refusal of any portion of the evaluation;
- Determine the appropriate plan of action for the patient, including field treatment and hospital destination.
- Clearly describe the plan of action to the patient, in easily understandable terms, along with the need for further hospital evaluation.
- If the patient continues to refuse medical evaluation, treatment, or transport:
  - Make every reasonable attempt to convince the patient of the need for further medical evaluation and treatment, including a clear description of the potential risks and consequences of refusing care.
  - Document the following information on the PCR:
All medical care given including a general assessment of the patient, level of consciousness, any complaint and associated injury or signs / symptoms the patient may have.

- Full set of patient vital signs.
- The apparent competency of the patient to refuse treatment
- Any explanations to the patient, including potential risks and consequences of refusal of care.
- The patient's own words verbalizing an understanding of the event, refusal of care, and an understanding of the potential consequences of refusal of treatment or transport.
- The signature of any witnesses present.
- The patient, parent, or legal representative should sign the authorized refusal form. If the patient, parent, or legal representative refuses to sign, that should be clearly documented.
- As a last resort, if the patient is a minor and the parent or legal guardian is not present at the scene, verbal consent may be obtained from the parent. Caution should be used by the ECP’s when leaving the minor patient without observation due to the absence of an adult or guardian. When possible patient should be left in the observation of an adult or guardian.

5. At no time should pre-hospital personnel put themselves in danger by attempting to treat or transport patients who refuse care. Pre-hospital personnel should use good judgment and the appropriate support agencies for assistance under these circumstances.