REFUSAL OF TREATMENT / TRANSPORT
STATEWIDE BLS PROTOCOL

Criteria:

A. Patient with illness or injury refuses treatment or transport.
B. Individual with legal authority to make decisions for an ill or injured patient refuses treatment or transport.

Exclusion Criteria:

A. Patient involved in incident but not injured or ill, See Protocol #112.

System Requirements:

A. [OPTIONAL] An EMS agency or region may require its providers to complete an EMS Patient Refusal Checklist as part of the PCR for every patient that refuses transport. Regional medical treatment protocol may require contact with medical command physician for all patients refusing treatment and/or transport.

Procedure

A. All Patients:

1. Assess patient using Initial Contact and Patient Care Protocol #201.
   a. If the patient is combative or otherwise poses a potential threat to EMS practitioners, retreat from the immediate area and contact law enforcement.
   b. Consider ALS if a medical condition may be altering the patient’s ability to make medical decisions.

2. Attempt to secure consent to treatment / transport.

3. Assess the following (use EMS Patient Refusal Checklist if required by regional or agency):
   a. Assess patient’s ability to make medical decisions and understand consequences (e.g. alert and oriented x 4, GCS=15, no evidence of suicidal ideation/attempt, no evidence of intoxication with drugs or alcohol, ability to communicate an understanding of the consequences of refusal).
   b. Assess patient’s understanding of risks to refusing treatment/transport.
   c. Assess patient for evidence of medical conditions that may affect ability to make decisions (e.g. hypoglycemia, hypoxia, hypotension)

4. If acute illness or injury has altered the patient’s ability to make medical decisions and if the patient does not pose a physical threat to the EMS practitioners, the practitioners may treat and transport the patient as per appropriate treatment protocol. Otherwise contact medical command. See Behavioral Disorders/Agitated Patient (Restraint) protocol #801 is appropriate.

5. Contact medical command, when available communication technology permits, if using the EMS Refusal Checklist and any response is completed within a shaded box or if patient assessment reveals at least one of the following:
   a. EMS practitioner is concerned that the patient may have a serious illness or injury.
   b. Patient has suicidal ideation, chest pain, shortness of breath, hypoxia, syncope, or evidence of altered mental status from head injury intoxication or other condition.
   c. Patient does not appear to have the ability to make medical decisions or understand the consequences of those decisions.
   d. The patient is less than 18 years of age.
e. Vital signs are abnormal.

6. If patient is capable of making and understanding the consequences of medical decisions and there is no indication to contact medical command or medical command has authorized the patient to refuse treatment/transport, then:
   a. Explain possible consequences of refusing treatment/transport to the patient
   b. Have patient and witness sign the EMS Refusal Checklist or other refusal form
   c. Consider the following:
      1) Educate patient/family to call back if patient worsens or changes mind
      2) Have patient/family contact the patient’s physician
      3) Offer assistance in arranging alternative transportation.

B. Document: The assessment of the patient and details of discussions must be thoroughly documented on the patient care report (PCR). EMS agencies may choose to require that practitioners complete the EMS Patient Refusal Checklist that is included in this protocol as part of the PCR for every patient that refuses treatment. In the absence of a completed EMS Patient Refusal checklist, documentation in the PCR should generally include:

1. History of event, injury, or illness.
3. Assessment of patient’s ability to make medical decisions and ability to understand the consequences of decisions.
4. Symptoms and signs indicating the need for treatment/transport.
5. Information provided to the patient and/or family in attempts to convince the patient to consent to treatment or transport. This may include information concerning the consequences of refusal, alternatives for care that were offered to the patient, and time spent on scene attempting to convince the individual.
6. Names of family members or friends involved in discussions, when applicable.
7. Indication that the patient and/or family understands the potential consequences of refusing treatment or transport.
8. Medical command contact and instructions, when applicable.
9. Signatures of patient and/or witnesses when possible.

Possible MC Orders:

A. Medical command physician may request to speak with the patient, family, or friends when possible.

B. Medical command physician may order EMS providers to contact law enforcement or mental health agency to facilitate treatment and/or transport against the patient’s will. In this case, the safety of the EMS practitioners is paramount and no attempt should be made to carry out an order to treat or transport if it endangers the EMS practitioners. Contact law enforcement as needed.

Notes:

1. If the patient lacks the capacity to make medical decisions, the EMS practitioner shall comply with the decision of another person who has the capacity to make medical decisions, is reasonably available, and who the EMS practitioner, in good faith, believes to have legal authority to make the decision to consent to or refuse treatment or transport of the patient.
   a. The EMS practitioner may contact this person by phone.
b. This person will often, but not always, be a parent or legal guardian of the patient. The EMS practitioner should ensure that the person understands why the person is being approached and that person's options, and is willing to make the requested treatment or transport decisions for the patient.

2. If the patient is 18 years of age or older, has graduated from high school, has married, has been pregnant, or is an emancipated minor, the patient may make the decision to consent to or refuse treatment or transport. A minor is emancipated for the purpose of consenting to medical care if the minor’s parents expressly, or implicitly by virtue of their conduct, surrender their right to exercise parental duties as to the care of the minor. If a minor has been married or has borne a child, the minor may make the decision to consent to or refuse treatment or transport of his or her child. If the minor professes to satisfy any of the aforementioned criteria, but does not satisfy the criterion, the EMS practitioner may nevertheless comply with the decision if the EMS practitioner, in good faith, believes the minor.

3. If a patient who has the capacity to make medical decisions refuses to accept recommended treatment or transport, the EMS practitioner should consider talking with a family member or friend of the patient. With the patient's permission, the EMS practitioner should attempt to incorporate this person's input into the patient's reconsideration of his or her decision. These persons may be able to convince the patient to accept the recommended care.

4. For minor patients who appear to lack the capacity or legal authority to make medical decisions:
   a. If the minor's parent, guardian, or other person who appears to be authorized to make medical decisions for the patient is contacted by phone, the EMS practitioner should have a witness confirm the decision. If the decision is to refuse the recommended treatment or transport, the EMS practitioner should request the witness to sign the refusal checklist of form.
   b. If a person who appears to have the authority to make medical decisions for the minor cannot be located, and the EMS practitioner believes that an attempt to secure consent would result in delay of treatment which would increase the risk to the minor's life or health, the EMS practitioner shall contact a medical command physician for direction. The physician may direct medical treatment and transport of a minor if an attempt to secure the consent of an authorized person would result in delay of treatment which the physician reasonably believes would increase the risk to the minor's life or health.
   c. If a person who appears to have authority to make medical decisions for the minor cannot be located, the EMS practitioner believes an attempt to secure consent would result in delay of treatment which would increase the risk to the minor’s life or health, and the EMS practitioner is unable to contact a medical command physician for direction, the EMS practitioner may provide medical treatment to and transport a minor patient without securing consent. An EMS practitioner may provide medical treatment to and transport any person who is unable to give consent for any reason, including minors, where there is no other person reasonably available who is legally authorized to refuse or give consent to the medical treatment or transport, providing the EMS practitioner has acted in good faith and without knowledge of facts negating consent.

5. The medical command physician may wish to speak directly to the patient if possible. Speaking with the medical command physician may cause the patient to change his or her mind and consent to treatment or transport.

Performance Parameters:

A. Compliance with completion of the EMS Patient Refusal checklist for every patient that refuses transport, if required by agency or regional policy.

B. Compliance with medical command physician contact when indicated by criteria listed in protocol.
EMS Patient Refusal Checklist

EMS Agency: ______________________ Date: ___________ Time: ___________

Patient Name: ______________________ Age: _______ Phone #: ___________________

Incident Location: ______________________ Incident #: ___________

Situation of Injury/Illness: ______________________

Check marks in shaded areas require consult with Medical Command before patient release

Patient Assessment:
Suspected serious injury or illness based upon patient history, mechanism of injury, or physical examination: __Yes__ No

18 years of age or older: __Yes__ No

Any evidence of:
Suicide attempt? __Yes__ No
Head Injury? __Yes__ No
Intoxication? __Yes__ No
Chest Pain? __Yes__ No
Dyspnea? __Yes__ No
Syncope? __Yes__ No

Patient Oriented to:
Person __Yes__ No
Place __Yes__ No
Time __Yes__ No
Event __Yes__ No

Vital Signs:
Consult Medical Command if:
Pulse _____<50bpm or >100 bpm
Sys BP _____ <100 mm Hg or > 200 mm Hg
Dia BP _____ <50 mm Hg or > 100 mm Hg
Resp _____< 12rpm or > 24rpm
If altered mental status or diabetic -(ALS only)-
Chemstrip/Glucometer: ________mg/dl < 60mg/dl
If chest pain, S.O.B. or altered mental status --
SpO2 (if available): ______% < 95%

Risks explained to patient:
Patient understands clinical situation __Yes__ No
Patient verbalizes understanding of risks __Yes__ No
Patient's plan to seek further medical evaluation: ______________________

Medical Command:
Physician contacted: ______________________ Facility: ______________________ Time: ___________
Command spoke to patient: Yes __ No __ Command not contacted __ Why? ______________________
Medical Command orders: ______________________

Patient Outcome:
__ Patient refuses transport to a hospital against EMS advice
__ Patient accepts transportation to hospital by EMS but refuses any or all treatment offered
   (specify treatments refused: ______________________)
__ Patient does not desire transport to hospital by ambulance, EMS believe alternative treatment/transportation
   plan is reasonable

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 ______________________

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EMS Patient Refusal Checklist (Spanish Language Version)

EMS Agency: ___________________________ Date: ___________ Time: ___________

Patient Name: ___________________________ Age: ________ Phone #: ___________________________

Incident Location: ____________________________________________________________________________

Incident #: ____________________________________________________________________________

Situation of Injury/Illness:

Check marks in shaded areas require consult with Medical Command before patient release

**Patient Assessment:**

Suspected serious injury or illness based upon patient history, mechanism of injury, or physical examination: __Yes__ __No__

18 years of age or older: __Yes__ __No__ Any evidence of: Suicide attempt? __Yes__ __No__

Head Injury? __Yes__ __No__

Intoxication? __Yes__ __No__

Chest Pain? __Yes__ __No__

Dyspnea? __Yes__ __No__

Syncope? __Yes__ __No__

Patient Oriented to:

Person __Yes__ __No__

Place __Yes__ __No__

Time __Yes__ __No__

Event __Yes__ __No__

**Vital Signs:**

Consult Medical Command if:

<table>
<thead>
<tr>
<th>Pulse</th>
<th>&lt;50bpm or &gt;100 bpm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sys BP</td>
<td>&lt;100 mm Hg or &gt; 200 mm Hg</td>
</tr>
<tr>
<td>Dia BP</td>
<td>&lt;50 mm Hg or &gt; 100 mm Hg</td>
</tr>
<tr>
<td>Resp</td>
<td>&lt; 12rpm or &gt; 24rpm</td>
</tr>
</tbody>
</table>

If altered mental status or diabetic (ALS only):

| Chemstrip/Glucometer: | mg/dl < 60mg/dl |

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

SpO2 (if available): _____% < 95%

Risks explained to patient:

Patient understands clinical situation __Yes__ __No__

Patient verbalizes understanding of risks __Yes__ __No__

Patient’s plan to seek further medical evaluation:

__________________________________________________________________________________________

__________________________________________________________________________________________

**Medical Command:**

Physician contacted: __________________________________________________________________________

Facility: __________________________________________________________________________

Time: __________________________________________________________________________

Command spoke to patient: Yes __ No __ Command not contacted __ Why? __________________________________________________________________________

Medical Command orders:

__________________________________________________________________________________________

Patient Outcome:

___ Patient refuses transport to a hospital against EMS advice

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

(specify treatments refused: __________________________________________________________________)

___ Patient does not desire transport to hospital by ambulance, EMS believe alternative treatment/transportation plan is reasonable

Este formulario se me ha entregado debido a que me he rehusado a recibir una evaluación, atención o transportación del personal de EMS (servicios médicos de emergencia) para mí o para el paciente al que represento. Entiendo que los de EMS no son médicos y que no están capacitados ni autorizados para diagnosticar y que su atención no toma el lugar de la de un médico. Reconozco que pudiera haber de por medio una grave herida o enfermedad que pudiera agravarse sino se recibe atención médica aunque yo (o el paciente) me sienta bien en estos momentos. Entiendo que podría yo cambiar de idea y llamar al 911 si el cuidado o asistencia son requeridos más tarde. Además sé que dicha atención está disponible en cualquier salón de emergencia de asistencia pública las 24 horas del día. Reconozco que este consejo me ha sido explicado por el personal de la ambulancia y que he leído y entendido este formulario completamente.

__________________________________________________________________________________________

Firma (Paciente u otro) __________________________________________________________________________

Fecha __________________________________________________________________________

EMS, firma __________________________________________________________________________

Signature (Patient or Other) __________________________________________________________________________

Date __________________________________________________________________________

EMS Provider Signature __________________________________________________________________________

Si no es el paciente, nombre y parentesco con el paciente (letra de imprenta) __________________________________________________________________________

If other than patient, print name and relationship to patient __________________________________________________________________________

Firma del testigo __________________________________________________________________________

Witness Signature __________________________________________________________________________

Effect 07/01/11

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