



Susquehanna Regional EMS Council, Inc.
Serving: Broome, Tioga, and Chenango Counties

REMAC Policy Statement

Supersedes/Updates: New
Reference NYS BLS Protocols
REMAC Policy 17-06

No. 17-15

Date: 05/10/2018

Patient Refusals

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Purpose:

This policy outlines the evaluation of a patient refusing treatment or transport and the documentation expected when obtaining such a refusal.

Policy:

I. Overview

Patient contact means that the certificate holder has assessed the patient and the circumstances in which the patient is found, when responding to a request for emergency medical services and that the patient has either accepted care or the patient's acceptance of care is implied from the circumstances or from his(her) inability to respond. (NYS DOH Part 800.3(aq) Definitions)

II. Evaluation

The evaluation of any patient refusing medical treatment or transport should include the following:

1. Visual Assessment – To include responsiveness, level of consciousness, orientation, obvious injuries, respiratory distress, and gait.
2. Initial Assessment – Airway, breathing, circulation, and disability.
3. Vital Signs – Pulse, blood pressure, and respiratory rate and effort. Pulse oximetry and/or blood glucose, when clinically indicated.
4. Focused Exam – As dictated by the patient's complaint (if any).
5. Medical Decision Making Capacity Determination – As defined below.

Patients at the scene of an emergency who demonstrate the ability to understand the nature and consequences of their medical care decisions shall be allowed to make decisions regarding their medical care, including refusal of evaluation, treatment, or transport. A patient, who is evaluated and found to have any one of the following conditions shall be considered incapable of making medical decisions regarding care and/or transport and should be transported to the closest appropriate medical facility under implied consent:

1. Altered mental status from any cause. See REMAC Policy 17-16 for a Patient Refusal following Reversal of Opioid Overdose.

2. Age less than 18 unless an emancipated minor or with legal guardian consent.
3. Attempted suicide, danger to self or other, or verbalizing suicidal intent.
4. Acting in an irrational manner, to the extent that a reasonable person would believe that the capacity to make medical decisions is impaired.
5. Unable to verbalize (or otherwise adequately demonstrate) an understanding of the illness and/or risks of refusing care.
6. Unable to verbalize (or otherwise adequately demonstrate) rational reasons for refusing care despite the risks.
7. No legal guardian available to determine transport decisions.

Patient consent in these circumstances is implied, meaning that a reasonable and medically capable adult would allow appropriate medical treatment and transport under similar conditions. Providers who identify a patient who is refusing transportation but requires transport under implied consent (due to lack of capacity) may require medical control consultation and law enforcement involvement to ensure the patient is transported to an appropriate emergency facility for evaluation. Medical care should be provided according to the most recent edition of the collaborative protocols adopted for use in the SREMS Region.

Once a patient assessed to lack decision-making capabilities is transported under implied consent to the appropriate emergency facility, a medical decision making capacity determination may be required for continued involuntary care and treatment.

Patients exhibiting the following “higher risk” criteria should receive particular attention for an appropriate evaluation and risk/benefit discussion prior to not transporting and the EMS provider may consider medical control consultation prior to obtaining a refusal:

Higher risk criteria

1. Age greater than 65 years or less than 2 months.
2. Pulse >120 or <50.
3. Systolic blood pressure >200 or <90.
4. Respirations >29 or <10.
5. Serious chief complaint (including, but not limited to chest pain, SOB, syncope, and focal neurologic deficit).
6. Significant mechanism of injury or high index of suspicion.
7. Fever in a newborn or infant under 8 weeks old.

Patients who have the ability to understand the nature and consequences of their medical care decision and wish to refuse care/transport may do so after the provider has:

1. Determined the patient exhibits the ability to understand the nature and consequences of refusing care/transport.
2. Offered transport to a hospital.
3. Explained the risks of refusing care/transport.

4. Explained that by refusing care/transport, the possibility of serious illness, permanent disability, and death may increase.
5. Advised the patient to seek medical attention and gave instructions for follow-up care.
6. Confirmed that the patient understood these directions.
7. Ensured that the patient signed the Refusal of Treatment/ Transport Form or documented why it was not signed.
8. Left the patient in the care of a responsible adult (when possible).
9. Advised the patient to call 911 with any return of symptoms or if they wish to be re-evaluated and transported to the hospital.

III. Medical Control:

The EMS provider may consider consulting medical control, if the patient does not wish to be transported. The purpose of the consultation is to obtain a second opinion with the goal of helping the patient realize the severity of their condition and accept transportation. Medical 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 transport because of 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 (See higher risk criteria, above).

Medical Control consultation is required for the parent or legal guardian refusing transport of a child being evaluated for a Brief Resolved Unexplained Event (BRUE) (Previously referred to as an Acute Life Threatening Event [ALTE]).

IV. 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 treatment and/or transport is the documentation of that refusal.

Documentation is expected to include:

1. In the prehospital care report the provider's assessment, treatment provided, reasons for refusal, determination of medical decision making capacity, and medical control consultation as appropriate.
2. Completion of a refusal of treatment/transport form (or electronic equivalent) that is in some form attached to the prehospital care report, to include at a minimum, the following:
 - a. Agency Name

- b. Date of Incident
- c. PCR associated with the refusal
- d. Patient's signature, date and time of refusal
- e. Witness signature, date and time of refusal

For agencies using an electronic medical record and a device capable of capturing patient and provider signatures electronically in the field, the agency may use a modified SREMS Region Refusal of Treatment/Transport Form for use on such an electronic device as approved by the Regional Medical Director or his/her designee.

See also SREMS refusal form and instructions.

SREMS Patient Refusal Form

Instructions to Provider: Complete form for all patients who are assessed and refuse pre-hospital care and/or transportation.

Complete all fields, enter N/A if Not Applicable.
Attach to paper PCR or scan for electronic attachment to ePCR.

Agency Name:

Date of Service: PCR#

Determination of Decisional Capacity:

- Altered mental status from any cause
- Age less than 18 unless an emancipated minor with appropriate documentation or with legal guardian consent
- Attempted suicide, danger to self or other, or verbalizing suicidal intent
- Acting in an irrational manner, to the extent that a reasonable person would believe that the capacity to make medical decisions is compromised or impaired
- Unable to verbalize (or otherwise adequately demonstrate) an understanding of the illness and/or risks of refusing care; and/or
- No legal guardian available to determine transport decisions

A patient, who is evaluated and found to have any one of the above conditions shall be considered incapable of making medical decisions regarding pre-hospital medical care and/or transportation and should be transported to the closest appropriate medical facility under implied consent.

Medical Control Criteria:

Physician
Consulted:

- Check to indicate if Medical Control was consulted

Medical Control Instructions:

Medical Control consultation **is required** for the parent or legal guardian refusing transportation of a child being evaluated for a Brief Resolved Unexplained Event (BRUE) (Previously referred to as an Acute Life Threatening Event [ALTE]).

Higher Risk Criteria:

Patients exhibiting the following "higher risk" criteria should receive particular attention for an appropriate evaluation and risk/benefit discussion prior to not transporting and the EMS provider may consider medical control consultation prior to obtaining a refusal:

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Provider Refusal Checklist

By signing, I confirm I have done the following:

- Determined the patient is able to understand the nature and consequences of the injury/illness and the risk of refusing pre-hospital medical care/transportation.
- Offered transportation to a hospital.
- Explained the risks of refusing pre-hospital medical care/transportation.
- Explained that by refusing pre-hospital medical care/transportation, the possibility of serious illness, disability or death may increase.
- Advised the patient to seek medical attention and gave instructions for follow-up medical care.
- Ensured that the patient understands these directions.
- Ensured that the patient signed the Patient Refusal Form, or documented the reason why it was not signed; and
- Advised the patient to call 911 with any return of symptoms or if they wish to be re-evaluated and transported to a hospital.

Provider Name: NYS EMT#

Provider Signature:

Reason for refusal of pre-hospital medical care and/or transportation and directions for follow-up medical care:

Refusal of Treatment/Transport This Section Should Be Read to the Patient

By signing the release, I agree that:

- I was offered transport to a hospital.
- The risks of refusing pre-hospital medical care and transportation were explained to me.
- By refusing the pre-hospital medical care offered to me, I may increase the possibility of serious illness, disability or death.
- I was advised to seek medical attention.
- I was made aware of how to access follow-up medical care.
- I understand the directions given to me, and the risks involved with refusing pre-hospital medical care/transportation against the advice of EMTs.

Follow-up Care:

If there is a return of symptoms or you become concerned, you should do one of the following:

- Call "911" and ask for an ambulance.
- Go to an Emergency Department or Medical Clinic.
- Contact your primary care doctor or their on-call answering service.

Release

I hereby refuse treatment and/or transportation to a hospital and I acknowledge that such treatment or transportation was advised by the emergency crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

Name: Date:

Signature: Time:

Witness: Patient refused to sign