



913

REFUSAL OF CARE AND/OR TRANSPORTATION

REVISION: 03/25

(Signature On-file)

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PURPOSE:

To define criteria and establish guidelines to be followed when a patient refuses emergency medical assessment, treatment and/or transportation and potential associated tasks.

DEFINITIONS:

Against Medical Advice (AMA) - A situation where a patient with capacity, refuses recommended medical treatment and/or transport to a healthcare facility after being advised of the potential risks, benefits, and consequences of their decision.

Capacity – Being fully alert and oriented, unimpaired by medical or mental illness, intoxication or injury, with complete understanding of one's circumstances as they relate to possible injury, illness or impairment, as well as the risks associated with refusal of treatment or transport, and not an emancipated minor.

Emancipated Minor - An individual under the age of 18 years who is either married, on active duty in the military, 15 years or older living separate and apart from his/her parent(s), or 14 years or older and emancipated by declaration of Superior Court.

Patient - An individual for whom an EMS response has been initiated, or requested, or who is perceived to require assistance proximate to a medical, behavioral, or traumatic condition. Any individual meeting this definition at any point is a Patient for the purposes of documentation.

Person - An individual with capacity, encountered by EMS personnel, whom upon questioning or initial assessment by EMS personnel, denies complaint(s), and demonstrates no observable medical need.

POLICY:

1) A patient with capacity, may decline all or part of the indicated assessment, treatment and/or transportation.

2) In order for a patient to refuse assessment, treatment and/or transportation, EMS personnel must explain:

- a. The medical condition(s) or potential condition(s) present.
- b. The recommended assessment, care or transport.
- c. The risks of refusing assessment, care or transport.
- d. The potential consequences, including worsening of the condition or death.

(See ANNEX)

3) For patients who refuse part or all of any indicated assessment, treatment and/or transportation, and, in the EMS field personnel's judgment, require assessment, treatment and/or transportation:

- a. Discuss with other scene personnel and/or family if appropriate.
- b. Contact medical control for further consultation.

4) Consider law enforcement assistance if:

- a. Patient poses a threat to self or others OR
- b. There is a threat of grave disability OR
- c. The refusing patient is a minor.
 - i. A legal guardian may consent by phone for a minor to refuse assessment, treatment and/or transport.
 - ii. The EMS Provider shall document the name and phone number of the legal guardian with whom they spoke.
 - iii. When possible, the EMS provider should obtain a witness signature verifying the legal guardian's consent.

5) Patients continuing to refuse treatment/transport despite the foregoing measures should sign the approved AMA form, which should also be witnessed by one of the following:

- a. Immediate family member (with contact information documented).
- b. Law enforcement officer.
- c. Other EMS personnel.

6) In cases of patients denying the presence of a medical complaint, refusing full assessment or refusing to sign the approved AMA form, the EMS provider shall document the circumstances, interactions and conversation on scene, detailing EMS attempts to assess, inform and assist, as well as the exact manner of patient refusal, inclusive of direct quotes. Non-patient (person) status or a finding of 'no medical merit' shall be thoroughly and unambiguously explained in the ePCR.

7) Consult with base hospital physician for all refusing patients who meet the following criteria:

- a. ALOC (If no longer experiencing symptoms)
- b. Age <4 or >65
- c. Head injury and/or intoxication with GCS=15
- d. Trauma plus anticoagulant therapy
- e. Chest pain
- f. Dyspnea
- g. Syncope
- h. Abnormal vital signs
 - i. Adult: (BP <90 or >200 systolic, HR <50 or >110/min, or RR <12 or >30/min)
 - ii. Pediatric:

Age	Heart rate (beats/min)	Systolic BP (mm Hg)	Respiratory rate (breaths/min)	Blood volume (ml/kg body weight)
Neonate	100–160	60–90	30–60	90
Infant	90–120	80–100	30–40	80
2–5 years	95–140	80–120	20–30	80
5–12 years	80–120	90–110	15–20	80
> 12 years	60–100	100–120	12–15	70

- 8) If you are unable to contact a Base Hospital Physician, make every effort to act in the patient's best interest and document the interaction diligently on the ePCR.
- 9) If a patient changes their mind after initially refusing any measure of treatment or transport, resume patient care according to the Routine Patient Care policy, as well as any applicable prehospital protocols, commencing with transport as indicated. In such cases:
 - a. If initiated, and if refusal signature already obtained, conclude the AMA ePCR with notes in the narrative to explain the situation, and,
 - b. Generate a new ePCR for the subsequent care and transport per the El Dorado County Documentation Policy.

ANNEX

Patient Refusal Rights and Information

You are refusing medical treatment and/or transport. Your health and safety are our primary concern, please remember the following:

Our evaluation and/or treatment is not a substitute for medical evaluation and treatment by a doctor. We advise you to see a doctor or go to a hospital emergency department.

Your condition may not seem as bad to you as it actually is. Without treatment, your condition or problem could become worse.

If you change your mind or your condition becomes worse please don't hesitate to call us back, by dialing 911. We will do our best to help you.

Don't wait! When medical treatment is needed, it's usually better to get it right away.

SPECIAL CONDITIONS:

Your condition has been discussed with a doctor at the hospital by radio or telephone and the advice given to you has been issued or approved by the doctor.

FOR MINORS: Instruct the patient's legal guardian that in this situation they are acting on behalf of the patient and they understand the above information regarding refusal of treatment or transport, and accept responsibility for the patient."