

Subject: **Patient Refusal of Service**

I. PHILOSOPHY

Competent adults are entitled to make decisions about their health care and have the right to refuse medical care. Caregivers have the legal and ethical responsibility to inform patients of the potential risks associated with refusing medical evaluation or care. This policy defines the factors and procedures emergency medical providers should consider when a competent patient refuses service. It should be kept in mind that prudent judgment is required to properly apply the precepts of this policy. Adherence to this policy does not absolve prehospital or hospital personnel from potential legal liability. North Coast EMS recommends that all prehospital provider agencies and (modified)base hospitals develop associated internal policies under the guidance of outside counsel. This policy is applicable to all levels of EMS responder personnel.

II. REFUSAL OF EVALUATION OR CARE

- a. For purposes of definition, refusal of evaluation or care refers to a person who has the potential of needing further medical evaluation or care by a physician. This is due to obvious or suspected injury or malady or the mechanism of injury is such so as to suspect an injury. Anyone who refuses evaluation, field care and procedures required or recommended by NCEMS policy and/or transportation is refusing the evaluation and/or transportation against medical advice (AMA).
- b. At no time may a spouse or relative, who is not the legal representative of the patient, make a decision to refuse evaluation, treatment or transportation for the patient.
- c. Parents or legal representatives (agents) have the right to refuse medical treatments for their minor children when doing so does not place the child at significant risk of substantial harm or suffering.
- d. For the purpose of this policy, patients, legal representatives (agents) of patients (by legal custody or Durable Power of Attorney for Health Care) or parents of minor patients may refuse medical care or may be released at the scene if they are **competent**.
- e. For the purposes of this policy, a properly completed and signed Physician Orders for Life Sustaining Treatment (POLST) or other physician signed "Do Not Resuscitate" (DNR) form should be followed unless the patient or patient's legal representative (see above section d.) requests additional interventions within the caregiver's scope of practice.

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III. AUTONOMOUS PATIENT DEFINED

Patients who meet at least one of the following criteria may refuse care *once they are deemed to be competent*.

- Adult – at least 18 years of age or older;
- An emancipated minor;
- A minor who is married;
- A minor who is in the military.

IV. COMPETENT PATIENT DEFINED

Patients (or their custodian) refusing assessment, refusing treatment, refusing transport, or requesting bypass must meet basic all of the following competency requirements:

- The patient or custodian is aware of the situation. (i.e. Time of day, location, and circumstance)
- The patient or custodian is aware of the extent of the injuries
- The patient or custodian is aware of the consequences of refusing care”

V. Actions of prehospital caregivers upon patient refusal of service

- a. When EMS personnel evaluate an autonomous and **competent** patient as defined in Section III, and find that treatment and transportation **are indicated**, all diligence and judgment will be used to convince the patient to agree to this. The AMA process shall include the following:
 1. Advisement of risks and alternatives.
 2. Assure that the patient understands the risks of refusing treatment and transport and still refuses. This shall be documented on the Patient Care Report.
 3. Assure that the patient is encouraged to seek medical care. This shall be documented on the Patient Care Report.
- b. The following must be documented on the PCR:
 1. Base contact, if indicated by the patient’s complaint, severity or clinical signs/symptoms.

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2. The patient's signature on the ambulance provider's patient refusal (AMA) form and documentation of this on the PCR., or documentation of the patient's refusal to sign the AMA form.
3. A witness's signature on the AMA form and documentation of this on the PCR. Complete documentation of the patient's clinical condition, including complete vital signs and a narrative that accurately reflects the patient's account of events.
4. A final offer of transport and documentation of this on the PCR.
5. Documented status of the patient upon EMS personnel departure from the scene.

VI. **IMPLIED CONSENT AND THE EMS PERSONNEL DUTY TO ACT**

- a. If a patient is determined not to be competent to make medical decisions, the patient is treated by implied consent. If this patient continues to resist evaluation, treatment or transportation, all reasonable measures including police assistance and/or appropriate use of physical restraint should be used in order to evaluate, treat and transport the patient. **At no time should EMS personnel place themselves in physical danger.**
- b. No patient should be encouraged to refuse evaluation, treatment or transportation.
- c. If the patient is unsure of their decision and requests guidance or advice from EMS personnel, EMS personnel will advise the patient to use paramedic transport for definitive hospital assessment and treatment.
- d. No person will be denied evaluation, treatment or transportation on the basis of age, sex, race, creed, color, origin, economic status, language, sexual preference, disease or injury. (If the patient is in a HazMat situation evaluation/care is withheld until the contamination is removed and the danger of contaminating the EMS personnel is eliminated.)
- e. If EMS personnel are experiencing difficulty in convincing a competent person to be transported, consideration should be given to contacting the paramedic Base Hospital for situational management support. Paramedics should be involved when considering this resource. When contacted by field personnel for guidance or assistance on either determining a patient's competence to refuse service or in convincing a competent patient to allow themselves to be transported, the emergency department physician or MICN should consider speaking to the patient, or to the patient's legal representative directly on the hospital's recorded EMS line.

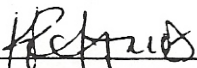
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VII. DOCUMENTATION

- a. In accordance with North Coast EMS policy #2402, a Patient Care Record shall be completed on all patient contacts. The PCR shall document all assessments and/or care rendered to the patient by any EMS prehospital care provider. The PCR must also specifically document any events where refusal of assessment, care and/or transport occurred. If the base hospital has been contacted for assistance in determining patient competence or in convincing the patient to allow themselves to be transported, this base contact should be documented in the PCR narrative section.

REV. 6/1/12

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Approved: 

Approved as to Form: 