



Patient Refusal Against Medical Advice & Release At Scene

EMS ADMINISTRATION 114

PURPOSE	<p>I. Provide guidance for EMS personnel to follow that allows patients to refuse treatment and/or transport against medical advice or be released at scene.</p>
DEFINITIONS	<p>I. PATIENT: A patient is defined as any individual identified by EMS personnel:</p> <ul style="list-style-type: none"> A. Who directly activated 9-1-1 resources on their own behalf. B. Has a physical complaint. C. Has an obvious injury: <ul style="list-style-type: none"> 1. The individual has signs of injury such as cuts, abrasions, etc. that follows a traumatic event. D. If the individual specifically requests medical evaluation and/or care. E. Has been involved in an incident, or has experienced a mechanism, with potential for injury. F. A person who has an altered mental status. G. A person who is unconscious or has an immediate history of fainting or seizure. H. A person who is under the influence of drugs or alcohol. I. A person who is deceased. J. A person who demonstrates impaired psychiatric function or suicidal intent. <p>II. AGAINST MEDICAL ADVICE (AMA): After assessment and recommendation from Advanced Life Support EMS personnel for treatment and transport, the patient who has decision-making capacity or the legal representative, declines treatment and/or transport.</p> <p>III. RELEASE AT SCENE (RAS): A patient who, after an assessment by EMS personnel, does not desire treatment and/or transport to an emergency department and does not meet protocol criteria for an emergency medical condition for treatment and/or transportation to an emergency department.</p>
POLICY	<p>I. PATIENT REFUSAL AGAINST MEDICAL ADVICE: ALS PERSONNEL ONLY</p> <ul style="list-style-type: none"> A. Principles: <ul style="list-style-type: none"> 1. A competent adult or a competent emancipated minor has the right to determine the course of their own medical care and shall be allowed to make decisions affecting their medical care, including refusal of care. 2. An adult or emancipated minor may refuse medical assessment, treatment, and/or ambulance / medical transportation, provided that they have capacity and have been advised of the risks and consequences. 3. Refusal of assessment, treatment and/or transportation should not be considered for patients who do not have the capacity to make decisions regarding their own care. A patient's capacity to make decisions may be significantly impaired by mental illness, drug or alcohol intoxication, physical or mental impairment, abnormal physiologic states or distracting circumstances.

4. Incidents where patients have attempted suicide, verbalized suicidal intent or when other factors lead EMS personnel to suspect suicidal intent, should have law enforcement involvement.
5. Minors (unless emancipated), cannot legally consent or refuse assessment or treatment. Provider must secure consent / refusal from parents or legal guardian(s). Minors must be left in the custody of a parent, legal guardian, conservator or law enforcement.
6. Consent to leave a minor on-scene can be obtained from a parent, legal guardian or conservator via telephone. Ensure complete documentation (including but not limited to): name of parent / legal guardian or conservator, relationship to patient, date and time.

B. Procedure:

1. When a competent adult or emancipated minor refuses indicated emergency treatment or transportation, EMS personnel shall:
 - a. Advise the patient of the risks and consequences which may result from refusal of treatment or transport.
 - b. The patient should be advised to arrange for medical care immediately, if appropriate or if he / she develops adverse symptoms at a later time.
 - c. Have the patient or his / her legal representative, as appropriate, sign the AMA form.
 - d. If the patient refuses to sign the AMA form, this fact and the reason they refused should be documented on the form.
 - e. If EMS personnel determine that a patient with an emergency medical condition does not have capacity to refuse assessment, treatment and/or transport, (and they still refuse) the following alternatives exist:
 - i. Request the appropriate law enforcement agency to the scene.
 - ii. Initiate consultation with the base hospital physician.
 - iii. If EMS personnel determine it is necessary to transport the patient against his / her will, and the patient resists or the EMS personnel believe the patient will resist, assistance from law enforcement should be requested in transporting the patient.
 - f. Give patient a list of urgent care facilities.

C. Documentation Essentials:

1. What the patient is refusing (i.e. medical care, transport).
2. Why the patient is refusing care and their plan for follow up care.
3. The apparent capacity of the patient to refuse care.
4. The presence of absence of impairment (i.e. drugs or alcohol).
5. Risk and consequence of refusing care as explained to the patient or legal representative.
6. Statement that the patient understands the risks and consequences of refusing care.
7. The patient understanding that they may re-access 911 if needed.
8. Signature of patient or legal representative refusing care.

D. Base Hospital Consultation:

1. Consider calling law enforcement especially if the patient is a child.
2. Paramedics should contact the Base Physician:
 - a. The patient requests transport to a facility that is not the destination recommended by EMS personnel.
 - b. Whenever the refusal of care and/or transport poses a significant threat to the patient's wellbeing.
 - c. Additional examples of situations where base physician contact should be made include but are not limited to:
 - i. Markedly abnormal vital sign.
 - ii. Uncontrolled hemorrhage.
 - iii. Suspected ischemic chest pain.
 - iv. Suspected new onset Acute Stroke.
 - v. Any patient meeting critical trauma criteria.
 - vi. Any time ALS medical treatment has begun and then the patient refuses transport.

II. RELEASE AT SCENE (RAS): BLS OR ALS PERSONNEL

A. Principles

1. The individual at no time requests EMS transport and after a complete assessment, the EMS provider agrees that no further treatment and/or transport is necessary.
2. An exhaustive and all-inclusive list of RAS conditions is not possible.
 - a. Examples:
 - i. A bystander calls 911 because an individual "appears dead" on the park bench. EMS arrives and determines after assessment that the individual was sleeping and is competent.
 - ii. A bystander calls 911 to report a possible traffic collision with injuries. EMS arrives and determines after assessment that all parties involved do not have a medical problem that either the individual or provider believes to require treatment and/or transport by the EMS system.
3. Consent to leave a minor on-scene can be obtained from a parent, legal guardian or conservator via telephone. Ensure complete documentation (including but not limited to): name of parent / legal guardian or conservator, relationship to patient, date, time, etc.

B. Eligibility for RAS:

1. All of the following must be present:
 - i. Be at least 18 years of age, a legally emancipated minor, or be the parent or legal guardian of a minor.
 - ii. Patient does not have a complaint of illness or injury that warrants further treatment and/or transport by the EMS system.

- iii. Patient does not have obvious evidence of illness or injury that warrants further treatment and/or transport by the EMS system.
- iv. Patient has not experienced an event or circumstance that could reasonably suggest or lead to illness or injury that warrants further treatment and/or transport by the EMS system.

C. Procedure:

1. Advise the patient on alternative care and transport options, including a list of urgent care facilities.
2. Complete an ePCR including documentation essentials.
3. Complete RAS form for each individual released at scene.

D. Documentation Essentials:

1. Who activated 911 and the reason for the call.
2. The apparent capacity of the patient to sign the RAS form.
3. The presence or absence of impairment due to drugs / alcohol.
4. The patient understanding that they may re-access 911 if needed.

III. RELEASED AT SCENE (RAS)- SUSPECTED AND/OR CONFIRMED COVID-19 PATIENTS

E. Evaluation:

1. Most infected persons with COVID-19 experience mild illness and fully recover. Those at high risk for severe illness and/or complications are patients who are elderly or have underlying medical conditions.
2. Public Health recommends that low risk patients potentially infected with COVID-19 experiencing mild disease self-isolate at home unless symptoms worsen.
3. Low-risk patients with mild symptoms of respiratory infection (e.g. fever, cough, upper respiratory illness, normal oxygen saturation, normal work of breathing) should be advised that their current condition does not require transport to the emergency department.

F. Eligibility for COVID-19 RAS:

1. The patient shall meet all criteria found on the COVID-19 checklist.

G. EMS personnel shall advise the patient directly or via their legal representative:

1. Stay at home and seek follow-up treatment as needed with their regular healthcare provider or physician if their symptoms worsen. Give the patient a list of urgent care facilities.
2. Isolate themselves at home, apply appropriate social distancing, avoid contact with high-risk persons, and self-monitor their condition for worsening symptoms.
3. Isolation period should continue until symptoms have resolved for 72 hours or are cleared by the patient's regular healthcare provider or physician.
4. While many people want COVID-19 testing, not everyone who is sick needs testing. These results will not change the management of those with mild illness

5. The desire for testing does not warrant transport via EMS. If testing is warranted, it should be coordinated via their usual healthcare provider. Give patient COVID-19 testing information flyer should they desire to pursue testing and are uninsured or underinsured.
6. The advice given should be documented on the Patient Care Record.

I. CRITERIA

A. The patient, guardian, or parent should meet each of the following criteria:

- Is an adult (18 years of age or over), is legally emancipated if under the age of 18, or is in the care of a parent or guardian.
- Is oriented to Person, Place, Time, and Situation.
- Exhibits evidence of decision-making capacity appropriate to understand the nature of the medical condition, as well as the risk and potential consequences of not seeking medical care/transport from the provider referral.
- The patient would benefit from the provider referral.
- The patient, guardian, or parent is likely to successfully navigate the provider referral.

B. Vital Sign Criteria

- Respirations < 22
- SpO2 ≥ 95%
- Heart Rate < 110
- Blood Pressure ≥ 100 Systolic
- No decreased LOC

C. Medical History

- Age < 60 years
- No lung OR heart disease
- Not diabetic
- Not immunocompromised
- Not pregnant