

**SECTION: Protocol G-09****TITLE: Patient Refusal and Documentation Procedure****REVISED: November 1, 2017**

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**Purpose:** This document was created to aid in defining the patient refusal process for all agencies operating within the Ada County/City Emergency Services System (ACCESS). In part, it may offer protection for those agencies while handling refusals of service and cancelations, specifically those refusals that are put forth against medical advice (AMA). The ultimate purpose of this protocol is to provide guidance to providers on how to assist the patient in being better informed through a complete discussion regarding the refusal.

Any time response personnel make contact with a potentially ill or injured individual(s):

- 1) in response to a dispatched call
- 2) when the individual(s) presents to a 911 agency outside the bounds of the 911 system (a walk-in)
- 3) when that individual(s) is discovered by a response agency during normal operations

The patient assessment is the foundation for treatment and other considerations. However, not all individuals desire an assessment, treatment or transport to a medical facility. Therefore, the assessment will always serve as the basis for determining medical competency as it relates to that patient's ability to refuse care.

**Patient:** These criteria are to be considered in the widest, most inclusive sense. *If there is any question or doubt, the individual should be treated as a patient in every respect (e.g. assessment, treatment, documentation).*

A patient is an individual that:

- 1.1. has contacted EMS and requested evaluation for a possible injury and/or illness.
- 1.2. has been assessed or examined by another System provider.
- 1.3. Law Enforcement personnel have requested an evaluation of an individual with a complaint. Consent to assess or treat must still be granted by the individual. In the event the individual is in custody, the Officer or Deputy may consent to or refuse evaluation, treatment, and/or transport for the person in custody.
- 1.4. has requested transport. Approved courtesy transports, or hospital transports of non-injured relatives or friends are excluded.

- 1.5. Is a minor who experienced some type of illness or injury.
  - 1.5.1. The following person(s) may consent to, or refuse the assessment, treatment, and/or transport of a minor:
    - 1.5.1.1. Minors' Parent
    - 1.5.1.2. Legal Guardian
    - 1.5.1.3. Law Enforcement that have taken custody of a minor
  - 1.6. is mentally disabled or incapacitated, and their mental status cannot be verified as normal by someone familiar with the individual.
  - 1.7. is not fully conscious, alert, and oriented that presents with illness or injury needing EMS attention.

*When considering the status of an individual as a potential patient, remember that it is incumbent that the provider completes a chart that is easily defensible to your peers, QA, QI, medical direction, supervision, and administration, and that minimizes personal and agency liability.*

## 2. Lift Assist:

- 2.1. In the case where only lifting assistance is required and **no assessment** was needed, refusal documentation is not required. In this case, the **No Patient** disposition will be used. In the narrative portion of the chart, the lift assist details and the absence of complaint or injury before and after the move need to be documented. Obtaining vitals is not required. For Fire agencies, in addition to the 'No Patient' EHR report, please use NFIRS code 554 (Assist Invalid) for 'Incident Type' and code 71 (Assist Physically Disabled) for 'Action Taken'.
- 2.2. In the event that an assessment was necessary prior to or after the lift assist and the patient refuses any further assessment or treatment, the **No Treatment/No Transport** disposition will be used and a refusal needs to be signed. In the narrative portion of the chart, the lift assist details and the details of the refusal need to be documented. Obtain vitals as needed. For Fire agencies, in addition to the 'No Treatment/No Transport' EHR report, please use NFIRS code 554 (Assist Invalid) for 'Incident Type' and code 71 (Assist Physically Disabled) for 'Actions Taken'.

2.3. In the event the individual who requests lifting assistance has a complaint of illness or injury, a regular assessment (including vitals) will be performed. All agencies: appropriate documentation (EHR report) and transport will be provided or '**Treatment, No Transport**' with refusal form (if non-transport) will be completed. Fire agencies complete appropriate NFIRS documentation.

### 3. Cancelled Call:

3.1. Crew is canceled for any reason prior to arriving "on scene".

### 4. No Patient:

4.1. Personnel arrive "on scene" and are advised by on-scene crews that they can 'clear'. Arriving personnel should make contact with the on-scene crews and determine patient disposition and if there is a need for transfer of care. If a transfer of care is not needed, unit will be placed back in service. Contact with on-scene crews will not be unnecessarily delayed.

4.2. Any call where a person is verified to be at their baseline mental status, AND who is not ill or injured.

### 5. Definitions:

- 5.1 **Against Medical Advice (AMA)** – Any refusal for assessment, treatment or transport deemed necessary by any provider.
- 5.2 **Assessment** – Physical or verbal assessment of an illness or injury in order to create a treatment plan (e.g. palpation, auscultation, visualization, focused questioning about chief complaint).
- 5.3 **Consent** – A Patient's authorization or agreement to undergo a specific medical assessment or intervention. This can be in the form of actual permission (informed consent) or in the form of an assumption that authorization would be given by an incapacitated patient or a minor's legal guardian (implied consent).
- 5.4 **Emergency Health Record (EHR)** – Legal documentation that includes patient information, patient history, vital signs, care provided and final disposition, etc.
- 5.5 **Informed Refusal** – A mentally competent patient must be informed of the risks of refusing medical treatment and/or transport using descriptive language that can be understood by the patient.

All specific risks that were discussed should be documented thoroughly.

- 5.6 **Medical Authority** – The provider with the highest level of medical certification on scene that is in charge of patient care.
- 5.7 **Refusal** – incidence where the patient does not want treatment or transport once an assessment has been started. Patients may accept parts of the offered services while refusing others. Patient's may accept transport, but refuse procedures, a refusal does not need to be completed, but should be documented in the narrative.
- 5.8 **Refusal Form** – Legal documentation of patients who refuse medical treatment or transport after an assessment. The patient is to be informed of the findings including all recommendations of the medical provider on scene that is in charge of patient care. In addition to completion of this electronic form, a refusing patient must be provided a copy of 'Notice of Privacy Practices', which will be documented in the narrative section of the chart.
- 5.9 **Pertinent Negatives** – absence of a sign or symptom that helps substantiate or identify a patient's condition. (e.g. denies chest pain, denies SOB, denies loss of consciousness, denies head or neck pain).

**Refusal Procedure:**

- 1) All patients deemed alert and oriented and who have capacity for decision making, will receive a comprehensive assessment (including complete vitals). In the event a comprehensive assessment is refused or is not possible, this will be documented in the narrative.
- 2) Patients should be informed of assessment findings and provided with recommendations that included treatment and transport options (i.e. ACP, personal vehicle, public transport).
- 3) Patients are to be advised of the risks and possible consequences of refusing care which could include the risk of death (if appropriate). In the case of a refusal on behalf of a minor, the parent or guardian must take responsibility for care of that patient.
- 4) The patient (or guardian) must sign the refusal form. The provider should advise the patient they may re-request assistance at any time. In the event a guardian is not on location, a verbal refusal may be documented in the narrative and noted on the patient signature line of the refusal form.

- 5) A witness signature must also be obtained from an individual present for the refusal discussion.
  - a. In order of preference, witness signatures may be obtained from:
    - i. a patient's family member or someone with the patient
    - ii. law enforcement
    - iii. responding crew member of another agency
    - iv. crew member of same agency.
  
- 6) If a patient declines to sign the refusal form, write "patient refused to sign" in the signature area. A witness signature should be obtained, if possible. A detailed explanation should be included in the narrative.

**This policy is not intended to replace the good judgment that will inevitably be required given the wide variety of situations that may be encountered.**

**Further Assistance:**

- 1) Providers are encouraged to contact the EMS Battalion Chiefs or utilize on-line Medical Direction in the event questions arise.
  
- 2) Field providers are directed to always hold a potential patient's best medical interest in mind regardless of considerations for cost, insurance, child care, or any other patient-perceived obstacle which would prevent that patient being evaluated at a definitive care facility.

Protocol

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