General Patient Care (GPC) – PATIENT-INITIATED REFUSAL OF EMS

A. Initiate General Patient Care.
For the purposes of this protocol, a patient is defined as any person encountered by in-service rescue or emergency medical personnel with an actual or potential injury or medical problem. (The term "patient," in this protocol only, refers both to patients and to persons who are potential patients. This protocol is not intended to determine the legal status of any person, the establishment of a clinician-patient relationship, or a legal standard of care.)

A minor patient is defined as a patient who has not reached their 18th birthday and is not
(1) Married, **OR**
(2) Parent of a child, **OR**
(3) Requesting:
  (a) Treatment for drug abuse or for alcoholism,
  (b) Treatment for Sexual Transmitted Infection (STI) or for contraception,
  (c) Treatment of injuries from alleged rape or sexual offense
  (d) Treatment for pregnancy-related conditions, **OR**
(4) Living separate and apart from the minor's parent, parents, or guardian, whether with or without consent of the minor's parent, parents, or guardian, and is self-supporting, regardless of the source of the minor's income.

An authorized decision maker for minor patients is defined as an adult who identifies themselves as the parent or guardian, or has written authorization for medical decision making or states that they have written authorization for medical decision making. Clinicians may request the parent or guardian to present identification and will document the name of the individual who identifies themselves as the decision maker.

B. A person may have requested an EMS response or may have had an EMS response requested for them. Because of the hidden nature of some illnesses or injuries, an assessment must be offered and performed, to the extent permitted, on all patients. For patients initially refusing care, attempt to ask them, "Would you allow us to check you out and evaluate whether you are OK?"

IF THE AUTHORIZED DECISION MAKER REFUSES TO PERMIT THE EMS CLINICIAN TO EXAMINE A MINOR PATIENT TO DETERMINE THE SEVERITY OF THE ILLNESS OR INJURY, CONSIDER CONTACTING LAW ENFORCEMENT FOR ASSISTANCE AND CONSULTATION WITH A PEDIATRIC BASE STATION.

C. Each patient's assessment shall include:
(1) Visual assessment – injuries, responsiveness, level of consciousness, orientation, respiratory distress, gait, skin color, diaphoresis
(2) Primary survey – airway, breathing, circulation, and disability
(3) Vital signs – pulse, blood pressure, respiratory rate and effort, pulse oximeter
(4) Secondary survey – directed by the chief complaint
  (a) Medical calls – exam of lungs, heart, abdomen, and extremities. Blood glucose testing for patients with diabetes mellitus. Neurological exam for altered consciousness, syncope, or possible stroke.

(b) Trauma calls – for patients meeting criteria in the *Maryland Medical Protocols Trauma Decision Tree* recommending transport to a Trauma Center: exam of neck and spine, neurological exam, palpation and auscultation of affected body regions (chest, abdomen, pelvis, extremities).

(5) Capability to make medical decisions (complete questions 1 through 3 on the Patient-Initiated Refusal of EMS form):
   (a) Alert and oriented to person, place, time, situation
   (b) Patient's capacity to understand the nature of illness and exercise judgment (see Refusal checklist)

ADDRESS LANGUAGE COMMUNICATION BARRIERS BY ENSURING THAT A "LANGUAGE TRANSLATION LINE" SERVICE IS USED, WHEN INDICATED.

D. Following the assessment, complete items 4 through 9 on the Patient-Initiated Refusal of EMS Form, noting the presence of conditions that may place the patient at higher risk of hidden illness/injury or of worse potential outcome.

E. Management

(1) Patients at the scene of an emergency who meet criteria to allow self-determination shall be allowed to make decisions regarding their medical care, including refusal of evaluation, treatment, or transport. These criteria include:
   (a) Medical capacity to make decisions – the ability to understand and discuss the nature and consequences of the medical care decision
   (b) Adult (18 years of age or greater)
   (c) Those patients who have not reached their 18th birthday and are:
      (i) Married, **OR**
      (ii) Parent of a child, **OR**
      (iii) Requesting:
         a. Treatment for drug abuse or for alcoholism,
         b. Treatment for STI or for contraception,
         c. Treatment of injuries from alleged rape or sexual offense, **OR**
         d. Treatment for pregnancy-related conditions
      (iv) Living separate and apart from the minor's parent, parents, or guardian, whether with or without consent of the minor's parent, parents, or guardian, and is self-supporting, regardless of the source of the minor's income.
   (d) A patient who has been evaluated by EMS clinicians as having 'yes' answers to questions 1, 2, and 3 on the Patient-Initiated Refusal of EMS form shall be considered to be medically capable to make decisions regarding their own care.
   (e) Patients with 'yes' answers to questions 1, 2, and 3 on the Patient-Initiated Refusal of EMS form, but one or more answers in the shaded boxes for questions 4 through 9 (medical conditions) have a higher risk of medical illness. The EMS clinician shall consult medical direction if the patient does not wish transport. The purpose of the consultation is to obtain a "second opinion" with the goal of helping the patient realize the seriousness of their condition and accept transportation.

(2) Any person at the scene of an emergency requesting an EMS response, or for whom an EMS response was requested, and who is evaluated to have any one of the following conditions, shall be considered incapable of making medical decisions regarding care and shall be transported, with law enforcement involvement, to the closest appropriate medical facility for further evaluation:
   (a) Continued altered mental status that impairs the patient's judgment, from any cause, including: influence of drugs or alcohol, metabolic causes (CNS or hypoglycemia), head trauma, or dementia
   (b) Attempted suicide, danger to self or others, or verbalizing suicidal intent
   (c) Acting in an irrational manner, to the extent that a reasonable person would believe that the medical capacity to make decisions is impaired
   (d) Judgment impaired by severe illness or injury to the extent that a reasonable and medically capable person would seek further medical care
   (e) On an Emergency Petition

(3) Further care should be provided according to the *Agitation – Adult* or *Agitation – Pediatric* protocol or other protocol sections as appropriate, based on patient's condition.

F. Base Station Hospital Physician Consultation

Patient refusals are one of the highest risk encounters in clinical EMS. Careful assessment, patient counseling, and appropriate base hospital physician consultation can decrease non-transport of high-risk refusals. Patients who meet any of the following criteria require Base Station hospital physician consultation:

(1) The clinician is unsure if the patient is medically capable of refusing transport.
(2) The clinician disagrees with the patient's decision to refuse transport due to unstable vital signs, clinical factors uncovered by the assessment, or the clinician's judgment that the patient may have a poor outcome if not transported.
(3) The patient was involved in any mechanism included in the *Trauma Decision Tree* that would recommend transportation to a Trauma Center.
(4) Minor patients: No parent, guardian, or authorized decision maker is available or the clinician disagrees with decision made by the parent, guardian, or authorized decision maker.

For patients with significant past medical history, consider consultation with the specialty center that follows the patient if possible.

Patients who do not meet the criteria above but have one or more answers in the shaded boxes for questions 4 through 9 on the Patient-Initiated Refusal of EMS form may have a higher risk of illness. In these situations, clinicians shall consult with the Base Station hospital physician.

G. Documentation
   (1) Complete Section One of the Patient-Initiated Refusal of EMS form, documenting the patient's medical decision-making capability and any "At-Risk" criteria.
   (2) Complete Section Two, which documents clinician assessment and actions.
   (3) Following patient counseling and Base Station hospital consultation, when indicated, complete Section Three: Initial Disposition, Interventions, and Final Disposition.
   (4) Document the assessment, care provided, elements of the refusal, medical decision-making capability, and "At-Risk" criteria in the eMEDS® report. Request that the patient and a witness sign the eMEDS® report to indicate refusal of treatment and/or transport.
   (5) If the patient/authorized decision maker refuses to sign the refusal statement:
      (a) Contact a supervisor.
      (b) Explain the need for a signature and again attempt to have the patient sign the refusal statement.
      (c) If not already done, have a witness sign the refusal statement.
      (d) Transmit the patient's unwillingness to sign the refusal statement on a recorded channel and document all steps taken to convince patient to sign.

General Patient Care (GPC) – PATIENT-INITIATED REFUSAL OF EMS (continued)

Section One:

When encountering a patient who is attempting to refuse EMS treatment or transport, assess his/her condition and record whether the patient screening reveals any lack of medical decision-making capability:

1. Alert?		❑ Yes	❑ No
2. Oriented to:	a. Person?	❑ Yes	❑ No
	b. Place?	❑ Yes	❑ No
	c. Time?	❑ Yes	❑ No
	d. Situation?	❑ Yes	❑ No
3. The patient has capacity to exercise judgment?		❑ Yes	❑ No

a. To evaluate judgment:

i. **Advise** the patient of EMS' clinical concern(s).

ii. **Ask** the patient to explain his/her understanding of the medical condition.

iii. **Assess** whether the patient understands the nature of his/her problem and the potential for a worsening condition or complications.

If ANY shaded boxes marked (above), transport

4. Adult vital signs – Patient 18 years or older			
a. Heart rate between 60–120 (inclusive)?	❑ Yes	❑ No	❑ NA
b. Systolic BP greater than 90?	❑ Yes	❑ No	❑ NA
c. Respirations between 10–30 (inclusive)?	❑ Yes	❑ No	❑ NA
5. Pediatric vital signs – Patient less than 18 years			
a. Age appropriate heart rate?	❑ Yes	❑ No	❑ NA
b. Age appropriate systolic BP?	❑ Yes	❑ No	❑ NA
c. Age appropriate respiratory rate?	❑ Yes	❑ No	❑ NA
6. High risk chief complaint (e.g., chest pain, dyspnea)?	❑ Yes	❑ No	
7. Head injury with history of loss of consciousness?	❑ Yes	❑ No	
8. Significant mechanism of injury or high suspicion of injury?	❑ Yes	❑ No	
9. For pediatric patients: ALTE, significant past medical history, or suspected intentional injury?	❑ Yes	❑ No	❑ NA

If ANY shaded boxes marked (above), consult

Section Two:

For clinicians: Following evaluation, document information and care below:

1. Was an assessment performed (including exam) on this patient?	❑ Yes	❑ No
If yes to #1, skip to #3		
2. If unable to examine, were vital signs attempted?	❑ Yes	❑ No
3. Was the patient or guardian convinced to accept transport?	❑ Yes	❑ No
4. Was medical direction contacted for a patient who is still refusing service?	❑ Yes	❑ No

Patient Refusal of EMS

I, _____, have been offered the following by _____ (EMS Operational Program) but refuse (check all that apply):

❑ Examination ❑ Treatment ❑ Transport

Patient Name: _____ Phone: _____

Patient Address: _____

Signature: _____Witness: _____

❑ Patient ❑ Parent ❑ Guardian ❑ Authorized Decision Maker (ADM)

If you experience new symptoms or return of symptoms after this encounter, we recommend that you seek medical attention promptly.

Section Three: (CHECK ALL THAT APPLY)

Initial Disposition:

❑ Patient refused exam ❑ Patient refused treatment ❑ Patient refused transport
❑ Patient accepted exam ❑ Patient accepted treatment ❑ Patient accepted transport
❑ ADM refused exam ❑ ADM refused treatment ❑ ADM refused transport
❑ Patient refused transport to the closest appropriate facility (per protocol)

Interventions:

❑ Attempt to convince patient ❑ Attempt to convince family member/ADM
❑ Contact Medical Direction (Facility: _____)
❑ Contact Law Enforcement ❑ None of the above available

Final Disposition:

❑ Patient refused exam ❑ Patient refused treatment ❑ Patient refused transport
❑ Patient accepted exam ❑ Patient accepted treatment ❑ Patient accepted transport
❑ ADM refused exam ❑ ADM refused treatment ❑ ADM refused transport
❑ Patient refused transport to the closest appropriate facility (per protocol)

Section Four: (MUST COMPLETE)

Provide in the patient's own words why they refused the above care/service:

_____
_____
_____
_____
_____
_____
_____

Jurisdiction _____ Incident: _____ Date: _____
Unit #: _____ Clinician Name/EID: _____Time: _____