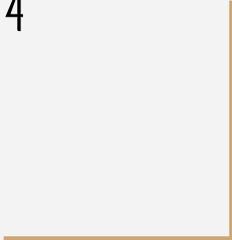




EMS ADULT REFUSAL

RBC FIRE/EMS 2024



GOALS

1. What is refusal
2. Which patients can refuse care
3. EMS definition of a patient who can refuse
4. Review RBC EMS protocol
5. How should an EMT approach and think about patient refusal
6. Medical control and refusals
7. Review essential and required charting for non-transport/refusals

What is a refusal

A patient who has decision-making capacity may refuse examination, treatment and transport by EMS.

EMS definition of patient who can refuse.

Questions to ask:

1. Does patient have **capacity** to make a decision
2. Does patient have a **high risk** situation that you feel they are in danger if not transported by you now.

What is the EMT doing:

You are assessing **risk** when you are deciding when to allow a refusal or not. In your opinion, is there no evidence that an acute emergency exists requiring transport now.

RBC EMS Protocol

0060 GENERAL GUIDELINES: PATIENT NON-TRANSPORT OR REFUSAL

0040 GENERAL GUIDELINES: CONSENT

EMS protocol divides all patient into **high risk** and **low risk** in the field.

High Risk: etoh, drug intoxication, all pediatrics, high energy mechanism, chest pain.

Determining who is high risk and low risk is based ENTIRELY on the EMS responders clinical judgment.

Presumption is that all high risk patients are going to be transported, and any patient who is intoxicated, or doesn't have the appropriate decision-making capacity or ability to understand the importance of their decisions, will be transported.

RBC EMS Protocol - what do you do

1. Must determine if the patient has the capacity to understand the situation and the risks of refusing EMS transport.
2. Must clearly inform the patient of your medical opinion and your assessment of what is in their best interests.
3. The EMT is responsible for reasonable assessment of the patient to determine if there is an injury/illness or reason for transfer or treatment only then is a patient's refusal informed.
4. If any medications are administered to the patient the EMT must discuss the case with medical direction before allowing a refusal
5. For the patient who refuses treatment, providing the patient with clear instructions and warnings is imperative (use and agency improved information is recommended)

Documentation for Refusals.

1. Must document: In the EMTs opinion of the patient's capacity and ability to make an informed decision and opinion of their ability to understand the risks of the condition/situation that they are in which may include death or significant morbidity and other decision to refuse care/transport
2. Must document your medical opinion at this moment in time no evidence of acute emergency condition exists which requires further care or transport by EMS
3. If you cannot document that the patient has informed decision-making capacity and that in your medical opinion no evidence of EMS emergency condition requiring transport exists then you cannot allow the patient to refuse transport without active medical direction involvement.

Implied and Involuntary Consent

Implied Consent: An unconscious or otherwise incapacitated adult is presumed to consent to treatment for life threatening injuries/illnesses

- Law Enforcement may authorize transport of prisoners in custody for evaluation but MAY NOT dictate treatment decisions
- Persons under a mental health hold (M1 or M0.5) can be transported involuntarily
- Patients do not require a mental health hold for transport if the patient does not have decision making capacity
 - It is reasonable to assume that a patient lacks decision making capacity if there is evidence that the patient has a mental illness, and as a result, appears to be in imminent danger to self, others, or are otherwise gravely disabled, psychotic, or otherwise unable to care for themselves
 - Efforts should be made to obtain consent to transport if able, and to preserve patient dignity throughout the process. Despite this, patients can be transported against their will if the patient lacks capacity.

What needs to be in the EMS note.

Vital signs, physical exam, gcs, bg, etoh, etc

Proper documentation:

Capacity,

Patient understanding

EMT thought process.

Documentation of risk assessment.

Provider impression make sense

Proper documentation of contact with medical control (if done)

Agency release form signed

Patient education: clear instructions and warnings.

CAPACITY - use CRAM Criteria

Patient meeting CRAM Criteria has capacity for refusal.

- **C - COMMUNICATE**

Can the patient communicate a clear choice ?

Alert/Oriented? Free from undue influence, including circumstances, substances and other persons?

- **R - RELEVANT INFORMATION**

Does that patient understand the relevant information regarding medical concerns of the treating provider?
Does the patient understand what the EMS provider thinks could be wrong based upon complaint, history and exam or what requires specialized testing and cannot be ruled out in the field? If present, does the patient understand that there are abnormal findings on history, exam, or bedside testing (glucose, ECG, etc)?
Does patient understand that absence of abnormal findings on history, exam, or bedside testing does not rule out acute life threatening medical condition?

CRAM continued

- **A – APPRECIATION**

Is there appreciation of the information (does the patient “get it”) ? Does the patient understand that the pre-hospital evaluation is limited and there is risk of undiagnosed emergency conditions which could be potentially life threatening? Does the patient understand that delay in transport/diagnosis/care may result in undesired outcome?

- **M – MANIPULATE**

Can patient repeat back their understanding of risks involved? Can patient give their rationale for refusing care?

The following should **NOT** be considered minor

1. Significant mechanism of injury
2. Chest pain
3. Shortness of breath with hypoxia or increased work of breathing
4. Abdominal pain
5. Headache (sudden onset or with neuro symptoms)
6. Altered mental status/intoxication of **any** degree
7. New onset vision loss or double vision
8. New onset ataxia, weakness, tingling, clumsiness or trouble speaking.
9. Pediatric patient.

Vital Sign Parameters

1. HR <110 and > 50
2. SBP <200 and >90
3. DBP <105 and >50
4. RR <24 and >12
5. Temp <100.4 and >96.8
6. SpO₂ $\geq 92\%$ or at patient's baseline
7. Glucose <300 and >70

Provider Impression

Do not chart non-transport/refusal

Should have charted clinical impression

Example: seizure, diabetic problem, fever, leg pain

If clinical impression is **high risk**

(altered mental status, chest pain, sob, intoxication, multiple trauma, abd pain, etc)

Rethink refusal and chart carefully.

Disposition for refusals

There are 4 options.

1. non-transport/patient refused treatment: AMA

AMA means that EMT did not feel they should have refused and did so against medical advice

1. Non-transport/patient refused treatment
2. Treated and released
3. POV

Role of medical direction

The provider in the hospital does not give you permission for refusal.

The provider can help an EMT with refusal

1. When you are unsure if the patient is appropriate for refusal, and want to run the case by another brain and see what they think.
2. When you feel the patient needs to be transported, but they are refusing. The provider can assist with educating the patient.
3. Realize that the provider is generally going to agree with what you are telling them over the phone. Use facts and data.

Special Circumstances

Spanish Speaking Patient.

Not recommended to have family member, friend, child interpret medical information.

Recommend using approved interpreter service that can due multiple languages.

Can a parent refuse for their 18 yr old child

Once a child turns 18,
even if the child is covered by the parents' health care plan,

The parents have no legal authority to make medical decisions on behalf of the child without a health care directive signed by the child, also known as a medical power of attorney.

Without this signed document, a parent might even have to get court approval to be able to act on behalf of the adult child. A health care directive is a signed legal document that allows the parent, or other designated individual, to make medical decisions on behalf of the child when that child is unconscious or otherwise unable to make decisions for himself/herself.

Summary of Responsibility of EMT

*The refusal will stand or fall based on the
thinking and charting of the EMT*

There is not known case law where an emergency department physician was successfully litigated against in these situations, but the EMT, agency, and EMS medical director have been.

The EMT license is on the line: think and chart patient care

Questions