PURPOSE

To define the regulations of patient refusals.

MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Amita Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

N/A

PROCEDURE

When patients refuse care, they are exercising their right to terminate the relationship with the EMS system. This assumes that patients understand their illness/injury, realize the potential harm of refusing care, and are able to interpret this information; therefore, coming to a reasoned decision to refuse care. If these assumptions are true, then the patient is expressing an autonomous decision that supersedes EMS’s obligation.

I. Assess the patient’s mental status and his/her ability to understand your explanation: A minor or a patient who is intoxicated, in shock, or has a head injury is NOT COMPETENT and CANNOT refuse treatment.

Note: Just because a patient has been drinking alcohol, does not mean that the patient is not capable of making an informed decision. If your patient appears intoxicated, it is important to document the characteristics that make it so, i.e. slurred speech or staggering. Documentation of just “AOA” on the run sheet is not acceptable.

II. Assess the potential for serious or life-threatening injury/illness: Let’s assume you arrive at the scene of an accident with damage to the vehicles(s), and the driver of one car tells you that he hit his head and has some neck pain but he does not want to go to the hospital. It is suggested that your first use your powers of persuasion to convince the patient to go to the hospital.
A. Assess the mechanism of injury/illness: Does the mechanism of injury/illness suggest the likelihood of serious injury, permanent disability or death?

B. Ask:

1. Do you have any pain?
2. Are you having any trouble breathing?
3. Were you knocked out or have you lost consciousness?
4. Have you been drinking alcoholic beverages?
5. Do you know what day it is, who are you, where you are, what just happened?

C. Perform a secondary assessment if the patient consents.

D. Observations and documentation

1. Is the patient’s speech appropriate or slurred?
2. Is the patient using appropriate language or is the language vulgar?
3. Is the patient’s gait steady or staggering?
4. Did the patient threaten staff?
5. Is the patient cooperative or combative?

E. IF A PATIENT IS MENTALLY INCOMPETENT AND THERE IS A POTENTIAL FOR SERIOUS INJURY, THEN THE PATIENT MUST BE TRANSPORTED TO THE HOSPITAL, IF NECESSARY UNDER POLICE CUSTODY.

III. Inform the patient of the following:

A. Any illness/injury could result in permanent disability or death and he/she should be evaluated by a physician. Make sure the patient is able to repeat the risks associated with refusing treatment back to you.

B. They are welcomed to call the EMS personnel back at any time (leave the patient with the impression that you are not angry and provide appropriate care.)

IV. Hospital Authorization Required

A. ALWAYS attempt to contract the resource hospital via telemetry Radio from the scene for patients who refuse medical care that:

1. Complain of pain.
2. Are having difficulty breathing.
3. Had a positive loss of consciousness.
Subject: Patient Right of Refusal

4. Have been drinking alcohol to the point of impairment.
5. Are not conscious, alert and oriented.
6. Have an unsteady gait.
7. Are talking incoherently or with slurred speech.
8. Have been given medications by EMS (except Glucose)

B. Should there be circumstances not listed above in this policy or if the EMS personnel are not comfortable granting the refusal without contacting the resource hospital, they may do so at their discretion.

C. If you cannot contact the Resource Hospital from the scene, or if calling the hospital delays the transport of others needing immediate transport, your assessment of the patient’s competence and potential for serious injury should dictate your actions. Contact with the Resource Hospital shall take place at the earliest possible time.

V. Hospital Authorization NOT Required

A. For trauma patients who are mentally competent and have no visible injuries, it is NOT necessary to contact the resource hospital or take vital signs. Advice the patient of the risks listed in III A & B and have the patient sign a refusal form.

B. Medical patients who are mentally competent and have not been given any medications it is NOT necessary to contact the resource hospital. Advice the patient of the risks listed in III A & B and have the patient sign a refusal form.

C. For minor accidents when the patient did not call for medical assistance, (i.e. a passer by called the ambulance) and has no visible injuries, it is NOT necessary to have the patient sign a refusal form. Document that services not needed, the patient was not injured and did not call for medical assistance.

VI. Refusal of Services Form

A. Document all your findings; patient name and address, mechanism of injury, physical finding, etc. IF IT WAS NOT DOCUMENTED IT WAS NOT DONE.

B. Have the patient sign the Refusal of Services Form. If the patient refuses evaluation, any recommended treatment, or transportation to a hospital. Be specific; identify on ambulance report exactly what the patient refused.

C. Have any friends, family members, other EMS personnel or ideally a police officer sign as a witness. The more witnesses the better. Have the witnesses hear you inform the patient of risks listed in III.
D. If the patient refuses to sign the form, document it and have the witnesses sign as above.

E. Document the name of the RN/MD who granted the refusal if applicable.

F. The signed copy of the Refusal of Services Form MUST be kept by the provider. The pink copy of the Refusal of Services Form should be dropped off or mailed to the Trauma Office.

G. When you have multiple, (up to 7) patients singing the Refusal of Services Form, the demographic information at the top of the form is for the driver of the vehicle.

PLEASE REMEMBER: THIS POLICY PROTECTS YOU AND THE PATIENT. IF YOU USE COMMON SENSE AND PRACTICE GOOD DOCUMENTATION YOU WILL BE PROTECTED. WE DO UNDERSTAND THERE WILL BE SITUATIONS THAT MAY ALTER THE WAY YOU HANDLE EACH REFUSAL. IF YOU HAVE PROBLEMS PLEASE LET US KNOW!

Kevin Bernard DATE: 03/29/2019
Department Leader

NOTE: Policies with original signatures are on file in Administration.