

South Metro Fire**Clinical Policies and Procedures**

Title:	No Transport and Refusal of Care
Effective Date:	December 15, 2015
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Standard:	Patient Care and Transport
Policy:	The autonomy of patients will be respected as it relates to refusal of care and/or ambulance transport while acknowledging the responsibility of HEMT/SMFD to ensure that such events are patient centric and based on informed decision making.

I. Purpose

- To establish decision criteria where the need for care by EMS or transport by ambulance is uncertain or when the patient is refusing service.
- To establish guidelines that respect the patient's or legal guardian's right to refuse care and transportation provided they demonstrate appropriate capacity to comprehend the situation and the consequences of their refusal.
- To minimize the chances of abandonment, under-treatment, or not providing care or transport to patients at risk by ensuring adequate patient assessment and situational awareness.
- To establish documentation expectations for patients who are not transported.

II. Definition

- Refusal of Assessment**: Defined as the refusal by an individual to allow HEMT/SMFD providers to assess them in situations and for conditions which the HEMT/SMFD providers can reasonably assume a **life-threatening condition does not exist**. For example, MVA where SMFD was called by third party.
- Assess Only No Transport**: Defined as refusal of any care/transport after a proper assessment has been conducted, following which the HEMT/SMFD provider **AND** patient (or their legal guardian) believe that a **life threatening condition is unlikely to exist**.
- Treat and Release**: Defined as refusal of transport after treatment has been rendered, following which both patient and HEMT/SMFD provider believe that a **life threatening condition is unlikely to exist** and that the patient does not require nor desire transport.
- Against Medical Advice**: Refusal of any care/transport in which the HEMT/SMFD provider believes that a **significant potential exists for a life or limb threatening condition**.
- Medical Capacity**: A patient possess Medical Capacity to consent or refuse medical care when they can demonstrate sufficient understanding and memory to comprehend, in a general way, the situation in which they find themselves and the ability to comprehend the nature and consequences of their acts. (See Policy Patient Consent/Capacity for process of determining Medical Capacity).

III. Procedure

- A. Under no circumstances will an HEMT/SMFD provider encourage refusal of treatment and/or transport to any patient encountered when the patient is requesting said treatment and/or transport.
- B. HEMT/SMFD providers may refuse treatment and/or transport of a patient if the scene and/or patient represent a threat to safety of the providers.
- C. The HEMT/SMFD provider with the highest level of certification present at the scene is responsible for the assessment of the non-transported patient and obtaining informed refusal of care by the patient. They may delegate the documentation of the encounter but are responsible for the content of the Patient Care Report. (See Responsibility for Care policy).
- D. Refusal of Assessment: If an individual does not meet any of the definitions of a patient (see Patient Defined policy), there is no need for the completion of a PCR. Document the call with an NFIRS report.
- E. Assess Only No Transport
 1. At times, it is appropriate to not transport patients for further care after proper assessment following a scene response. For this to occur, **both of the following conditions must be met**:
 - The HEMT/SMFD provider's assessment indicates no treatment or transport is needed.
 - The patient (or their legal guardian) agrees that no treatment or transport is needed by emergency medical services.
 2. If patient consents, at least one set of vital signs including blood pressure, pulse rate, respiratory rate, and GCS should be obtained. Additional assessments may include ECG, pulse oximetry, blood glucose measurement.
 3. The HEMT Aftercare Instructions should be used when appropriate for patient education and should be reviewed with the patient.
 4. Documentation on the **PCR must contain all** of the following;
 - Appropriate pertinent negatives supporting a non transport decision.
 - Assessment findings that support the crew's conclusion that no transport is indicated.
 - The patient's statement or actions indicating they did not want treatment or transport.
 - Advice, warnings, and any medical education provided to the patient, including if the HEMT Aftercare Instructions were used.
 - Patient condition at time of HEMT/SMFD crew departure from scene.
 - Signature of the patient or legal guardian in the "treat and release" section of the patient care report.
- F. Treat and Release
 1. Patients may be treated at a scene and then released without transport when **all of the following conditions are met**:
 - The care provided addressed the medical need or condition effectively.

- The patient is in good condition and is stable with no apparent or likely risk of deterioration.
 - The patient or their legal guardian and the HEMT/SMFD providers agree that treatment and no transport is appropriate for the situation.
 - The patient or their legal guardian has Medical Capacity to determine healthcare needs of the patient.
2. If any form of treatment is provided before release and no transport, a signature from the patient for release of liability is required.
 3. The HEMT Aftercare brochure should be utilized for patient education and reviewed with the patient. Fill in the assessment findings and run information in the appropriate sections of the brochure and leave it with the patient.
 4. Documentation on the **PCR must contain all of the following**;
 - Treatments provided and effect on the patient's condition.
 - Rationale for release versus transport.
 - At least two (2) sets of vital signs to include blood pressure, pulse rate, respiratory rate. Additional vital signs may include ECG, pulse oximetry, and blood glucose measurement as appropriate to the patient's condition.
 - Advice, warnings, and any medical education provided to the patient, including if the HEMT Aftercare Instructions were used.
 - Patient condition at time of HEMT crew departure from scene.
 - Signature of the patient or legal guarding in the "treat and release" section of the patient care report.

G. Refusal of Treatment and Transport Against Medical Advice (AMA)

1. Determine if the ill or injured party has the Medical Capacity to make health care decisions. (See Patient Consent and Medical Capacity policy) If uncertain, contact Medical Control for assistance.
2. When determining whether the patient has the appropriate "capacity" to refuse care or transport, all of the following criteria must be met:
 - The patient is 18 years of age or older. See below for instructions on refusal of treatment and/or transport of minors.
 - The patient is alert and oriented to name, place, time and current situation.
 - The patient does not appear to be significantly impaired due to alcohol, other mind-altering substances or drug usage, either prescription or non-prescription.
 - The patient has not expressed suicidal thoughts in words or actions.
 - The patient is not perceived to be a danger to self or others.
 - The patient does not have a legal guardian who should be making health care decisions on their behalf and can't be contacted.
3. When the patient refuses treatment or transport, and the crew has determined that the patient does have the capacity to make health care decisions on their own:
 - Advise the patient or responsible party of the risks associated with refusing and review any applicable section of the HEMT Aftercare brochure.
 - If the patient's decision puts them at risk for loss of life or significant adverse

effect, request and utilize consultation with on-line Medical Control.

- When available and appropriate, engage family members or friends to aid in the patient's decision-making process.
 - **Medical Control contact is required when an AMA refusal involves the following conditions;**
 - Chest pain consistent with Acute Coronary Syndrome
 - Acute altered mental status
 - Stroke symptoms
 - Respiratory distress
 - Parental refusal to assess and/or treat seriously ill or injured minor child
4. Prior to leaving a patient with Medical Capacity at the scene following an "against medical advice" refusal:
 - Re-state the risks associated with refusal in light of the patient's condition or assessment findings.
 - Inform the patient about the signs and symptoms to watch for that may indicate a worsening condition.
 - Advise them of specific actions to take should their condition deteriorate, including encouraging them to call 911 again, if needed.
 - Review the HEMT Aftercare brochure section pertaining to this event and leave it with the patient or the person responsible for the patient.
 - Confirm their comprehension of the information provided.
 - Request that the patient, or the person responsible for the patient, sign the HEMT release of liability form ("refusal of treatment & transport") in the patient care report. If the patient also refuses to sign, have a witness to their refusal sign the witness section.
 5. For any patient who does not demonstrate Medical Capacity, who is refusing care and transport, and who in your judgment is at grave risk by not accepting care, provide treatment and transport under one of the following forms of patient consent or state defined authorizations:
 - Implied Consent – If the patient had capacity, they would normally consent to treatment and/or transport under similar circumstances.
 - Substituted Consent – A family member or legal guardian consents to treatment or transport on the patient's behalf, since the patient lacks capacity to make the decision on their own.
 - Transport Hold – Under the direct order of a health officer or peace officer to treat and/or transport a mentally ill, chemically dependent or mentally retarded patient who is a danger to themselves or other.

IV. Documentation

- A non-transport PCR should be used to document this encounter.
- Information collected to determine whether the patient had the capacity to refuse care should include the following:
 - Ability to choose and communicate their decision.

- Ability to reason and understand the consequence of non-transport.
- Is clinically sober (See Patient Consent and Medical Capacity policy).
- Attempts to contact or inform other legally responsible persons.
- Advice, warnings, and medical education provided in an attempt to inform and protect the patient. This should include documentation regarding the review, receipt, and patient's expressed understanding of the content in the HEMT Aftercare brochure.
- Content of any communications with Medical Control or Law Enforcement.
- Signature of patient and/or witnesses on the "refusal of treatment and transport" section of the patient care report.
- Include in the patient care report the patient disposition or any stated plan of action. The name of any individual or agency you transferred responsibility for the patient to must also be documented.

Previous Versions: