



EMS SPONSOR HOSPITAL POLICY

PATIENT REFUSALS

Purpose:

Reduce the risk of patient harm and EMS provider liability associated with patient refusals of care and/or transport

Scope:

All Hartford Hospital Sponsored EMS Agencies.

Discussion:

Patient refusals may represent considerable risk of harm for the patient and medical/legal risk for the EMS provider. As a general rule, patient encounters resulting in refusal of transport should be allotted considerable time and effort by involved providers. Documentation should be at least as (if not more) comprehensive than that of a patient transport.

Policy:

EMS personnel will make every reasonable effort, with the assistance of direct medical oversight and/or local law enforcement when necessary, to convince reluctant patients to accept treatment and transport.

Law enforcement is to be involved when a patient refusing treatment or transport presents with altered mental status or diminished mental capacity, or presents a threat to him or herself. For cases in which the EMS provider feels a patient is not competent to refuse but law enforcement deems a PEER is not indicated, Direct Medical Oversight is required.

Any patient contact by Hartford Hospital Sponsored EMS personnel must result in complete documentation on a patient care report. When dealing with patients who are refusing treatment and/or transportation, thorough documentation is critical in reducing liability. Several specific items must be documented:

1. Accurate patient information, times, and date
2. Chief complaint and history of present illness
3. Complete prehospital exam including:
 - a. Mental status and competency. The patient's ability to engage in discussion and the organization of his or her expressed thoughts should be described.
 - b. Complete set of vital signs including oxygen saturation
 - c. If applicable, 12 lead ECG and/or blood glucose should be acquired
4. Advice provided to patient regarding transport (benefit of care/transport, risks of refusal) and patient's explanation for refusing

Ver. 04/06/2016

Special thanks to Yale New Haven Sponsor Hospital for use of their refusal policy on which this document is based

5. Advice to patient subsequent to refusing (e.g. seek medical care, call 911 if any change in condition or desire for transport, etc.)
6. Signature of patient and witness (police officer or other reliable person if possible). If the patient refuses to sign the appropriate form, document this carefully.
7. Disposition of patient (e.g. "patient left in care of sister who states she will stay with patient and watch for signs of worsening condition")

Direct medical oversight is a resource that may be accessed at any time to assist in:

- Convincing a patient to be transported
- Providing guidance on additional assessment/treatment actions
- Providing additional instruction to the patient regarding risks of refusal or recommended medical care
- Offering expert opinion to police regarding patient capacity to refuse/necessity of a PEER

Paramedics should NOT request "permission" from direct medical oversight to allow refusal by a patient the paramedic judges to be competent and to have the capacity to make an informed refusal.

Several situations **require** the use of **direct medical oversight** in the refusal process:

1. When advanced life support is initiated or would be required based on the patient's chief complaint and assessment *(see exception below)
2. Suicidal ideations resulting in any gesture or attempt at self-harm, or any verbal or written expression of suicidal ideation regardless of any apparent ability to complete a suicide. The paramedic must obtain a police emergency examination request (PEER) to transport such a patient and is to contact DMO for consultation with police if officers refuse to complete a PEER.
3. For minors (below 18 years of age) with no parent/legal guardian present or any minor below the age of 12 years old, the providers must call DMO prior to obtaining the refusal. Providers may obtain refusals without contacting DMO for minors 12 years or older WITH a parent/legal guardian present, AND the provider agrees with the non-transport.
4. An altered mental status due to any cause, or hypoxia (oxygen saturation less than 92%).

In any of the above cases, the direct medical oversight physician must be provided with all relevant information and should converse directly with the patient by radio or telephone if possible. The physician will determine whether to request police officers to pursue a PEER. If the patient is believed to be competent and to have the capacity to refuse medical assistance, the paramedic will secure the signatures of the patient and a witness on the patient care report form. Itemized refusals (e.g. refusing an IV, but accepting transport and oxygen) should be documented clearly on the ePCR.

*One exception to the requirement for direct medical oversight in ALS refusals is an insulin-dependent diabetic who is initially hypoglycemic but who:

1. Is not on an oral anti-hyperglycemic agent
2. Regains normal mental status after administration of IV dextrose or IM glucagon
3. Re-assessment of a fingerstick glucose reads 100 mg/dl or greater
4. Is witnessed to eat prior to EMS departure

Ver. 04/06/2016

Special thanks to Yale New Haven Sponsor Hospital for use of their refusal policy on which this document is based