



North Region EMS System

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Purpose To provide guidelines when EMS has been called, and established patient contact and the patient is refusing treatment, transport, or destination.

- Policy**
- 1) Determine decisional capacity of the patient. Components of evaluation:
 - a. Understanding: States meaning of information (e.g., diagnosis, risks/benefits, options).
 - b. Appreciation: Explains how information applies to self.
 - c. Reasoning: Compares information and consequences.
 - d. Expressing choice: States a decision.
 - 2) Patient with Decisional Capacity
 - a. Patients with decisional capacity have the right to consent to, or refuse, some or all assessment, treatment, and/or transport.
 - b. In all situations when a decisional patient refuses assessment, treatment, or transportation:
 - i. Attempt to medically assess patient, including obtaining VS.
 - ii. Advise the patient of their medical condition.
 - iii. Explain why assessment, treatment and/or transport is recommended.
 - iv. Explain to the patient the risks of refusal.
 - v. Verify the patient understands the situation and risks.
 - vi. Encourage cooperation.
 - vii. Use refusal form only as a procedure for documenting persistent refusal of transport by a decisional adult.
 1. Request the patient sign the written refusal form.
 2. Document two (2) witnesses to the refusal; one witness the EMS provider, the other preferably a family member or police officer.
 3. If a patient refuses to sign the form, the refusal should be witnessed and signed by a family member or police officer, if possible.
 4. Encourage the patient to seek medical care from provider of choice, and to re-contact EMS if they change their mind.
 - viii. EMS personnel must initiate contact with online medical control (OLMC) for approval of refusal for the following types of high-risk patients:



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1. ALS: Received ALS assessment/treatment or would have met criteria for ALS transport, including L1-2 trauma
 2. Age: Patients under age 18, regardless of presence of parents/guardian on scene; and elderly, age 65 and older
 3. AMS: Altered mental status, under the influence of drugs/alcohol, or behavioral/psychological complaints
 4. Obstetric Patients
 5. Any complex call where EMS personnel wish to seek additional consultation
- ix. EMS personnel will be given a log number by the ECRN or ECP who takes the call. This number must be documented in the patient care report.
- c. For refusal of assessment, treatment, or destination, document the refusal in comments of patient care report.
- d. Destination request: If requested destination is not within service area determined by responding EMS provider agency:
- i. Attempt to convince the patient to consent to be transported to the closest, appropriate hospital for initial evaluation and treatment.
 - ii. If patient continues to refuse closest, appropriate hospital: Offer option of transport to desired destination by private ambulance provider.
 - iii. If patient agrees to transport by a private provider, determine ETA of private provider.
 - iv. When an ALS crew determines the patient requires BLS care and transport, the patient may be transferred to the BLS unit after approval by OLMC/Resource Hospital.
 - v. Contact OLMC/Resource Hospital to document situation.
 - vi. Transferring care from FD to private provider: FD EMS personnel are to remain on scene and administer care until transferred to private ambulance personnel.
- e. In the interest of encouraging the patient be transported rather than receive no care at all, deviations from policies, procedures, or SOP's may be necessary; consult with OLMC Resource Hospital, as soon as possible.
- f. EMS provider may request patient to speak directly with OLMC physician/ECRN, or OLMC physician/ECRN may request to speak directly with patient.



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3) Patient without Decisional Capacity

- a. Patient demonstrating behavior and/or a medical condition that indicates non-decisional capacity have neither the right to consent to, or refuse, assessment, treatment, and/or transport.
- b. Family/friends may not refuse assessment, treatment, and/or transportation of a patient lacking decisional capacity, unless they have Durable Power of Attorney for Healthcare or are the court-appointed legal guardian for the patient.
- c. Assess for, and treat per SOP as indicated, possible causes of non-decisional capacity including:
 - i. Hypoxia, hypercarbia
 - ii. Shock, hypotension
 - iii. Hypoglycemia, electrolyte imbalance
 - iv. Neuro: brain injury, stroke, seizure/postictal, dementia
 - v. Toxicological (alcohol, drug)
 - vi. Infection, sepsis
 - vii. Psychiatric (e.g., suicidal, homicidal, inability care for self)
- d. Once determined to be non-decisional, EMS personnel should assess, treat, and transport in the best interests of the patient.
 - i. Non-decisional patients may not refuse transportation to the closest appropriate hospital.
- e. EMS personnel should avoid placing themselves in a dangerous situation; this may delay initiation of treatment until the safety of EMS personnel can be assured. Contact OLMC/Resource Hospital, police and/or fire department for additional backup personnel as needed.
- f. Try to obtain the patients cooperation.
- g. If patient resists care and/or transport:
 - i. Request police and/or fire department backup as needed.
 - ii. Contact OLMC/Resource Hospital.
 - iii. Reasonable force may be used to restrain the patient if the patient is a risk to self or others (see Restraint Use policy).
 - iv. The requirement to complete assessment and treatment may be waived in favor of assuring patient is transported to the closest appropriate emergency department.

4) Minor Patient – see Minors: Consent/Refusal for Treatment policy



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References

<https://www.uptodate.com/contents/assessment-of-decision-making-capacity-in-adults>

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