

COVER SHEET

MCEMS EVENT MEDICINE- PATIENT CONTACT FORMS

THIS PACKET CONTAINS PATIENT CONTACT FORMS (SOAP NOTES) TO BE USED FOR ALL PATIENT CONTACTS AT THIS EVENT

THIS PACKET CONTAINS REFUSAL OF CARE FORMS TO BE USED FOR ALL PATIENT REFUSALS/NON-TRANSPORTS AT THIS EVENT

PLEASE MAKE ADDITIONAL COPIES OF EITHER FORM AS NEEDED

THE RULES:

- Use 1 contact form (3 per page) for each and every patient contact.
- Only current, on protocol, EMT's in the Mesa County EMS System may participate in this type of care under the EMSMD's medical license. Any exceptions will be on a case by case basis per the EMSMD.
- Unless agreed upon in advance with the EMSMD, all providers may operate at a BLS level only when engaged in this type of care.
- ALL aspects of the current MCEMS Treatment and Operational protocols, including Non-Transport/Refusals, are binding on EMT's at all times. The expectations are no different than if you are on-shift for an approved Agency.
- Workers comp, occupational health, etc. must be arranged by the EMT.
- Copies of the Event Medicine Refusal of Care Form should have been provided to you by the Lead EMT for this event:
 - Several copies of this Refusal Form are attached to this packet. **Be sure you have enough of them to get you through your event/shift.**
 - These are to be used for any patient who you feel needs further care/evaluation/transport, but who refuses that care.
 - Please call the EDP as per your usual practice if you feel you need their assistance with any patient who is refusing evaluation/care/transport. SMH ED 298-5507.
- All Patient Contact Forms and signed Refusal Forms must be returned to the Lead EMT at the end of the day/shift, for submission to the EMSMD for review.

MCEMS EVENT MEDICINE- PATIENT CONTACT FORMS

Event _____ Date _____ Provider _____

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

MCEMS EVENT MEDICINE- PATIENT CONTACT FORMS

Event _____ Date _____ Provider _____

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

MCEMS EVENT MEDICINE- PATIENT CONTACT FORMS

Event _____ Date _____ Provider _____

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

Pt. Name _____ Age _____ male / female

Brief Subjective:

Brief Exam:

Provider Impression(s) _____

Plan and Care:

Refusal Form used? 911 called? EDP called? Risks explained? Stable and released?

REFUSAL OF EMS EVALUATION, TRANSPORT OR TREATMENT
TO BE COMPLETED BY EMT, AND INCLUDED IN PATIENTS RECORD

Patient Printed Name

Date and Time

- Patient/guardian is calm, cooperative, sober, and alert.
- Patient/guardian has the capacity to understand their situation, and the risks of refusing further care.
- Risks have been explained to patient/guardian; and they have expressed complete understanding.
- No evidence of an acute emergency exists which necessitates 911 transport to the EDP at this time.
- Patient/guardian has been instructed on how to re-contact EMS if they desire further care.
- A patient contact form (SOAP note) has been completed and attached to this form.
- The Refusal Information Sheet (see below) has been detached from this form, read by the patient/guardian, signed by the patient/guardian, and handed to the patient/guardian.
- Patient was discussed with the EDP (optional). Name of EDP: _____

Patient/Guardian Signature (relationship if you are guardian)

EMT Printed Name

Witness Printed name

Witness Signature

- - - - - DETACH HERE AND GIVE TO PATIENT - - - - -

REFUSAL OF EMS EVALUATION, TRANSPORT OR TREATMENT
PATIENT INFORMATION SHEET- DETACH AND GIVE TO PATIENT

➔ PLEASE READ THIS DOCUMENT ◀

The Emergency Medical Service personnel of Mesa County have given this form to you because you have refused evaluation, treatment or transportation to the hospital. Your health and safety are our primary concerns. Even though you have decided to refuse treatment or transport, please remember the following:

1. We recommend that you be fully evaluated and treated by EMS or a physician now.
2. Your decision to refuse treatment and transport by ambulance may result in delay, which may result in worsening of your condition.
3. Medical evaluation or treatment may be obtained by calling your personal physician or by going to any hospital emergency department.
4. You may change your mind about using EMS evaluation, treatment or ambulance transport. Please do not hesitate to contact us. We will not hesitate to return to assist you.
5. **Do not wait!** When medical or trauma treatment is needed, it is usually better to get it sooner rather than later.

➔ DIAL 911 IF YOU NEED EMERGENCY MEDICAL SERVICES ◀

By signing below you confirm that this EMT has advised of the risks of refusing medical treatment and/or transport including critical worsening of your condition and/or death; that you fully understand these risks; and despite them choose to refuse care or transport at this time.

Patient Printed Name

Patient/Guardian Signature (relationship if you are guardian)

Date and Time

EMT Printed Name

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Date and Time

EMT Printed Name

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