Mesa County EMS Operations

EMS Patient Refusal Reference Checklist

To be used as a reference for Patient Assessment for potential refusal of care/transport

A "yes" answer to any question requires consult with Medical Command before patient release

Any complaint/suspicion/evidence of:

Any suspected serious injury or illness based upon patient history, mechanism of injury, or physical examination?

Patient is disoriented to any of the following:  Person?  Place?  Time?  Event?

Patient is < 18 years of age?

Vital Signs:  Consult Medical Command if...

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse</td>
<td>&lt;50bpm or &gt;100bpm</td>
</tr>
<tr>
<td>Sys BP</td>
<td>&lt;100 mm Hg or &gt; 200 mm Hg</td>
</tr>
<tr>
<td>Dia BP</td>
<td>&lt;50 mm Hg or &gt; 100 mm</td>
</tr>
<tr>
<td>Resp</td>
<td>&lt;12rpm or &gt; 24rpm</td>
</tr>
<tr>
<td>Temp</td>
<td>&lt; 96.5 deg f or &gt; 100.8 deg f</td>
</tr>
</tbody>
</table>

If altered mental status, seizure, etoh, or known diabetic
Blood Glucose:  < 80mg/dl

If chest pain, S.O.B., increased work of breathing, dyspnea, or altered mental status --
SpO2 (if available):  < 92%

Inebriated?:
Contact Medical Command if meets any of the above criteria or any of the following

- Unsteady Gait?  Does not demonstrate clear understanding of consequences of decisions?  Any signs of trauma?  Poses a danger to self/others?

Patient Discussion:
Consult Medical Command if "Yes" to any of the following:

- Patient cannot/does not clearly understand clinical situation?
- Patient cannot/does not understand risks of potential morbidity and/or mortality without further medical evaluation?
- Patient cannot/does not verbalize understanding of risks patient's plan to seek further medical evaluation?

If Medical Command Indicated, document:
- EDP contacted
- If EDP spoke to patient
- EDP Orders/Recommendations

Patient Outcome Documentation:

Either:
- Patient refused transport to a hospital against EMS advice
- Patient accepted transportation to hospital by EMS but refuses any or all treatment offered (specify evaluation/treatments refused)
- Patient does not desire transport to hospital by ambulance, EMS believe alternative treatment/transportation plan is reasonable

This form is being provided to EMS providers in Mesa County as a reference checklist to ensure an appropriate, well-documented, and systematic patient refusal process. By refusing evaluation, transport, and/or care and if they meet the above criteria, patients recognize and understand that EMS providers are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. Patient's recognize that there may be a serious injury or illness which could get worse without medical attention even though the provider or patient may feel well at the present time. Patient's understand that they may change their decision and call 911 if treatment or assistance is needed later. Patient's also understand that treatment is available at an emergency department 24 hours a day.

Ensure and document that this advice has been explained to the patient by your EMS crew and offer to show this form to any patient or responsible party for review.