

REFUSAL PROTOCOL

ADMINISTRATIVE 1.23

I. COMMUNICATIONS GUIDELINES

- A. Communication and documentation will comply with agency and/or medical/direction authority specific policy when a patient is refusing EMS intervention. Such refusals may include, but are not limited to
 - 1. Refusal of treatment or assessment
 - 2. Refusal of procedures
 - 3. Refusal of transport

II. PROCEDURE:

- A. EMS personnel shall attempt to assess the patient's condition to the degree that the patient will allow.
- B. EMS personnel shall explain the risks of not accepting medical intervention to the patient.
- C. If EMS personnel need assistance in determining a patient's decisional capacity, the EMS personnel will contact their medical direction authority.
- D. The on-line physician may ask to speak directly to the patient and explain the risks of refusing care. Transporting a patient against their will is a physician decision according to ARS § 36-524 (Application for emergency admission for evaluation; requirements) and ARS § 13-403 (Justification: use of physical force).
 - 1. Factors that may impact determination of decisional capacity:
 - a. Is patient reasonable and prudent?
 - b. Is patient 18 years of age, or determined to be an emancipated minor? Patient under the age of 18 needs refusal of care from an informed legal guardian or the parent. Caretakers/school officials are not considered guardians for refusal of care.
 - c. Is the patient's judgment compromised by factors such as:
 - i. Use of drugs or alcohol
 - ii. Evidence of impairment from mental illness
 - iii. Evidence of neurological insult or injury (loss of consciousness)
 - iv. Evidence of impairment from hemodynamic instability, such as:
 - o Hypoxia
 - o Hypotension/Hypertension
 - o Cardiac dysrhythmias
 - v. Evidence of Hypoglycemia (FSBS > 60 when indicated)

III. EMS documentation should include but is not limited to:

- A. Mental status assessment of the patient
- B. The patient's potential harm to self or others
- C. Results of physical or visual assessment
- D. Risks of refusing, including the possibility of permanent disability and death
- E. The patient acknowledges an understanding of the risks of refusing transport or treatment
- F. Agency Specific guidelines for patient refusals

IV. SPECIAL NOTE

Law Enforcement personnel who insist on asserting medical authority over a patient should be placed in radio communication with the Medical Direction Authority physician and asked to sign the patient's first care form. EMS personnel should document the peace officer's name and badge number on the first care form.

EFFECTIVE: 2/95

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