

SAEMS PREHOSPITAL PROTOCOLS

PATIENT REFUSAL OF TRANSPORT

I. PURPOSE

To establish guidelines for the management and documentation of situations where refusal of treatment or transportation is requested. Such refusals may include, but are not limited to

1. Refusal of treatment or assessment
2. Refusal of procedures
3. Refusal of transport

II. WHO MAY REFUSE ASSESSMENT, TREATMENT OR TRANSPORT

- a. Patients who demonstrates decision-making capacity may refuse assessment, treatment, or transportation. Patients have medical decision-making capacity if they can demonstrate understanding of the situation, appreciation of the consequences of their decision, and reasoning in their thought process, and if they can communicate their wishes (see procedure below).
- b. Parent
 1. A custodial parent (i.e. a parent with a legal right to custody of a minor child) may refuse care on behalf of a minor child. If the parent is not on scene, the parent may designate another adult to assume care of the minor or the minor may be left in the care of law enforcement.
 2. A minor (i.e. under 18 years of age) may refuse care for his or her child
- c. Guardian
 1. A legal guardian is one who is appointed by a court to act as "guardian of the person"
- d. Medical Power of Attorney
 1. A person appointed by the patient to make healthcare decisions.
 2. This document only comes into effect if the patient loses decision-making capacity regarding healthcare only. (In Arizona, a healthcare POA does not grant the authority to make decisions related to an individual's mental health. Separate Mental Health Care Power of Attorney is needed)
- e. Patients under the age of eighteen (18) years of age cannot refuse medical attention. The patient's parent or legal guardian must assume responsibility for the patient. Caretakers/school officials are not considered guardians for refusal of care. Emancipated minors - must show legal proof of emancipation
- f.

III. PROCEDURE

- a. Conduct assessment and determine decision-making capacity.
 1. Does the patient have sufficient information about their clinical condition?
 2. Do they understand the risks, benefits, and options available?
 3. Do they have the ability to make a decision in keeping with their personal values?
 4. Do they have the ability to communicate this decision?
 5. Are they without undue influence from others?
- b. Use 6 Item Cognitive Screen to evaluate for impairment.

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- c. Evaluate for DTS/DTO – Follow BEHAVIORAL EMERGENCY STANDING ORDER as needed.
- d. Following the SAEMS PATIENT REFUSAL STANDING ORDER, determine if the patient meets criteria for refusal, and document appropriately.
- e. Contact Medical Direction Authority as needed.

- f. If patient does not have the capacity to refuse care, and no other individual is authorized to refuse care for the patient, all reasonable steps to secure treatment and transportation without placing EMS providers in jeopardy should be taken.

According to ARS § 13-403: The use of physical force upon another person which would otherwise constitute an offense is justifiable and not criminal, when

1. a person acting under a reasonable belief that another person is about to commit suicide or to inflict serious physical injury upon himself may use physical force upon that person to the extent reasonably necessary to thwart the result.
2. A duly licensed physician or a registered nurse or a person acting under his direction, or any other person who renders emergency care at the scene of an emergency occurrence, may use reasonable physical force for the purpose of administering a recognized and lawful form of treatment which is reasonably adapted to promoting the physical or mental health of the patient if the treatment is administered with the consent of the patient or, if the patient is a minor or an incompetent person, with the consent of his parent, guardian or other person entrusted with his care and supervision except as otherwise provided by law; or if the treatment is administered in an emergency when the person administering such treatment reasonably believes that no one competent to consent can be consulted and that a reasonable person, wishing to safeguard the welfare of the patient, would consent.

IV. POTENTIALLY LIFE THREATENING - HIGH RISK REFUSALS

- a. In an alert patient with concerning presentation who refuses treatment and/or transport (e.g., patient with chest pain and EKG changes), consider:
 1. Determine what factor(s) is/are influencing the patient to refuse medical care. Resolve the ones in your power (e.g., patient does not want an IV – offer transport without an IV)
 2. Attempt communication with spouse/significant other/other family members if available.
 3. If patient continues to refuse, contact Online Medical Direction
 4. In a courteous manner, assure the patient they can call back for treatment and transport at any time