



# Treatment Protocol

# 4202

<b>Effective</b> <b>April 1, 2018</b>	<b>Expires</b> <b>March 31, 2019</b>
Approval: Medical Director <b>Reza Vaezazizi, MD</b>	Signed 
Approval: REMSA Director <b>Bruce Barton</b>	Signed 

Policy:  
**Refusal of Treatment and or Transport**

Applies To:  
**PSP, EMT, AEMT, PM, MICN, BHP, EMS System**

Enter from the Universal Patient Treatment Protocol  
For specific Patient Disposition of Refusal of Treatment and/or Transport

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## Patient Disposition

**Refusal of Treatment and/or Transport**  
Discourage any refusal of treatment and/or medical transport

A patient, parent, parental designee, or guardian initiating refusal of treatment and/or transport must be:

1. A legal adult with the capacity to understand the risks and benefits of their decisions
2. Alert and oriented to person, place, time, and event
3. Fully informed of, understand and acknowledge:
  - a. The EMS provider's level of training
  - b. The EMS provider's findings
  - c. Any need for treatment, transport, and/or further evaluation by an emergency physician
  - d. The possible consequences of refusal, including death when applicable
  - e. Their own ability to recall 911, and that the EMS provider will return
  - f. Any other options to access medical care

Contact a single REMSA authorized base hospital (BH) for:

1. Any refusal involving a non-emancipated minor
  - a. Refusal must be made by the parent, parental designee, or guardian
2. Any refusal involving a patient in custody
  - a. Refusal of treatment and/or medical transport must be made by the patient, parent, parental designee, or guardian; as described above
  - b. In no case will EMS personnel interfere with a law enforcement officer that refuses to accommodate base hospital direction
3. Any refusal of clinically indicated advanced life support (ALS) treatment
4. Any refusal of transport following initiation of ALS treatment
5. Any situation where base hospital contact or discussion would benefit patient care or outcome

Contact a single REMSA authorized Trauma BH or STEMI BH, as appropriate, for:

1. Any refusal of assessment, care and/or transportation of the Critical Trauma Patient (CTP) or possible STEMI patient
  - a. CTP Criteria is included in the REMSA Policy for Trauma Triage Criteria and Destination
  - b. The possible STEMI patient is described in the REMSA Performance Standard for 12-Lead Electrocardiogram

Having met the requirements above:

1. Allow the patient, parent, parental designee, or guardian to initiate refusal
2. The legal-adult patient, parent, parental designee, or guardian must sign appropriate releases
  - a. A law enforcement officer may not sign for the patient in custody
3. Fully document refusal on patient care report and attachments

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<b>Return to Universal Patient Treatment Protocol</b> <i>For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management</i>	<b>P</b> <b>S</b> <b>P</b>	<b>E</b> <b>M</b> <b>T</b>	<b>A</b> <b>E</b> <b>M</b> <b>T</b>	<b>P</b> <b>M</b>
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<b>***** Base Hospital Orders *****</b>				
Initiate, repeat, or modify standing orders within scope of practice As ordered		<b>E</b> <b>M</b> <b>T</b>	<b>A</b> <b>E</b> <b>M</b> <b>T</b>	<b>P</b> <b>M</b>
Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered				
Mode of transport is an operational decision				