

# Refusal of Care

## Procedure

Douglas County KS EMS System

March 2022

**Approved Provider:** EMT, AEMT, Paramedic

**Reference Protocols:** [General Medical](#)

### Refusal of Service

When LDCFM is called to the scene of an emergency it is our policy that we offer services to any and all persons who may need or wish to receive medical evaluation, treatment and/or transportation. If the person (or their legal guardian) refuses an examination by our personnel, that person will be asked to document the decision by signing the LDCFM Patient Care Report. Refusal of care is based in part on the determination of what constitutes a patient.

### Definition of a patient (for purposes of refusals):

- A patient is defined as one of the following
  - An individual who requests evaluation
  - An individual who lacks decision making capacity
  - An individual who has EMS evaluation requested on their behalf by citizens/ bystanders/ family/ healthcare provider/ law enforcement that the EMS provider also feels needs to be evaluated (provider judgement).

Patients usually have a right to refuse care and transportation for any illness or injury. EMS personnel have a duty to assess every patient and determine the patient's ability and competency to understand the potential complications surrounding that patient's decision to refuse care.

### VERBAL CONSENT

Upon approach to the patient you should introduce yourself, your title and that you represent LDCFM. Ask the victim for their verbal consent to examine and treat them for their injury or illness.

### IMPLIED CONSENT

- When a patient is unconscious, otherwise impaired, or is so ill or severely injured that their judgment or ability to respond is impaired, the law assumes implied consent and treatment/transport should be rendered.
- A patient who attempts suicide, or expresses intention toward suicide or self-harm, is deemed incompetent and therefore implied consent exists. Pt must be transported to the ER for evaluation.
- When a patient voluntarily presents for treatment such as calling for an ambulance, consent is also implied, however, upon your arrival at the scene, if the patient is conscious, informed consent must be obtained.

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### INFORMED CONSENT

- A conscious patient must be told, in a manner understandable to them, the nature, extent of, and possible risks of, the procedures to be performed. If consent is refused by a conscious and mentally competent adult, the person cannot be treated or that particular treatment modality carried out without a court order or until such time that the individual's condition fit the criteria for "implied consent".
- Inform the patient of the possible consequences of their refusal and attempt to gain their informed consent.

### Decision Making Capacity

- An individual who is alert, oriented, and has the ability to understand the circumstances surrounding his/her illness, injury or impairment, as well as the risks associated with refusing treatment or transport, typically is considered to have decision making capacity. The individual should be able to weigh different options and understand the risk/benefit of each option.
- **If a patient does not meet the above criteria by the provider's judgement they should be deemed unable to refuse treatment/ transport.**

### MINOR'S CONSENT

Age of majority in Kansas is 16 years of age for medical treatment purposes (KSA 38-123(b)). To administer care to a minor requires parental consent. Emergency treatment to sustain life may be undertaken without consent.

### CONSENT OF THE MENTALLY ILL OR DISTURBED.

- Neither a physician nor the patient's family may authorize such restraint and transport. The authorization of a police officer is required and must be documented on the patient report.

### ABANDONMENT

- You may not leave a patient in need of medical treatment or upon whom treatment has been initiated until another competent health care professional, at the same level or higher, has taken responsibility for the patient's care. This precludes the competent patient who refuses service.

### Assessment

- Take the patient's vital signs and record on the Patient Care Report. If the vital signs are unobtainable, document such in the narrative section of the form.
- Determine the extent of injury/illness paying particular attention to any alteration of LOC or mental status and to any trauma/medical conditions that may be a threat to the patient's life. Document all observations

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### Documentation

In all such cases where a "patient" (per above definition) is refusing treatment/ transport, an EPCR refusal will be completed documenting the circumstances and the results of the examination

- Have the patient sign the refusal of service form.
- If the patient refuses to sign, document the refusal on the Patient Care Report and, if possible, have a witness (preferably someone related to the patient) sign the refusal form.
- If an individual denies any assessment or need for care, document specific circumstances of incident in narrative.
- Advise the patient and family that you will return and transport if requested to do so.
- Explain the potential risks of service refusal to the patient. If appropriate, recommend that the patient seek further medical care as soon as possible.
- Document all recommendations given to the patient.

### Non-Patients

- If the patient denies any medical complaint and there is no reason to believe that an injury was sustained the person is deemed "no patient," and a refusal is not needed. Documentation in ESO fire should include:
  - Document that there was (x) number of no patients on scene that did not meet criteria to have a refusal completed but that they were assessed by EMS/ Fire/ First responders.
  - Document this in ESO fire narrative or other fire report software used by first response agencies