Patient Refusal of Transport Administrative Guideline

Individual meets the definition of a patient and patient or parent/legal guardian wishes to refuse EMS treatment or transport

B	**Complete an initial assessment with particular attention to neurologic and mental status**
	Obtain a complete set of vital signs

B	**Determine patient's ability to make an informed medical decision concerning the extent of his/her illness or injury**
	• Is alert and oriented • Has the ability to understand the circumstances surrounding his/her illness or impairment • Understands possible risks associated with refusing treatment and/or transport • Demonstrates judgment not significantly impaired by illness, injury, or drug/alcohol intoxication • Has not attempted suicide or verbalized intent of harm to self or others

B	**Perform appropriate medical care with the consent of the individual**
	Complete the patient care report clearly documenting the initial assessment, findings, and discussions with all involved individuals regarding the possible consequences of refusing additional prehospital care and/or transportation.
	Mandatory call for online medical direction for: **• any patient under 28 days old, regardless of complaint OR** **• any febrile infants under 3 months of age with a fever reported by parent or measured by EMS**

Consider contacting medical direction for assistance when provider:
- Is concerned for a potentially life-threatening condition
- Suspects possible physical/psychological abuse
- Doubts whether the individual has capacity to refuse or notes other concerns related to risk of refusal

If the patient verbalized intent of self harm, the patient must be evaluated by qualified mental health professional or transported to an appropriate facility to receive evaluation.
Self harm may be self-reported or witnessed by reliable 3rd party.

Education/Pearls

Patients play a central role in their own healthcare and have the right to accept or refuse any part of their medical assessment, treatment, or transport, provided that they (or their surrogate) demonstrate decision-making capacity. During this assessment, EMS providers should take all reasonable precautions to avoid personal risk.

Decision-Making Capacity: An individual who is alert, oriented, and has the ability to understand the circumstances surrounding his/her illness or impairment, as well as the possible risks associated with refusing treatment and/or transport, typically is considered to have decision-making capacity. Decision-making capacity should be demonstrated and documented as defined by the presence of the following criteria. The patient must:

- Receive and comprehend information needed to make a decision,
- Process and deliberate a decision and its potential consequences,
- Make and articulate a decision that is consistent over time,
- Justify that decision with logic that fits the individual's own value system, AND
- Demonstrate no impairment of judgment due to illness, injury, or clinically apparent drug/alcohol intoxication.

If a patient refuses any part of medical care, that individual must be advised of the risks and consequences resulting from that refusal. During a refusal:

- Assess the patient's understanding of the medical emergency, including possible medical problems, proposed medical care, the benefits of medical care and risks of refusal.
- Contact online medical direction if there is a question as to the legality of the refusal or the patient's ability to make an informed medical decision.
- Thoroughly document the patient encounter.

Pediatrics: It is preferable for a minor to have a parent or legal guardian present who can provide consent for treatment on their behalf. However, EMS providers may provide emergency treatment when a parent is not available to provide consent.

- **Minors cannot refuse care on their own behalf unless they have documentation of emancipation.**
- **If the minor is unemancipated, a parent or legal guardian must be contacted to refuse care.**
- The provider should take additional means necessary to facilitate transport if abuse or neglect is suspected. Notify law enforcement as necessary to facilitate transport to the hospital.
- A Department of Child Safety (DCS) report should be made as required for suspected abuse or neglect.

Petition:

- Patients may generally refuse EMS **medical** care even with petition for mandatory psychiatric evaluation, but cannot refuse transport.
- The only excception to this is patients with a revoked court order.

Suicidal Ideation: A patient who is exhibiting suicidal behavior, including a reported attempt, must be evaluated by a healthcare provider. If a reliable individual reports a suicide attempt in a patient, that statement is adequate to prompt transport to a behavioral health facility. See the **Treat and Refer: Behavioral AG** for destination guidance.