



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: REFUSAL – ADULT

SECTION: LEGAL

POLICY NUMBER: C-5

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JULY 2018

NUMBER OF PAGES: 2

PURPOSE:

To outline the general guidelines to be followed when caring for patients who refuse assessment, treatment, transport (or transport to the recommended destination) by EMS personnel.

POLICY:

An adult who is conscious, as determined by Central DuPage Hospital Emergency Medical Services System (CDHEMSS) EMS personnel, has the right to refuse, provided they are:

1. Alert and competent (GCS of 15)
2. Not suicidal, harmful to self or others
3. Able to ensure their own safety and wellbeing
4. Not displaying signs of intoxication from alcohol or illicit substances

Consent for treatment can be expressed **OR REFUSED** in oral or written form or implied by acts on the part of the patient which indicate that consent is granted or withheld. An emergency eliminates the need to obtain consent, since the law values the preserving of life and the prevention of permanent impairment to health. This rule, however, applies only when the patient is incapable of expressing consent by reason of unconsciousness, mental incompetence, or legal disability. It further applies only when the person legally authorized to consent for the incompetent patient is similarly incompetent or unavailable.

PROCEDURE:

1. The following are guidelines for situations in which an adult patient with decisional capability refuses consent, or withdraws consent for medical evaluation, treatment or transport.
 - a. BLS refusals
 - i. Must be evaluated by a minimum of 2 EMT-B (or a combination of 2 EMS personnel at the EMT-B or higher licensure level) licensed within the CDHEMSS.
 - b. ALS refusals
 - i. Must be evaluated by a minimum of 1 EMT-P, PHRN or Critical Care Paramedic licensed within the CDHEMSS.
 - ii. If ALS care has been started and patient wishes to discontinue care, On-line Medical shall be contacted before leaving the patient / scene.

- c. Critical Care refusals
 - i. Must be evaluated by 1 PHRN and 1 Critical Care Paramedic. Licensed within the CDHEMSS System
 - ii. If ALS or higher care has been started and patient wishes to discontinue care, On-line Medical shall be contacted before leaving the patient / scene.
- d. BLS/ALS/Critical Care
 - i. The following refusals must have medical control consultation regardless of patient's decision-making capabilities
 - 1. Patients with abnormal V/S
 - a. SBP < 90 or > 160
 - b. Wheezing, absent, diminished or irregular breath sounds
 - c. ETCO2 < 25 or > 55
 - d. Spo2 < 94%
 - e. Obstetrical patients
 - f. Suspicion or confirmation of intoxicating substances consumed / ingested / inhaled or injected
 - g. Patients with psychological / behavioral complaints
 - h. Any time EMS feels Medical Control consultation is warranted
 - 2. The following are guidelines for situations in which an adult patient DOES NOT have decisional capability, refusing care, or withdraws consent for medical evaluation, treatment or transport.
 - a. BLS refusals
 - i. Start any care allowed by the patient
 - ii. Medical Control shall be contacted for direction
 - b. ALS refusals
 - i. Start any care allowed by the patient
 - ii. Medical Control shall be contacted for direction
 - c. Critical Care refusals
 - i. Start any care allowed by the patient
 - ii. Medical Control shall be contacted for direction

DOCUMENTATION:

An electronic patient care report (PCR) shall be completed per CDHEMSS Policy. Some of the required elements may be impossible to obtain if the patient refuses to provide the necessary information to complete the PCR. When the patient is refusing to sign (On-line Medical Control shall be contacted in that situation) the PCR shall document as such and 2 witness signatures shall attest to patient refusal. It is ideal that a non- EMS personnel (Law Enforcement, RN, and/or Family) be 1 of the 2 witness signatures.

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