

Refusal of Care

ADULT - Patient initiated refusal of care

Patient exhibits CAPACITY to refuse
**Lucid and capable of making an informed decision,
 alert to Person, Place, Time, and Event.**

Inform patient of risks associated with refusal
 Patient must be able to repeat in their own words risks and
 must verbalize understanding of consequences
 Document in narrative

Physical assessment of complaint
 Assess and document vital signs

Abnormal Vitals / Assessment

Heart Rate <50bpm or >100bpm
 SBP < 100 mmHg or > 180mmHg
 DBP <50 mmHg or > 100 mmHg
 Respirations <12bpm or >24bpm
 BGL <60 mg/dl
 Spo2 <94%

Obtain blood glucose where
 indicated, 12 Lead EKG,
 Transmit, and Contact Medical
 Control

Stable vitals / NOT a dangerous refusal

Assure patient has access to food,
 water, communications, and can
 complete activities of daily living
 Document these in narrative

Explain to patient if there are
 changes or concerns after EMS
 leaves to call back for re-evaluation

Read release form to patient and
 have them sign. If unable to sign
 have witness sign and place
 witness information in narrative

Dangerous Refusals

- Suicide attempts
- Head injury
- Intoxication (drug or ETOH)
- Chest Pain
- Syncope
- Dyspnea
- Lift assists with weakness or symptoms

Obtain blood glucose where
 indicated, 12 Lead EKG,
 Transmit, and Contact Medical
 Control