



# Emergency Medical Services Agency Prehospital Care Manual **Policy 502**

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## **REFUSAL OF CARE**

**Effective Date**                      January 22, 2008  
**Replaces**                              January 22, 2007

### **Resources**

None

### **I. Purpose**

This protocol defines the mechanism by which pre-hospital care personnel may allow a patient to refuse care/transport. Competent adults are entitled to make decisions about their health care. They have the right to refuse medical care when they have been properly informed of the benefits, risks and alternatives to the recommended care.

### **II. Definitions**

- A. Adult - 18 years of age or older.
- B. Minor legally able to make medical decisions
  - 1. Any minor emancipated by
    - a) Valid marriage (whether dissolved or not)
    - b) Active duty in the military
    - c) Court declaration of emancipation (with a valid copy of the declaration or DMV identification card declaring emancipation).
    - or
    - d) Any minor 15 years of age or older, living separate and apart from parent or guardian, and managing his/her own financial affairs.

- C. Competent - Able to understand the nature and consequences of refusing medical care.
- D. Informed decision - A decision made based on sufficient information to make a reasonable choice regarding care/transport. This information must include the risks and benefits associated with recommended care/transport and alternatives.
- E. Qualified Relative/Caregiver Affidavit - An adult with whom a minor lives, who is a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, or half-sister of a minor.
- F. Patient - A person, for whom EMS was activated and has any medical complaint or who, in the judgment of the pre-hospital care provider, has any illness or injury.

### **III. Persons Eligible to Refuse Care**

- A. Competent Adults
- B. Minor legally able to make medical decisions who is competent.
- C. Competent legal representative of patient, including a Qualified Relative/Caregiver.

Note: At no time may a spouse or relative who is not the legal representative of the patient make a decision to refuse evaluation, treatment or transportation for the patient.

### **IV. Persons Not Eligible to Refuse Care**

- A. An adult who is not competent
- B. A Legal Representative who is not competent
- C. Minor - not legally able to make medical decisions.
- D. Suicidal - attempted or threatened suicide and must be recent and related to the call.
- E. 5150 Hold

## V. Procedure

- A. Provide sufficient information to the patient or legal representative so as to provide a basis for the patient to make an informed decision. This shall include private physician's offices, urgent care centers, clinics, etc.
- B. Pre-hospital care personnel must document that the patient acknowledges understanding the information provided to elicit an informed decision.
- C. If in the judgement of the pre-hospital care personnel a life or limb threatening condition exists, and the patient continues to refuse treatment, the patient shall sign an Against Medical Advice (AMA) form. In such cases, the patient may be encouraged to speak with the Base Hospital to assist the paramedic on the scene as appropriate.
- D. In the event that a patient refuses to sign an AMA, document said refusal and have at least one objective witness sign the PCR in addition to the prehospital care provider
- E. If a patient refusal is being executed, all additional responding medical personnel shall be cancelled.
- F. A release at scene without a signed AMA form may be appropriate in non-life/limb threatening situations where the Prehospital personnel ***as well as*** the person contacted agree that Prehospital services are not needed. See Example 1 below. Documentation of the event shall include the same components as listed in sections A and B above.

### ***Example 1***

A patient has sustained a 5 inch laceration, bleeding is controlled, and the patient is a competent adult and does not wish to go to the hospital. **An AMA is not indicated** – no life threatening condition exists.

### ***Example 2***

A known diabetic patient was disoriented but now is alert, oriented and responds appropriately to questions after the administration of D50 and does not wish to go to the hospital. **An AMA is indicated** – a life threatening condition existed prior to administration.

### ***Example 3***

A patient has chest pain, is alert, oriented and responds appropriately to questions, and wishes to drive himself to their private physician's office. **An AMA is indicated**, as is contact with the Base Hospital so the patient may speak with the MICN or physician. A potentially life threatening condition exists as a result of delayed evaluation in an Emergency Department.

