

Operations

PROCEDURE:

- A. A patient care report shall be generated for each identified patient and shall be completed on an approved State EMS patient care form.
- B. Documentation shall include, at least:
 1. The patient's presenting problem.
 2. Vital signs with times.
 3. History and physical findings as directed in by individual protocols.
 4. Treatment(s) provided, and time(s).
 5. If monitored, ECG strip and interpretation.
 6. Any change in the condition of patient.
 7. OLMC contact:
 - a. Include physician name
 - b. Time of contact
 - c. Orders received from physician
- C. A copy of the Prehospital Care Report must be left or sent to the receiving hospital whenever a patient is transported per ORS 333-250-0044.
- D. If a patient refuses treatment and/or transport, refer to Refusal and Informed consent procedure.

Refusal and Informed Consent – 40.020

PURPOSE:

- To establish the process of obtaining informed consent.
- To define which persons may be left at the scene because they are not considered in need of EMS.
- To describe the process of obtaining and documenting patient refusal.

PROCEDURE: (Refer to Refusal Flow sheet)

A. Determine if there is an "Identified Patient":

Determine "No Patient Identified" if the person meets **ALL** of the following criteria:

- No significant mechanism of injury.
- No signs of traumatic injury.
- No acute medical condition.
- No behavior problems that place the patient or others at risk.
- Person is **NOT** less than 18 years of age.
- Person is **NOT** the 911 caller.

B. **Identified Patient** who is refusing medical care or transport:

Determine if the patient appears to have impaired decision making capacity.

Consider conditions that may be complicating the patient's ability to make a decision:

- Head injury.
- Drug or alcohol intoxication.
- Toxic exposure.
- Psychiatric problems.
- Language barriers (consider translator or ATT language line through dispatch).
- Serious medical conditions.

C. Identified Patient **WITH** decision making capacity who refuses **needed** treatment and/or transport:

1. Explain the risks and possible consequences of refusing care and/or transport.
2. If a serious medical need exists, contact OLMC for physician assistance.
3. Enlist family, friends, or law enforcement to help convince patient.
4. If patient continues to refuse, complete the Patient Refusal Information Form and have them sign it. Give the top copy to the patient with self-care instructions.

D. Identified Patient **WITH IMPAIRED** decision making capacity:

1. Treat and transport any person who is incapacitated and has a medical need.
2. Patients with impaired decision making capacity should **NOT** sign a release form.
3. With any medical need, make all reasonable efforts to assure that the patient receives medical care. Attempt to contact family, friends, or law enforcement to help.
4. If deemed necessary, consult with OLMC and consider chemical or physical restraint per Restraining of Patients Protocol.

DOCUMENTATION:

All instances of an identified patient, with or without impaired decision making capacity, must be fully documented on a Patient Care Form with an attached signed refusal form. The following is considered minimum documentation criteria:

- General appearance and level of consciousness (mental status).
- History, vital signs, and physical exam.
- Presence of any intoxicants.
- Assessment of the person's decision making capacity.
- Risks explained to patient.
- Communication with family, friends, police, and/or OLMC.

GUIDELINES & DEFINITIONS:

- A. Decision Making Capacity:** The ability to make an informed decision about the need for medical care based on:
 - Accurate information given the patient regarding potential risks associated with refusing treatment and/or transport.
 - The persons perceived ability to understand and verbalize these risks.
 - The person's ability to make a decision that is consistent with his/her beliefs and life goals.
- B. Impaired Decision Making Capacity:** The inability to understand the nature of the illness or injuries, or the risks and consequences of refusing care.
- C. Emergency Rule:** EMTs may treat and/or transport under the doctrine of implied consent a person who requires immediate care to save a life or prevent further injury. Minors may be treated and transported without parental consent if a good faith effort has been made to contact the parents or guardians regarding care and transport to a hospital, and the patient, in the opinion of EMTs, needs transport to a hospital. When in doubt, contact OLMC.
- D. Required OLMC Contact:** EMTs are required to contact OLMC for the following refusal situations:
 - Suspected impaired decision making capacity.
 - Suspected serious medical condition such as:
 - Respiratory distress.
 - Sustained abnormal vital signs.
 - Compromised airway.
 - Uncontrolled bleeding.
 - Suspected cervical spine injury.
 - Infants under 3 months of age.
 - Chest pain.
 - Cardiac dysrhythmia.
 - Poisons and overdoses.
 - First time seizures.
 - Suspected abuse situation involving a minor or the elderly.
 - Any unconscious or altered mental status (individual or parent/guardian for a minor).
 - Conflict on scene regarding refusal of care.
 - Minor without a parent or guardian who is refusing care.

Refusal and Informed Consent – 40.020

ASSESS PATIENT'S MEDICAL NEED

NO IDENTIFIED PATIENT

- No significant mechanism.
- No visible signs of traumatic injury
- No known acute medical condition
- No identifiable behavior problems.
- **NOT** less than 18 years old.
- **DID NOT** request medical assistance.

ACTION

- No Information Form required.

IDENTIFIED PATIENT

ASSESS ABILITY TO MAKE DECISIONS

Consider:

- Head injury.
- Drug or alcohol intoxication.
- Medical conditions (e.g., hypoglycemia).
- Toxic exposure.
- Psychiatric problems.
- Language barriers.

ABLE TO MAKE DECISIONS

Ambulance transport advised, but refused.

-ACTION-

- Explain risks of refusal.
- If serious medical need exists, contact OLMC.
- Enlist family, friends, police, etc. to help convince patient.
- Complete Information Form, obtain patient signature, & give them the top copy.
- Follow *Documentation* protocol.

ABLE TO MAKE DECISIONS

With no apparent need for ambulance transport.

-ACTION-

- PIC must agree with patient's course of action.
- Fully document physical findings.
- Fully document advice given to patient.
- Follow *Documentation* protocol.

UNABLE TO MAKE DECISIONS

(Impaired Capacity)

-ACTION-

- Treat & transport if medical emergency exists. Use *Restraining of Patients* protocol if needed.
- Make all reasonable efforts to assure patient gets medical care.
- Consult OLMC.
- **DO NOT** have patient sign an Information Form

MINIMUM DOCUMENTATION

For ALL Identified Patients

- General appearance & level of consciousness.
- History, vital signs, & physical exam.
- Presence of any intoxicants.
- Assessment of patient's decision-making capacity.
- Any risks that were explained to the patient.
- Communications with family, police, and/or OLMC.

OLMC CONTACT REQUIRED

- Impaired decision-making capacity.
- Suspected serious medical condition.
- Suspected abuse – child or elderly.
- First-time seizures (all).
- Scene conflict regarding medical care.
- Minor without guardian refusing care.