

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT-Basic, EMT-Paramedic**

SMO: Consent and Refusal of Consent

Overview: This policy relates to those cases in which patients requiring emergency care refuse to give their consent for treatment and highlights the following:

- A competent adult patient has the right to refuse medical treatment.
- An adult patient cannot refuse emergency treatment if that patient has decreased level of consciousness or, in EMS personnel's judgment, cannot make competent decisions related to their emergency care.
- Once dispatched to the scene, EMS personnel will not be called off by police, dispatch, etc. Provider will proceed to the scene to do a thorough evaluation of the patient. If patient still wishes to refuse treatment, the following procedure will be followed to obtain refusal.
- Contact with the hospital should be established if there is a question regarding the need for evaluation/ treatment (i.e. based on mechanism of injury, if patient requested an ambulance, visible injuries or complaints, etc.) or to evaluate the competency of the patient.
- All relevant exchanges and the patient's refusal must be documented on the ambulance run report form and the ED telemetry log sheet. If the patient **has injuries** but wants to sign a refusal **OR** if there is any **question regarding this patient's competency** to sign the refusal, Medical Control **MUST** be called before leaving the scene in the event the doctor has any questions prior to authorizing the refusal.
- All patients who refuse care (whether ALS or BLS) must be encouraged to sign a Release from Medical Responsibility Form which is located on the back of the Refusal Record.

OBJECTIVE FINDINGS

- adult patient is conscious and competent
- patient injuries

Refusal of Treatment by Competent Adult Patients

- ___ Have the right to refuse treatment. The patient should be informed of the possibility that their condition may worsen, permanent disability may occur or death may result due to their refusal.
- ___ Attempts to document vital signs should be made as this assists Medical Control to determine that the patient is stable. Once information is given and the patient persists in refusal, the patient should be encouraged to sign the EMS Refusal of Care form (one patient signature per refusal record). The refusal form must also be signed by the EMT and by one other witness (preferably law enforcement, family, etc.)
- ___ Parents may refuse treatment for a minor child and the above sequence should be followed.
- ___ One EMS Computer Run Report per patient also must be completed.
- ___ If the patient is determined to be **uninjured** and wants to sign a refusal, Medical Control will be called before leaving the scene.
 - The Provider will state that the patient(s) has no injuries and an appropriate refusal was obtained. The Provider will not give a report on each uninjured patient refusal. One EMS Refusal Record and one EMS Computer Run Report per patient also must be completed.
 - The Provider's EMS Coordinator and the EMS System Coordinator/ Medical Director will review each of these "uninjured patient" Refusal Records for appropriateness.

Multiple Victims Refusal of Consent for Treatment

- ___ To ensure the efficient use of resources, *if an incident is declared an MVI or Disaster* and the patients are refusing treatment, the EMS Multiple Victim Release form must be completed.
- ___ One EMS Computer Run Report per patient must be completed and a copy of the Multiple Victim Release form must be attached to the Run Report.
- ___ All of the above mentioned criteria regarding the refusal policy must be followed.

Minor in Need of Emergency Care who Refuses Treatment

- ___ EMS **MUST** verify and document on the EMS report that an injury/illness and the need for emergency care exists or if the behavior of the patient suggests a lack of capacity to make a refusal in a valid manner.
- ___ Document such behavior, and continue to render care necessary for the situation, including transport
- ___ A reasonable attempt should be made to contact legal guardian (document attempts) and
 - ___ minor may be released to a legal guardian, or
 - ___ minor may be turned over to local police, juvenile authority, or
 - ___ minor not in need of Emergency care may be released if legal guardian is contacted by phone and consent for release is given. Document phone call, name of guardian and witness.
- ___ In any case where doubt or confusion exists at the scene, contact Medical Control for advice.

Documentation of adherence to protocol:

- ___ Scene/ incident description and mechanism of injury.
- ___ Adult patient is competent and wanting to refuse treatment.
- ___ All relevant exchanges demonstrating that the patient had been fully informed of possibilities (i.e. death, disability) if no treatment before patient signs refusal.
- ___ All contact with Medical Control.

Medical Control Contact Criteria

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| <ul style="list-style-type: none">___ Contact Medical Control if any question exists as to the best option for the patient.___ Issues regarding “<u>competency</u>” of patients should be managed directly with Medical Control.___ Contact Medical Control if question regarding need for evaluation/ treatment (based on mechanism of injury, etc.) |
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PRECAUTIONS AND COMMENTS

- Scene safety is of utmost importance in dealing with the adult psychiatric patient. Do not hesitate to involve law enforcement if needed.
- Important points to discuss with patient before obtaining refusal:
 - EMS evaluation and/or treatment is not a substitute for medical evaluation and treatment by a doctor. EMS advises the patient to see a doctor or go to a hospital. If patient’s condition was discussed with Medical Control on scene, inform them that this also does not substitute for medical evaluation.
 - Patient’s condition may be worse than originally evaluated. Without treatment, patient’s condition or problem could become worse.
 - If patient changes their mind or condition becomes worse, patient should be made aware that they may call 911 and EMS will respond as always.
 - FOR MINORS: Instruct the patient’s legal guardian that in this situation, they are acting on behalf of the patient and they understand the above information regarding refusal of treatment or transport, and accept responsibility for the patient.
- Documentation is **extremely** important in refusal cases. Be thorough.
- Certain injuries, illnesses, ingestions, or injected substances can alter behavior and create a situation whereby the capacity to make a valid judgment by the patient no longer exists. It is better to treat and prevent any further harm to the patient who may not be able to judge his/her own condition.
- The State of Illinois permits **pregnant or married minors** to be treated as adults and therefore allows them to make the decision regarding consent for treatment or refusal of services.