Central DuPage Emergency Medical Services System

Patient's Consent and Refusal of Consent

INFORMATION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: _____	EMSS COORDINATOR: _____
REVISION & APPROVAL: 6/95, 1/98, 11/03, 2/09	

PURPOSE:

To outline the general guidelines to be followed when caring for patients who refuse transportation and/or treatment by EMS Personnel.

POLICY:

A conscious adult who is determined by EMS Personnel, in accordance with the procedures set forth below, to be: (1) Competent; and (2) not suicidal or potentially dangerous to him/herself or others (including the inability to provide Self Care); has the right to refuse medical treatment and/or transport even in an emergency.

DEFINITIONS:

Competency: a patient is competent when the patient is determined to have decisional capacity. An "incompetent" patient is one who lacks decisional capacity. "Decisional capacity" means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment, including forgoing life-sustaining treatment, and the ability to reach and communicate an informed decision in the matter as determined by the Medical Control Physician. A diagnosis of mental illness or mental retardation, in and of itself, does not mean that the patient lacks decisional capacity.

Note: If the patient refuses to cooperate, remember that in questions of competency, to grant or refuse treatment a person who legally is not competent to grant consent is also legally not competent to deny consent.

Patients may be alert and oriented and intoxicated from alcohol and/or drugs. All factors must be reviewed when looking at treatment/transport. If the patient is potentially harmful to their self or others they may not sign a refusal and must be transported to the Emergency Department.

EMS Personal: defined as those persons recognized by the Central DuPage EMS System who possesses a valid EMT or PHRN license in the State of Illinois. Such personnel have completed varying levels of training in emergency medical services and are under no current EMS System (any EMS System in Illinois), or State of Illinois suspension.

Medical Control Physician: an emergency department physician who ensures that care taken on behalf of ill or injured patients is medically appropriate. The ultimate responsibility and authority for the medical actions taken by EMS personnel rests with the EMS Medical Director who delegates medical control responsibilities to the ED physician on duty.

ECRN: a registered professional nurse, licensed under the Illinois Nursing Act of 1987, who has successfully completed supplemental education in accordance with the EMS ACT and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and accordance with System protocols.

Self Care: a patient is unable to provide Self Care when the patient is unable to care for him/herself so as to guard him/herself from physical injury or to provide for his/her own physical needs.

PROCEDURE

1. Duty to attempt to obtain consent. When an adult patient or emancipated minor refusing treatment and/or transport is judged by a Medical Control Physician or ECRN to be Competent and not suicidal or potentially dangerous to him/herself or others (including not having the ability to provide Self Care), such patient's refusal must be respected. Many people who initially refuse emergency medical care and/or transport are in need of such care. To allow such patients to refuse care in the face of obvious need is a failure to perform at the expected level of competence. Rescuers therefore have a duty to reasonably attempt to convince such patients of the need for treatment and/or transport and should resort to release forms only as a mechanism for documenting steadfast refusal of treatment by conscious, Competent adults.

2. Patient Assessment.

   The EMT or PHRN must complete a full patient assessment whenever possible to determine the nature and severity of the illness/injury and patient competency. If the patient is refusing a physical exam, it should be documented in the narrative portion of the Patient Care Report.

3. Report to Medical Control.

A. All refusals completed by a CDH EMS System approved EMT-Basic must be called in to Medical Control, preferably via cell phone on telemetry. Merci radio may be used as a backup to the cell phone.
B. Anytime the EMT-Basic is uncomfortable with the patient's condition and refusal of treatment and/or transport; they should request an ALS Ambulance to the scene to handle the call. While awaiting their arrival the EMT-Basic should contact Medical Control to assist in advising the patient to seek medical care.
C. All refusals which involve potential ALS care, are against the advice of the paramedic, or medical-legal issues, MUST be called into Medical Control. All other BLS calls with a Paramedic at the scene do not have to be called in to Medical Control unless they are uncomfortable with the patient's condition and refusal of treatment and/or transport.
D. A Medical Control Physician or ECRN will determine if patient's behavior and/or the medical condition suggests that the patient is incompetent to refuse medical treatment or may potentially dangerous to him/herself or others. In this situation, EMS Personnel must transport the patient to the appropriate hospital.

4. Patient makes ultimate decision.

Once a Medical Control Physician or ECRN has determined that the patient is Competent and not a danger to him/herself or others, and the patient continues to refuse care or transport after complete examination of the options and potential consequences, the wishes of that patient must be honored, no matter how unreasonable they may seem to be to the EMS Personnel involved.

5. Documentation of refusal

EMS Personnel must either have the patient sign a standard release form, or if the patient refuses to sign release, EMS Personnel should document the patient's refusal on the standard report form. The most critical documentation is the basis for judging that the patient is Competent; i.e. fully understanding the potential consequences. EMS Personnel shall clearly document the following information on the Patient Care Report:

- Date, name, scene, times, vital signs.
- Chief complaint and history of call.
- Physical exam of chief complaint.
- Level of consciousness.
- Presence of odor consistent with the consumption of alcohol, if applicable.
- Skin color, temperature, and condition.
- Patient has been informed of potential consequences associated with refusal

and understands and accepts the risks of refusal.

- If the patient continues to refuse intervention in spite of knowledge of the risks, their signature must be obtained on the Release of Services form. If the patient refuses to sign, document circumstances as appropriate in the written report and with Medical Control.
- Obtain witness signature whenever possible.

6. Implied Consent to Treatment/Transport

The presence of implied consent in emergency situations applies only to situations in which patients are incapable of refusing consent, either because of their clinical condition (i.e. unconsciousness) or because of lack of capacity, as in the case of unemancipated minors or patients under the influence of alcohol/drugs.

Multiple Victims Refusal of Service

To ensure the efficient use of resources, the following documentation process may be utilized at incidents where two (2) or more patients are refusing services. All of the above mentioned criteria regarding the refusal policy must be adhered to. The multiple release form is to be used only for patients in whom it is very clear injuries/illness are not present. If there is any question about the stability of injuries to a patient, their level of consciousness or any other concerns, a patient care report must be filled out with complete documentation.

A. If patients are willing to sign a release form, the Central DuPage EMS Multiple Victim Release Form is to be completed.

B. One (1) CDEMSS Prehospital Care Report, per incident, is to be completed with all Multiple Victim Release Forms and forwarded to the CDEMSS Office.