

<b>POLICY:</b>	<b>CONSENT/REFUSAL OF TREATMENT– 300.29</b>		
<b>APPROVAL:</b>	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
<b>EFFECTIVE DATE: 9/1/2016</b>	<b>CURRENT REVIEW/REVISION DATE: 8/16</b>	<b>SUPERSEDES: N/A</b>	<b>ORIGINAL EFFECTIVE DATE: 08/16</b>
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MANAGEMENT SYSTEM</b>	

**I. Purpose:**

To define consultation and documentation with Medical Control for all pre-hospital refusals of service for any minor emancipated minor, or adult when Emergency Medical Services (EMS) has been called, and established patient contact.

**II. Definitions:**

**A. Minor**

A minor is any person under the age of 18.

**B. Emancipated Minor**

An emancipated minor is a mature minor (between 16 years of age and under 18 years of age) who has demonstrated the ability and capacity to manage their own affairs and live, wholly or partially, independent of parents or guardians.

**C. Competent Adult**

A competent adult is any person 18 years or older who is alert and oriented to person, place and time.

**D. Incompetent Adult**

An incompetent adult is any person 18 years of age or older who is disoriented (to person, place or time), is in shock, is under the influence of alcohol or drugs, or who is believed to be a danger to themselves or to others.

A minor cannot refuse treatment or transport to a hospital for medical attention. If a parent or guardian is not available for consent, the patient is treated under IMPLIED CONSENT.

**A parent may refuse treatment of a child in consultation with Medical Control EXCEPT under the following conditions:**

1. Parents may not withhold consent for life-saving treatment.
2. When suspicion of abuse and/or neglect exists.
3. Life or limb threatening illness or injury.
4. Incompetent adult guardian.

In the event of a minor who is believed to be under the influence of alcohol or drugs, a parent may sign a refusal of treatment and transport only after consulting with Medical Control.

Any person determined incompetent, cannot refuse treatment or transport to a hospital for medical attention. This patient is treated under IMPLIED CONSENT.

## **Multiple Patient Release Form (MPR)**

Two (2) or more patients at a scene/call refusing treatment and or transport.

### **III. Procedure:**

#### **A. Documentation of Refusal of Treatment for a Competent Patient**

- 1.** Complete the Patient Care Report.
- 2.** Document chief complaint and patient assessment including mental status exam, i.e. orientation to person, place and time.
- 3.** Document that the patient/parent(s) was/were INFORMED and UNDERSTAND(S) the consequences of his/her own refusal for medical attention and/or transport.
- 4.** Notify Medical Control for refusal of care prior to leaving the scene. All refusals of care must be communicated to Medical Control prior to allowing the refusal.
- 5.** Document Emergency Communications Registered Nurse (ECRN)/Emergency Department (ED) physician approving refusal.
- 6.** Obtain patient's signature and signature of a witness of refusal (preferably family member) prior to communication with Medical Control and prior to leaving the scene.
- 7.** If patient is not willing to sign a refusal of care and/or transport, it should be documented as outlined in items 1-5.
- 8.** MPR form may be utilized for two or more patients at a scene whom are refusing care. The procedure for documentation of refusal of treatment for the competent patient remains the same when utilizing the MPR form. (As listed above, under procedure 1-7).

### **Approval:**

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**Thomas J. Dohm** **Date**  
**VP of Professional Services**

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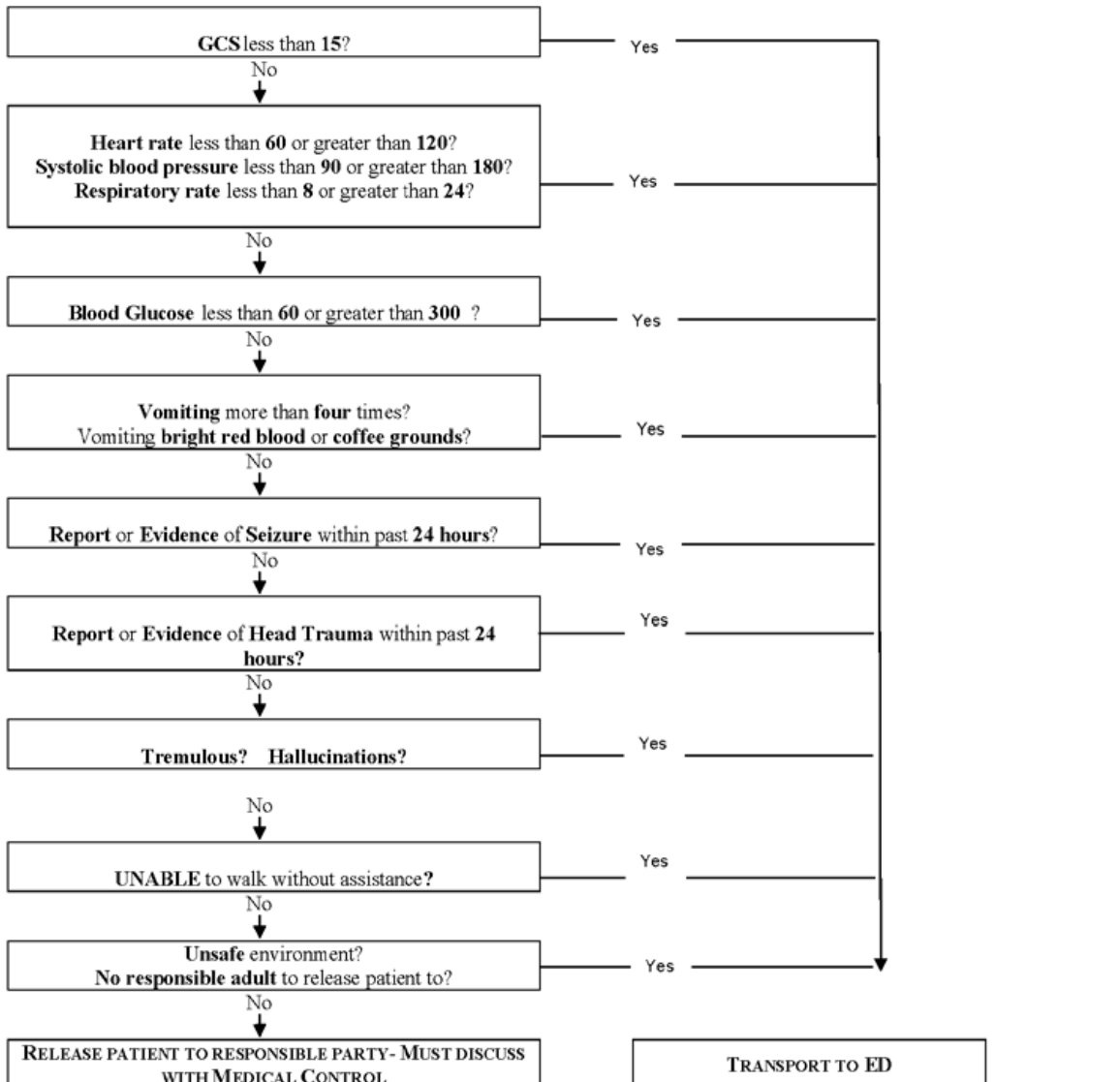
**Robin Stortz, RN** **Date**  
**Manager of EMS**

Documentation of Refusal of Treatment for the Non-Impaired Individual with Consumption of Alcohol

The following protocol is applicable ONLY to patients 21 years of age or older.

**Non-Impaired Individual with Admitted Consumption /  
Odor of Alcohol on Breath Wishing to Refuse Medical Care and Transport**

History:	Signs and Symptoms:	Assessment Considerations:
<ol style="list-style-type: none"> <li>1. Medical History</li> <li>2. Quantity / Duration of ETOH use</li> <li>3. Medications (Rx or recreational)</li> </ol>	<ol style="list-style-type: none"> <li>1. Level of consciousness</li> <li>2. Vomiting</li> <li>3. Staggered gait</li> <li>4. Slurred speech</li> <li>5. Blurred vision</li> </ol>	<ol style="list-style-type: none"> <li>1. Diabetic</li> <li>2. Psychiatric</li> <li>3. Overdose</li> <li>4. Stroke/Neuro</li> <li>5. Any Altered Mental Status</li> </ol>



**Pearls:**

1. Exam: Mental Status, Neuro, Vital Signs
2. Serious medical conditions can present as inebriation. It is the prehospital provider's responsibility to rule out other causes.
3. Unsafe environment means a place where physical injury (trauma or hypo/hyperthermia) is probable.

**Disposition:**  
**EMS Transport:** Abnormal VS, GCS, glucose, possible hemorrhage, possible seizure  
 Other patients not released to responsible party- Must discuss with Medical Control