

Declining Emergency Medical Care or Transport

I. PURPOSE

This policy defines the requirements for patients with decision making capacity to decline medical care/transport. This policy is applicable to all EMS providers.

Providers should recognize these situations as high risk. When patients insist on refusing care/ambulance transport or insist on leaving the scene; careful discussion with the patient and specific documentation may improve outcomes. In addition, this policy is intended to empower providers to ensure appropriate utilization of transportation resources.

Against Medical Advice (AMA): To provide a procedure for ALS personnel to follow when an individual identified as a “patient” refuses medical treatment/ambulance transportation or when a parent(s) or legal guardian refuses medical treatment/ambulance transport for a minor identified as a patient. **Only ALS personnel may complete an AMA.**

Release at Scene (RAS): To provide a procedure for BLS and ALS personnel to follow when both a person with decision making capacity AND the provider feel that no further EMS treatment and/or ambulance transport is warranted. The individual must meet all criteria set forth in Section 4007.VII.

II. AMA CRITERIA AND ACTIONS

Against Medical Advice (AMA)

- A. AMA applies to patients who refuse medical care or ambulance transport. Only ALS personnel may complete an AMA.
- B. In order to refuse care, a patient must be legally and mentally capable of doing so by meeting the following criteria:
 1. Is an adult (> 18 years of age), or if a minor meets the criteria set forth in Section 4007.V; and
 2. Understands the nature of the medical condition or injury and the risks and consequences of refusing care;
 3. Exhibits no evidence of altered mental status, including suspected alcohol or drug ingestion that impairs one’s ability to make a sound decision regarding medical care/transport.
- C. Actions:
 1. If the patient is legally and mentally capable of refusing care:
 - a. Honor the patients request and complete the refusal;
 - b. Document the Electronic Health Record (EHR) thoroughly; and
 - c. Complete an “AMA/Release at Scene” (AMA/RAS-Form 4007) Form Section II.
 2. If the patient cannot legally refuse care or is mentally incapable of refusing care AND requires medical care/transport:
 - a. Document in the EHR to reflect that the patient required immediate treatment/transport and lacked the mental capacity to understand the risks/consequences of refusal (implied consent). Assessment findings should also be documented to support a decision to treat/transport.
 - b. Treat and transport only as necessary to prevent death or serious disability.



Declining Emergency Medical Care or Transport

- c. The law presumes that an individual is competent to consent or refuse care. The party alleging a lack of capacity has the legal burden of proving it. Document accordingly; anyone forcing treatment on an unwilling patient must be able to prove both the necessity of the treatment and the incapacity of the patient.

III. BASE HOSPITAL CONTACT

- A. For patients with acute conditions that pose a threat to the life or health of the patient, every effort should be made to convince the patient to be transported. Be persuasive – get help from family members, friends, or a Base Hospital MICN/Physician.
- B. Paramedics must contact the Base Hospital:
 1. For any patient determined to require involuntary treatment or transport;
 2. Whenever the refusal of care or transport poses a threat to the patient's well-being;
 3. In trauma triage when criteria is met for base contact and the patient wishes to AMA; or
 4. Any other situation in which, in the prehospital personnel's opinion, Base Hospital contact would be beneficial in resolving treatment or transport issues.
 5. When required by field treatment guideline (e.g., Syncope, BRUE, etc.).

IV. REQUIRED DOCUMENTATION FOR THE PATIENT REFUSING CARE:

- A. Document thoroughly as outlined in LEMSA Administrative Policy 6001 (Documentation of the Electronic Health Record).
- B. The phrase “decision making capacity” shall be documented in the EHR narrative to reflect that the patient had the mental capacity to make a sound decision when refusing care/transport. This phrase is a quality assurance marker used for auditing purposes.
- C. Specific AMA documentation may include:
 1. Indications that there were no signs of impairment due to drugs, alcohol, organic causes, or mental illness that affected the patient's ability to make a sound decision regarding medical care/transport.
 2. Anything that caused the prehospital provider to believe the patient was mentally capable.
 3. The indications that the patient understood the risks.
 4. What the patient specifically said about why he/she is refusing treatment/transport (use “quotes” as appropriate).
 5. The prehospital provider's efforts to encourage the patient to seek care.
 6. The person(s), if any, who agreed to look after the patient.



Declining Emergency Medical Care or Transport

V. MINORS

A. Minors who may consent include:

1. A legally married minor;
2. A minor on active duty with the U.S. military;
3. A minor seeking prevention or treatment of pregnancy or treatment related to sexual assault;
4. A minor seeking treatment of contact with an infectious, contagious or communicable disease or sexually transmitted disease;
5. A self-sufficient minor of at least 15 years of age, living apart from parents and managing his/her own financial affairs;
6. An emancipated minor (must provide proof); or
7. The parent of a minor child or a legal representative of the patient (of any age)

B. If the parent/guardian or conservator is not at the scene, consent/refusal of care *may be* obtained over the telephone. Document exactly as if the parent/guardian or conservator was present on scene. Verify the name and relationship of the individual to the patient. Attempt to have another person validate the consent/refusal with the parent/guardian or conservator. Document exactly what was said (use “quotes” as appropriate).

1. Do not release the child to the custody of a relative or friend unless the individual has been authorized by the parent/guardian or conservator to make medical decisions for the child.

C. If the patient is 18 years of age or older, but there is a reason to suspect that the patient has been judged incompetent by a court and placed under a legal conservatorship, seek consent from the designated guardian.

D. If the parent/guardian or conservator is unavailable and treatment can be safely delayed:

1. Document thoroughly.
2. Attempt to reach the parent/guardian or conservator by telephone. Do not release the child to the custody of a relative or friend unless the individual has been authorized by the parent/guardian or conservator to make medical decisions for the child.

E. If the parent/guardian or conservator is unavailable and treatment cannot be safely delayed:

1. Treat and transport as necessary to prevent death or serious disability (implied consent).

F. If the parent/guardian or conservator is available but refuses to consent for necessary, emergency treatment:

1. Explain the risks of refusal;
2. Be persuasive – get help from family members, friends, or a Base Hospital MICN/Physician.
3. Involve law enforcement.

VI. ARREST AND 5150

An individual under arrest, incarcerated, or on a 5150 is legally capable of consenting or refusing medical care.

VII. RELEASE AT SCENE (RAS)

A. Release at scene applies to all individuals. Both BLS AND ALS personnel may complete a RAS.

1. The individual must meet ALL of the following criteria:



Declining Emergency Medical Care or Transport

- a. Exhibits no evidence of altered mental status, including suspected alcohol or drug ingestion that impairs one's ability to make a sound decision regarding medical care/transport;
- b. Does not have a complaint suggestive of potential illness or injury that indicates a need for EMS treatment/transport;
- c. Does not have obvious evidence of illness or injury that indicates a need for EMS treatment/transport;
- d. Has not experienced an acute event that could reasonably lead to illness or injury; and
- e. Is not in a circumstance or situation that could reasonably lead to illness or injury that indicates a need for EMS treatment/transport.

B. Actions:

1. Complete the release;
 - a. Enter the individual's name on the "AMA/Release at Scene" (AMA/RAS-Form 4007) Form Section I and obtain a signature; and
2. Complete a narrative detailing the circumstances of the RAS.
3. In an event where multiple people sign a "Multi-Person/Pt. Release at Scene" (RAS-Log 4007) Log, complete one narrative detailing the circumstances of that event (*not one for each individual*).

