

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.

DEFINITIONS: (According to OAR 333-250-0205)

- A. **Patient**: defined as a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an EMS provider.
- B. **Non-emergency care**: the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed. Examples would include lift assists, blood pressure checks, basic first aid, consult, etc.

PROCEDURE:

- A. Once a patient is identified and is refusing care:
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.
- B. 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.
- C. 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. Make all reasonable efforts to assure that the patient receives medical care. Attempt to contact family, friends, or law enforcement to help.

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4. If a patient verbalizes a desire to refuse and their judgment is suspected to be clouded by any intoxicant or behavioral health crisis, contact law enforcement for consideration of a legal hold:
 - a. ORS 430.399: Persons who must be taken to a treatment facility for intoxication
 - b. ORS 426.228: Peace officer hold for mental illness
5. For patients not meeting criteria for legal hold in (4) above, contact OLMC for additional assistance. Note that OLMC cannot place an out of hospital hold remotely.
6. If restraint or medication assisted treatment for severe agitation or violence is anticipated, contact law enforcement for additional physical assistance and consideration of a legal hold.

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. See Documentation Protocol.

GUIDELINES & DEFINITIONS:

A. Decision Making **Capacity**: The ability to make an informed decision about the need for medical care based on:

- Patient must exhibit **UNDERSTANDING** – apply the concept of the possible injury or illness to themselves.
- Patient must be able to **COMMUNICATE** a choice (i.e., verbally, using a translator, written word or communicate by other means)
- Patient must show **APPRECIATION** – be able to verbalize/communicate back the consequences of refusal of care
- Patient must show **REASONING** – be able to draw a conclusion of why the possible injury/illness doesn't apply to the patient

B. Impaired Decision-Making Capacity: Any patient not **UNDERSTANDING**, not **COMMUNICATING**, not able to **APPRECIATE** the consequences of refusal, or unable to **REASON** as above.

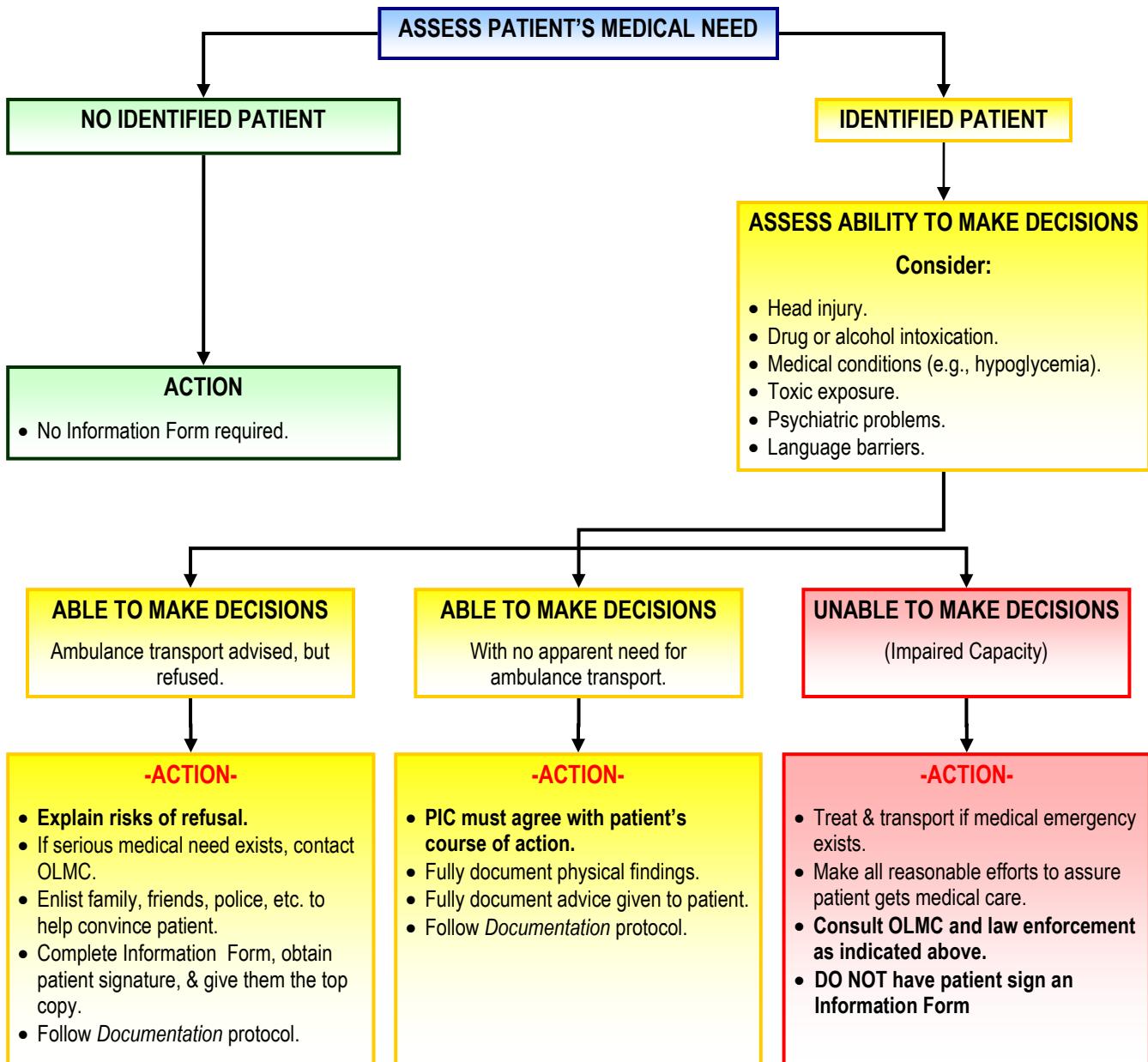
C. Emergency Rule: EMTs have a duty to treat if an emergency condition is **reasonably** thought to exist and they have encountered the patient. The EMT should apply the "**REASONABLE MAN RULE**." If a **reasonable patient** would want treatment/transport then that course of action should be done by the EMT. The age of consent/refusal is age 15 years. A good faith effort should be made to contact the parent or guardian (especially for refusal of care). All other minors (less than 15 years of age) may be treated and transported without parental consent, if unable to obtain consent at the time of contact. When in doubt, contact OLMC.

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D. Required OLMC Contact: 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.
 - Cardiac dysrhythmia.
 - Poisons and overdoses.
 - First time seizures.
 - Stroke symptoms. (TIA pts have a 10-30% chance of CVA within 90 days)
 - Suicidality, homicidality, psychosis, and other behavioral health emergencies.
- 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.

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OLMC CONTACT REQUIRED

- Suspected impaired decision-making capacity.
- Suspected serious medical condition
- 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.