

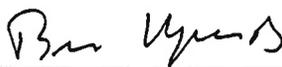
SUBJECT: PREHOSPITAL TREATMENT AND TRANSPORTATION OF ADULTS -
REFUSAL OF CARE OR SUGGESTED DESTINATION, RELEASE

Date: 7/01/2010

- I. **Authority:** Health and Safety Code, Division 2.5, Section 1798.
- II. **Purpose:** To establish a procedure for a patient or designated decision maker (DDM) to refuse care (assessment, treatment, or transport) or request an alternate disposition by EMS personnel.
- III. **Definitions:**
- A. AMA - The refusal of treatment or transport, by an emergency patient or his/her designated decision maker, against the advice of the medical personnel on scene or of the base hospital.
- B. Designated decision maker (DDM) - An individual to whom a person has legally given the authority to make medical decisions concerning the person's health care (i.e., through a Durable Power of Attorney for Health Care).
- C. Emergency Patient - Any person for whom the 9-1-1/EMS system has been activated and who meets the following criteria:
1. Has a chief complaint or suspected illness or injury; or
 2. Is not oriented to person, place, time, or event; or
 3. Requires or requests field treatment or transport; or
 4. Is under the age of 18 and is not accompanied by a parent or legal guardian.
- D. Release - A call outcome that occurs when the patient and the EMS personnel (including the base hospital if a base was contacted) agree that the illness/injury does not require immediate treatment/transport via emergency/9-1-1 services and the patient does not require the services of the prehospital system.

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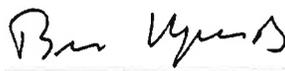
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IV. Policy:

- A. All emergency patients will be offered treatment and/or transport following a complete assessment.
- B. Against Medical Advice (AMAs)
 1. Adults have the right to accept or refuse any and all prehospital care and transportation, provided that the decision to accept or refuse these treatments and transportation is made on an informed basis and provided that these adults have the mental capacity to make and understand the implications of such a decision.
 2. The decisions of a Designated Decision Maker (DDM) shall be treated as though the patient was making these decisions for him/herself.
 3. For those emergency patients who meet base hospital contact criteria (S-415) and wish to sign AMA, prehospital personnel shall use their best efforts to make base hospital contact prior to the patient leaving the scene and prior to the responding unit leaving the scene. In the event that the patient leaves the scene prior to base hospital contact, field personnel shall still contact the base hospital for quality improvement and trending purposes only.
 4. The EMT, AEMT or paramedic should contact the base hospital and involve the MICN and/or base hospital physician in any situation in which the treatment or transport refusal is deemed life threatening or "high risk" by the EMT, AEMT or paramedic.
 5. Field personnel shall document, if possible, the following for all patients released AMA:
 - a. Who activated 9-1-1 and the reason for the call.

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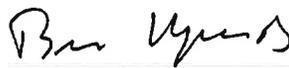
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- b. All circumstances pertaining to consent issues during a patient encounter.
 - c. The presence or absence of any impairment of the patient/DDM such as by alcohol or drugs.
 - d. The ability of the patient/DDM to comprehend and demonstrate an understanding of his/her illness or injury.
 - e. The patient/DDM has had the risks and potential outcome of non-treatment or non-transport explained fully by the EMT, AEMT or Paramedic, such that the patient/DDM can verbalize understanding of this information.
 - f. The reasons for the AMA, the alternate plan, if any, of the patient/DDM and the presence of any on-scene support system (family, neighbor, or friend [state which]).
 - g. That the patient/DDM has been informed that they may re-access 9-1-1 if necessary.
 - h. The signature of the patient/DDM on the AMA form, or, if the prehospital personnel are unable to have an AMA form signed, the reason why a signed form was not obtained.
 - i. Consideration should be given to having patient/family recite information listed in sections IV.B.5. d-g above, to the MICN/BHP over the radio or telephone.
- C. Patient Refusal of Transport to Recommended Facility

Should the situation arise wherein a patient refuses transport to what is determined by the base hospital to be the most accessible emergency facility equipped, staffed and prepared to administer care appropriate to the needs of the patient, but the patient requests transport to

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an alternate facility:

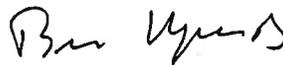
1. Field personnel should discuss with the base hospital the patient's or DDM's rationale for their choice of that alternate facility.
2. Inform the patient or DDM of base hospital's rationale for its selected destination.
3. If the patient still refuses transport to the selected destination, follow procedures for the patient to refuse treatment and/or transport "against medical advice" (AMA). However, if, in the judgment of the base hospital, the patient's refusal of transport would create a life-threatening or high-risk situation, and the patient continues to refuse the recommended destination, document the AMA and transport the patient to the requested facility if possible.
4. Arrange for alternate means of transportation to the facility of choice if appropriate.

D. Downgrade

1. Following a complete paramedic assessment and base hospital report (as required per County of San Diego EMS Policy S-415), the base hospital may authorize a downgrade in the transportation and treatment needs of an ALS-dispatched patient from advanced life support (i.e., paramedic treatment and transport) level of prehospital care to BLS (EMT treatment and transport) level of care and that unit can continue to transport the patient to any destination. All downgrades shall be reviewed by the agency's internal Quality Improvement program.
2. If the patient's condition deteriorates during the transport, the paramedic shall contact the base hospital authorizing the downgrade, initiate appropriate ALS treatment

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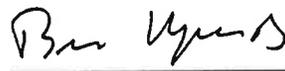
protocols, and deliver the patient to the most appropriate facility at the direction of the base hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.

3. If the paramedics have transferred care to a BLS service provider and the patient's condition deteriorates during the BLS transport, the EMT shall contact a base hospital, inform the base hospital that the patient had been downgraded from ALS to BLS, and deliver the patient to the most appropriate facility at the direction of the base hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.

E. Release

If the patient and EMS personnel (including the base hospital if a base was contacted) agree that the illness/injury does not require immediate treatment/transport via emergency/9-1-1 services, and the patient does not require the services of the prehospital system, the patient may be released at scene. For those patients who meet base hospital contact criteria (S-415), field personnel shall attempt to contact the base prior to the patient leaving the scene.

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