I. PURPOSE

To establish a procedure for a patient or designated decision maker to refuse care (assessment, treatment, or transport) or request an alternate disposition by Emergency Medical Services (EMS) personnel.

II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1798.

III. DEFINITION(S)

Against Medical Advice (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.

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., a parent, legal guardian, and "attorney-in-fact" through a Durable Power of Attorney for Health Care, or an "agent" through an Advance Health Care Directive).

Emergency Patient: Any person for whom the EMS/9-1-1 system has been activated and who meets the following criteria:

1. Has a chief complaint or suspected illness or injury
2. Is not oriented to person, place, time, or event
3. Requires or requests field treatment or transport
4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured, or appears to be ill or injured

Patient-Centered Care Modification (PCCM): A medically appropriate change in level of care (from ALS to BLS, or BLS to ALS) initiated by an EMS clinician at the scene of an emergency.

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 a prehospital system.

IV. POLICY

A. All emergency patients will be offered treatment and/or transport following a complete assessment.

B. 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 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 (see County of San Diego, Emergency Medical Service (CoSD EMS) Policy S-415 “Base Hospital Contact/Patient Transportation and Report”) 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 Emergency Medical Technician (EMT), Advanced EMT (AEMT), or Paramedic should contact the Base Hospital and involve the Mobile Intensive Care Nurse (MICN) and/or Base Hospital Physician (BHP) 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
   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 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 III.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 an alternate facility:

1. Field personnel should discuss with the Base Hospital that patient's or DDM's rationale for their choice of that alternate facility.
2. Inform the patient/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 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. Patient-Centered Care Modification

1. Paramedics shall perform a patient assessment and complete a Base Hospital report (as required per CoSD EMS Policy S-415 "Base Hospital Contact/Patient Transportation and Report") prior to initiating a PCCM.
2. EMS clinicians shall complete a PCR with documentation of criteria in CoSD EMS Protocol S-100.2 for all incidents where a PCCM was applied.
3. Patients meeting criteria in CoSD EMS Protocol S-100.2 shall be transported with an ALS level of care, unless a specified exception criteria is met.
4. EMS clinicians shall complete a PCR with documentation of criteria in CoSD EMS Protocol S-100.2 for all patients that are transported by BLS level of care when ALS criteria were met.
5. If a patient's condition deteriorates during BLS transport, the EMT shall contact a Base Hospital for direction on destination and inform them that a PCCM was applied. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.
6. All PCCMs shall be reviewed by the agency's internal Quality Improvement program.

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 (see CoSD EMS Policy S-415 “Base Hospital Contact/Patient Transportation and Report”), field personnel shall attempt to contact the base prior to the patient leaving the scene.