



## Advisory 20-14 Patient Refusal of Treatment / Transport Policy

To: All ALS Providers  
From: Jeremy T. Cushman, MD, MS, EMT-P *JT Cushman*  
Regional Medical Director  
Date: August 25, 2020

---

During the August 17, 2020 meeting of the Monroe-Livingston Regional Emergency Medical Advisory Committee the proposed changes to the Patient Refusal of Treatment / Transport Policy were approved. An updated version of the policy as well as an amended version of the MLREMS Refusal Form are attached.

EMS providers of all levels should review the full policy as soon as possible. Major changes to the policy include:

- The history of two or more falls (including the current event) within the previous six-month period as a health condition that may initially look stable but has the potential to rapidly deteriorate.
- Medical Control consultation is REQUIRED for patients less than one year of age that experience a Brief Unexplained Resolving Event (BRUE, previously Apparent Life Threatening Event). This was previously for patients less than three months of age.
- Fever in a newborn less than 8 weeks old has been added as an At Risk Criteria.
- The MLREMS Refusal Form has been updated to reflect these changes as well as allow patient to initial the EMS provider's comments and document the witness' name.

For agencies using an electronic medical record and a device capable of capturing patient and provider signatures electronically in the field, the agency may use a modified Monroe-Livingston EMS Region Refusal of Treatment / Transport Form for use on such an electronic device as approved by the Regional Medical Director or his/her designee. If you need the language from Refusal Form for either your ePCR vendor or your agency's IT representative, please email [mlems@mlrems.org](mailto:mlems@mlrems.org).

Do not hesitate to contact the Regional Program Agency with any questions regarding this guidance.

---

**web** www.mlrems.org  
**phone** (585) 463-2900  
**fax** (585) 473-3516

**office**  
44 Celebration Drive, Suite 2100  
Rochester, NY 14620

**mailing**  
601 Elmwood Avenue, Box 655-P  
Rochester, NY 14642



## REFUSAL OF TREATMENT/TRANSPORT POLICY

### PURPOSE

This policy outlines the evaluation of a patient refusing treatment or transport and the documentation expected when obtaining such a refusal.

### OVERVIEW

A patient is defined as a person encountered by EMS personnel with an actual or potential injury or medical problem. "Encountered" refers to visual contact with the patient. These persons may have requested an EMS response or may have had an EMS response requested for them. Due to the hidden nature of some illnesses or injuries, an assessment should be performed on all patients. For patients initially refusing care, an attempt to evaluate the individual, even if only by visual assessment is expected and must be documented.

### EVALUATION

The evaluation of any patient refusing medical treatment or transport should include the following:

1. Visual Assessment – To include responsiveness, level of consciousness, orientation, obvious injuries, respiratory distress, and gait.
2. Initial Assessment – Airway, breathing, circulation, and disability.
3. Vital Signs – Pulse, blood pressure, respiratory rate and effort. Pulse oximetry and/or blood glucose when clinically indicated.
4. Focused Exam – As dictated by the patient's complaint (if any).
5. Medical Decision Making Capacity Determination – As defined below.

Patients at the scene of an emergency who demonstrate capacity for medical decision making shall be allowed to make decisions regarding their medical care, including refusal of evaluation, treatment, or transport. In order to ensure that a patient exhibits the capacity for medical decision making, the patient must demonstrate that they understand the risks of refusal and can verbalize these back to the provider in such a way that shows the patient clearly understands the nature and consequences of their medical care decision. A patient, who is evaluated and found to have any one of the following conditions, shall be considered incapable of making medical decisions regarding care and/or transport and should be transported to the closest appropriate medical facility under implied consent:

---

**web** www.mlrems.org  
**phone** (585) 463-2900  
**fax** (585) 473-3516

**office**  
44 Celebration Drive, Suite 2100  
Rochester, NY 14620

**mailing**  
601 Elmwood Avenue, Box 655-P  
Rochester, NY 14642

Last Updated 8/18/20



- Altered mental status from any cause including altered vital signs, clinical intoxication from drugs\* and/or alcohol\*, presumed metabolic causes (ingestion, hypoglycemia, stroke, etc), head trauma, or dementia.
- Age less than 18 unless an emancipated minor or with legal guardian consent.
- Attempted suicide, danger to self or others, or verbalizing suicidal intent.
- Acting in an irrational manner, to the extent that a reasonable person would believe that the capacity to make medical decisions is impaired.
- Severe illness or injury to the extent that a reasonable and medically capable person (or, for a pediatric patient, the parent/guardian) would seek further medical care.
- When appropriate documents are signed and patient is placed under involuntary commitment pursuant to Article 9 of the New York State Mental Hygiene Law.

\*Clinical intoxication refers to a patient's inability to demonstrate decisional capacity regarding their injury or illness.

Patient consent in these circumstances is implied, meaning that a reasonable and medically capable adult would allow appropriate medical treatment and transport under similar conditions. Providers who identify a patient requiring transport under implied consent and are refusing to do so may require Medical Control consultation and/or Law Enforcement involvement to ensure the patient is transported to an appropriate emergency facility for evaluation. Medical care should be provided according to protocol.

Once a patient assessed to lack decisional capacity is transported under implied consent to the appropriate emergency facility, another determination of decisional capacity may be required for continued involuntary care and treatment. Patients exhibiting the following at risk criteria should receive particular attention to an appropriate evaluation and risk/benefit discussion prior to not transporting and the EMS provider may consider medical control consultation prior to obtaining a refusal:

- Age greater than 65 years or less than 1 year
- Abnormal Vital Signs such as:
  - Pulse >120 or <50
  - Systolic blood pressure >200 or <90
  - Respirations >20 or <10

---

**web** www.mlrems.org  
**phone** (585) 463-2900  
**fax** (585) 473-3516

**office**  
44 Celebration Drive, Suite 2100  
Rochester, NY 14620

**mailing**  
601 Elmwood Avenue, Box 655-P  
Rochester, NY 14642

Last Updated 8/18/20



- Oxygen Saturation < 90%
- Fever in an infant less than eight weeks old
- Health Conditions that can rapidly deteriorate but initially look stable such as
  - Chest pain that could be STEMI leading to cardiac arrest
  - MVC in an anti-coagulated patient that could lead to delayed bleeding pathology
  - Headache that is a ruptured cerebral aneurysm
  - Fever that becomes septic shock
  - An adult patient with a history of two or more falls (including the current event) within the previous six month period that has not been addressed by the patient's primary care physician.

A patient exhibiting medical decision making capacity and wishing to refuse care/transport may do so after the provider has assured the following have been completed:

1. Determined the patient exhibits decisional capacity to refuse care/transport (Patient is alert & oriented and can demonstrate the ability to make a clear decision).
2. Offered transport to a hospital.
3. Explained the risks of refusing care/transport.
4. Explained that by refusing care/transport, the possibility of serious illness or death may increase.
5. Advised the patient to seek medical attention and provided instructions for follow-up care.
6. Confirmed that the patient understands these directions.
7. Has a "safety net" to ensure access to care; i.e. working cell phone/guardian at the house/contact with MD (PCP).
8. Ensured that the patient signed a Refusal of Treatment/Transport Form or documented why it was not signed.
9. Left the patient in the care of a responsible adult when possible.
10. Advised the patient to call 911 with any return of symptoms or if they wish to be re-evaluated and transported to the hospital.

## **MEDICAL CONTROL**

The EMS provider may consider consulting Medical Control if the patient does not wish transport. The purpose of the consultation is to obtain a "second opinion" with the goal of helping the patient realize the seriousness of their condition and accept transportation. Medical consultation is highly recommended for the following:

- The provider is unsure if the patient is medically capable to refuse treatment and/or transport.

---

**web** www.mlrems.org  
**phone** (585) 463-2900  
**fax** (585) 473-3516

**office**  
44 Celebration Drive, Suite 2100  
Rochester, NY 14620

**mailing**  
601 Elmwood Avenue, Box 655-P  
Rochester, NY 14642

Last Updated 8/18/20



- The provider disagrees with the patient's decision to refuse treatment and/or transport due to unstable vital signs, clinical factors uncovered by the assessment, or the provider's judgment that the patient is likely to have a poor outcome if not transported (see at risk criteria, above).

Medical Control consultation (preferentially with either the URM C Peds ED Attending or RGH Peds ED Attending) **is required** for the parent or legal guardian refusing transport of a child being evaluated for a Brief Resolved Unexplained Event (BRUE)\*. It should also be strongly considered for refusal of transport for any infant less than three months of age.

\*BRUE (formerly known as an ALTE, or apparent life-threatening event), is defined as an event in an infant < 1 year that involved at least one of the following: cyanosis or pallor, absent/decreased/irregular breathing, change in tone, altered level of responsiveness. The episode should be brief, sudden and resolved at the time of evaluation.

## DOCUMENTATION

Patient refusals are the highest risk encounters in clinical EMS. Careful assessment, patient counseling, and appropriate Medical Control consultation can decrease non-transport of high-risk refusals. Paramount to the decision-making involved in a patient refusal of treatment and/or transport is the documentation of that refusal.

Documentation is expected to include:

1. In the prehospital care report the provider's assessment, treatment provided, reasons for refusal, determination of medical decision making capacity, and Medical Control consultation as appropriate.
2. Completion of a refusal of treatment/transport form that is in some form attached to the prehospital care report, to include at a minimum, the following:
  - a. Agency Name
  - b. Date of Incident
  - c. PCR associated with the refusal
  - d. Patient's signature, date and time of refusal
  - e. Witness signature, date and time of refusal

Associated Documents for Optional Use by Agencies:

- MLREMS Refusal of Treatment/Transport Form

---

**web** www.mlrems.org  
**phone** (585) 463-2900  
**fax** (585) 473-3516

**office**  
44 Celebration Drive, Suite 2100  
Rochester, NY 14620

**mailing**  
601 Elmwood Avenue, Box 655-P  
Rochester, NY 14642

Last Updated 8/18/20

# Monroe-Livingston EMS Region

## Refusal of Treatment / Transport Form

Ver 2.2 Rev 8/2020

**Instructions to Provider:** Complete this form for all patients who are assessed and refuse care, an indicated intervention, and/or transport. Complete all fields, enter N/A if Not Applicable. Attach to paper PCR or scan for electronic attachment to ePCR.

**Agency Name** \_\_\_\_\_ **Date of Service** \_\_\_\_\_ **Associated PCR** \_\_\_\_\_

### Determination of Decisional Capacity

**Does the patient have any of the following?**

- Altered Mental Status  Yes  No
  - Evidence of threat to self or others  Yes  No
  - Unable to verbalize an understanding of the illness and/or risks of refusing care  Yes  No
  - Unable to verbalize rational reasons for refusing care despite the risks  Yes  No
  - No legal guardian available to determine transport decisions  Yes  No
- The patient must be legally able to refuse care (generally 18 years of age or older)

***If any of the above responses are "yes" then the patient does not have decisional capacity and thus cannot refuse treatment/transport or choose hospital.***

### Provider Refusal Checklist

By signing, I confirm I have:

- Determined the patient is able to understand the nature and consequences of the injury/illness and the risk of refusing care/transport.
- Offered transport to a hospital.
- Explained the risks of refusing care/transport.
- Explained that by refusing care/transport, the possibility of serious illness or death may increase.
- Advised the patient to seek medical attention and gave instructions for follow-up care.
- Confirmed that the patient understands these directions.
- Ensured that the patient signed the Refusal of Treatment/Transport Form or documented why it was not signed.
- Left the patient in the care of a responsible adult when possible.
- Advised the patient to call 911 with any return of symptoms or if they wish to be re-evaluated and transported to the hospital.

EMT Name \_\_\_\_\_

EMT Signature \_\_\_\_\_

NYS EMT # \_\_\_\_\_ EMT Level \_\_\_\_\_

### Medical Control Criteria

**Check to indicate Medical Control was contacted**

#### Absolute On-Line

- Medical Control must be contacted for a case of Brief Resolved Unexplained Event (BRUE) when the legal guardian is refusing transport

#### At-Risk Criteria

Patients exhibiting the following at-risk criteria should have medical control consultation prior to refusal:

- Age > 65 years or < 1 year
- Pulse > 120 or < 50
- Systolic blood pressure >200 or <90
- Respirations >20 or <10 or SpO2 <90
- Serious chief complaint (chest pain, SOB, syncope)
- Significant mechanism of injury or high suspicion of injury
- Fever in a newborn less than 8 weeks old

### Reason for refusal of care and/or transport and directions for follow-up care:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Initials: \_\_\_\_\_

## Refusal of Treatment / Transport Release

Negativa a recibir tratamiento/ser trasladado

Exoneracion de responsabilidades

I hereby refuse treatment and/or transport to a hospital and I acknowledge that such treatment or transportation was advised by the emergency crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

Mediante la presente declare que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la emergencia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responsabilidad por haber respetado y cumplido mis deseos expresos.

Patient/Guardian Name (Nombre) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

Patient/Guardian Signature (Firma) \_\_\_\_\_

Time (Hora) \_\_\_\_\_

Witness Name (Nombre) \_\_\_\_\_

Patient refused to sign

Witness Signature (Testigo) \_\_\_\_\_