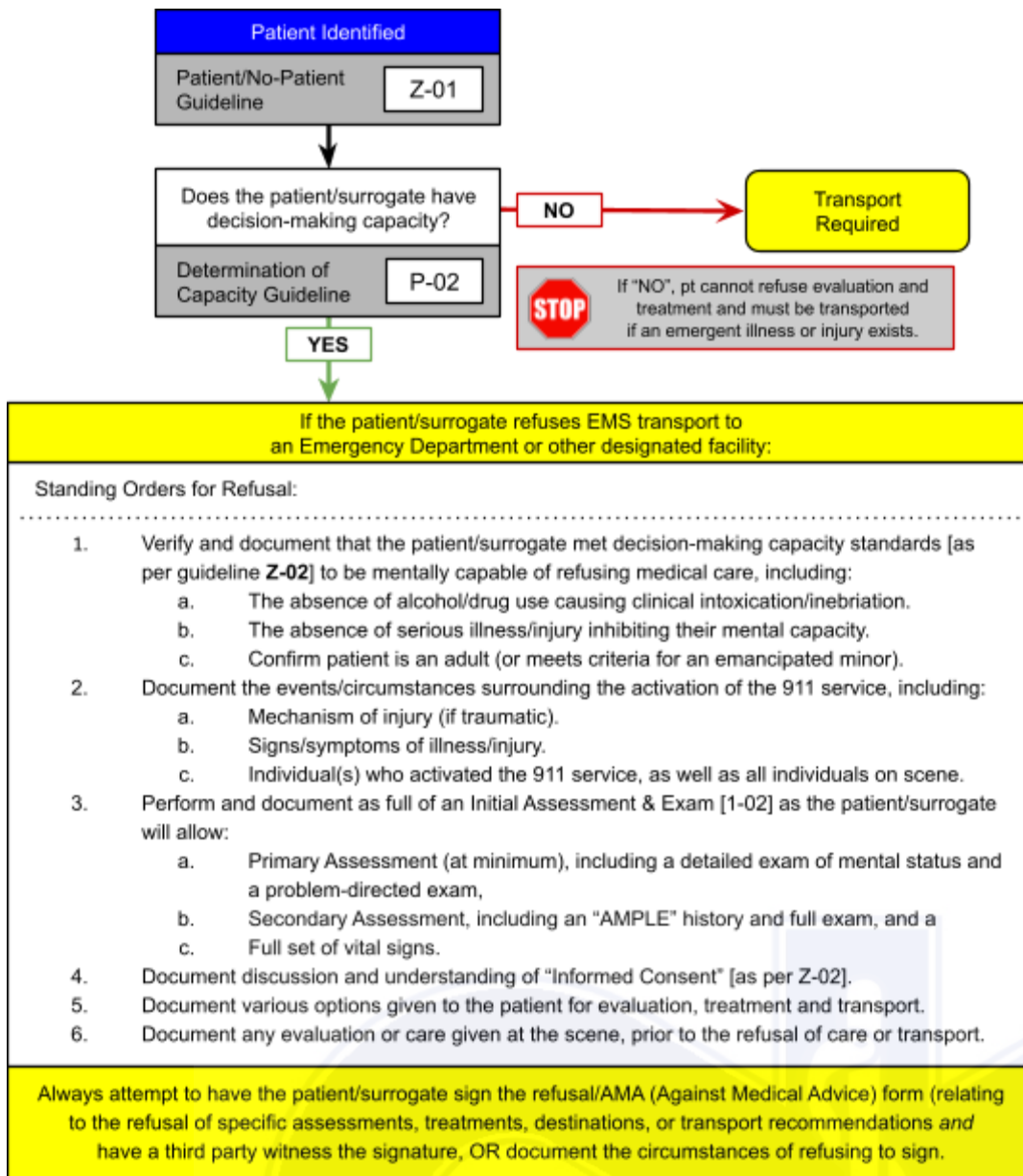


Z-02
NON-TRANSPORT/
REFUSAL OF CARE

First Responder
EMT
AEMT
Paramedic

Refusals should always be completed by the highest trained/licensed provider on scene.

- This should generally be a Paramedic in situations with a single patient.
- For mass casualty events (i.e. multi-vehicle MVA) the highest trained/licensed provider should delegate evaluation and refusal responsibilities to best utilize available resources.



The EMS Provider should:

- **Never put themselves in danger** by attempting to treat and/or transport an individual who refuses care.
- Always *offer transport* regardless of complaint or circumstances.
- Always act in the best interest of the patient.
- Always inform the patient/surrogate that:
 - That transport is indicated for further evaluation and care by an emergency department physician, and that the patient has not been evaluated by a physician.
 - That significant medical problems may exist and that these potential problems cannot be fully described at the scene, but may possibly lead to significant disability or even death.
 - If they refuse transport, they should seek follow-up medical care as soon as possible.
 - 911 may be called at any time should they change their mind and wish to be transported.
- Always involve online medical control if there is any question on evaluation, treatment, destination or transport/refusal situations.

Notes:

- Transportation of the patient for additional evaluation and care should always be the goal of EMS providers regardless of the patient's complaint.
- Attempt to identify any patient perceived obstacles to treatment/transport and make reasonable efforts to address these obstacles (cost/insurance issues, child or pet care, etc.).
- Any fears or concerns over medical treatments, equipment, etc. the patient might have should be discussed.
- Enlist the aid of the patient's friends and family members present to encourage the patient to agree to additional treatment and transportation.
- Provide patients who refuse transport with alternative evaluation and treatment options, including self-transport to an ED, Urgent Care Center, Mental Health Crisis Center, Primary Care Physician or other Specialist.

Z-02 NON-TRANSPORT/ REFUSAL OF CARE		
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QI Review Parameters:

1. Decision Making Capacity is documented for patient or surrogate?
2. EMS Treatment & Transport was offered?
3. Risks of refusal explained to and understood by the patient/surrogate?
4. Names and contact information of surrogate(s) with whom care was discussed documented (*if applicable*)?
5. Discussion with online medical control documented (*if contacted*)?
6. Signed refusal of care included in PCR, *or otherwise documented*?