



McLean County Area EMS System

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MEMORANDUM

To: Transport Agencies/Resource Hospital/Associate Hospitals

From: Dylan J. Ferguson EMT-P, B.S., L.I.
Director

Date: 10/17/2016

Subject: **High Risk Refusal Clarifications/Reminders**

This memo is a clarification/reminder as it pertains to high risk patient refusals. **The resource hospital should not be approving or denying high risk refusals.** The purpose of the call-in process for high risk refusals, is to document on a recorded line that the patient was advised of the risks of refusal and the benefits of transport, and as a form of recorded patient education.

In most instances it is not feasible for an emergency department physician to pass a judgement of a refusal over the phone especially if the patient is conscious, alert, and oriented x 3/3 and has a GCS of 15.

Determining whether a patient is capable of refusing is more than if the patient can answer three questions correctly. Ultimately what the EMS provider must ascertain is can the patient participate in their own healthcare decision making process. Meaning simply do they understand all of their options and the associated benefits and consequences of those actions.

If the answer to all of the above is yes, then the patient has decisional making capacity and can refuse care. In instances where medical control is contacted to document communication of a high risk refusal, EMS should articulate all of this to the ECRN taking the report. **At no point should EMS introduce the question of can this patient refuse.** Instead they should make their report and state **“we are calling to document the refusal, I am going to hand the phone to the patient and you can go ahead with the refusal statement”**

If, however in the judgement of the EMS provider the patient lacks decisional making capacity, EMS should contact Law Enforcement to work together to determine if conditions are present to warrant placing the patient into protective custody, thus allowing the EMS provider to transport.

If, however law enforcement declines to place the patient in protective custody, EMS providers should contact medical control and notify them that law enforcement declined to place the patient into protective custody over the recorded line and inform medical control you will be clearing the call.

In these instances, the patient should not sign the refusal as a patient whom in your judgement lacks decisional making capacity cannot sign a legal document. Instead the EMS provider shall complete all sections of the refusal form except for the patient signature. EMS providers should also inform any family members or friends who might be present that should the patient's condition change that they can call EMS to return to the scene. EMS providers shall document all



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events thoroughly in their EMS PCR and shall complete an EMS System Incident Report Form and forward it on to the EMS office for review.

In the unlikely event that you receive an order from the emergency department physician to transport the patient refer to the three paragraphs above for the procedure that should be followed.

It should be noted that this clarification applies only to High Risk Refusals. High Risk refusals include the following as outlined in the system "right of refusal policy"

1. A patient with a head injury
2. Any trauma with significant mechanism
3. Chest pain
4. Shortness of breath
5. Syncope
6. New onset seizures
7. New onset severe headache
8. TIA/Stroke symptoms
9. Pediatric patients
10. Pediatric complaints
11. Presence of alcohol and/or drugs
12. Altered level of consciousness or impaired judgement

If there are additional questions related to the process of patient refusals, please contact Dylan in the EMS System Office.