Loudoun County Emergency Medical Services Council, Inc.

EMS Policy #28

Patient Consent and Refusal of Treatment/Transport

Origin: 03/10
Revision:

1. BACKGROUND

A. Mentally competent, capable, patients have the right to consent to or refuse treatment and make decisions regarding their healthcare.

B. Patients deemed incompetent by a court will generally have a designated decision maker or guardian appointed to act on their behalf.

C. Consent for minors under 18 shall be obtained from a parent or legal guardian. If the parent or legal guardian is not immediately available, a minor age 14 or older may give consent or refuse treatment.

D. A patient of any age who is unable to consent due to illness/injury and is suffering from what appears to be a life threatening condition may be treated on the principle of implied consent.

2. DETERMINING DECISION-MAKING CAPACITY

A. A patient or decision-maker is considered capable of decision-making if he/she understands and appreciates the nature and expected consequences of each health care decision and has the ability to formulate a judgment and communicate a clear decision concerning health care.

B. Generally, patients capable of decision making should be:

1. Oriented to Name, Place, Date
2. Able to communicate their understanding of risks/benefits of decisions.
3. Not incapacitated by illness or injury such that their decision-making ability is impaired.
4. Not under the influence of drugs or alcohol such that their decision-making ability is impaired.
5. Adults (or at least 14 years of age if parent or guardian is not available) or minors in the following circumstances:
   a. Legally emancipated minors (court ordered)
   b. Married minors

c. Other minors only regarding issues related to pregnancy, substance abuse, treatment for emotional disturbance or treatment of STD's.

3. PROCEDURE FOR OBTAINING A REFUSAL

A. If a patient wishes to refuse treatment, examination or transport to the hospital and is felt to have intact decision-making capacity, the following steps must be taken by the AIC:

1. Care/transport shall be offered to the patient including elimination of certain objectionable treatments if necessary (e.g. IV) with documentation of discussion/decision-making.
2. The patient shall be advised of the benefits of treatment and/or transport and warned of specific risks of refusing treatment and/or transport and shall repeat these concerns back to the AIC.
3. Risks and benefits should be explained in common terms that the non medical professional or lay person can understand.
4. A complete set of patient vital signs shall be obtained and documented.
5. The AIC shall complete an EMS PPCR outlining what portions of the care process the patient refused or document, if applicable, that the patient refused all care and transport.
6. A patient and witness signature of refusal shall be obtained if possible.
7. Consultation between medical control and the patient should be considered as another option for persuading the patient when appropriate.
8. Encourage alternate care plans when appropriate(e.g. family takes patient to hospital). Advise the patient to call back if they desire transport.
9. Law enforcement and medical control resources should be utilized to support EMT decision-making as needed.
10. Medical control shall be consulted if ALS care has been given for permission to discontinue ALS.

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