

# Madison County Department of Emergency Medical Services

## Standard Operating Guideline



<b>Title</b>	<b>Patient Refusals</b>
<b>Number</b>	015
<b>Adoption Date</b>	1/1/07
<b>Revision Date</b>	
<b>Approved by</b>	<b>Lewis Jenkins, EMS Director</b>



### Purpose:

To provide a guideline for properly obtaining patient refusal of care documentation.

### Policy:

1. In all cases where the patient refuses treatment and/or transport, the refusal will be documented on the Madison EMS approved refusal form.
2. In all cases of a pediatric refusal under the age of 18, a medical command physician must be contacted at either UVA or CRH. Refer to MEMS Pediatric Refusal protocol.
3. The technician will make every reasonable effort to obtain the patient's signature on the form after performing the following steps:
  - A. Obtain Patient's Vital Signs.
  - B. Explain the possible consequences of the refusal of the patient
  - C. Explain the need for treatment to the patient
  - D. Explain the refusal statement to the patient
4. After completion of paragraph two (2) above, if the patient still refuses treatment or transport and refuses to sign the form, attempt to obtain the signature of a family member. If this is refused, thoroughly document the refusal. Certainly, there are extenuating circumstances in some cases; for example, the patient runs away or jumps out of the ambulance. However, these circumstances are very rare, and should be very well-documented in the event of their occurrence.
5. After clearing the scene, notify Madison Dispatch of this refusal. This action will ensure that the refusal is documented on tape.
6. If any questions arise during the refusal process immediately notify the Madison EMS Duty Officer for assistance / clarification.