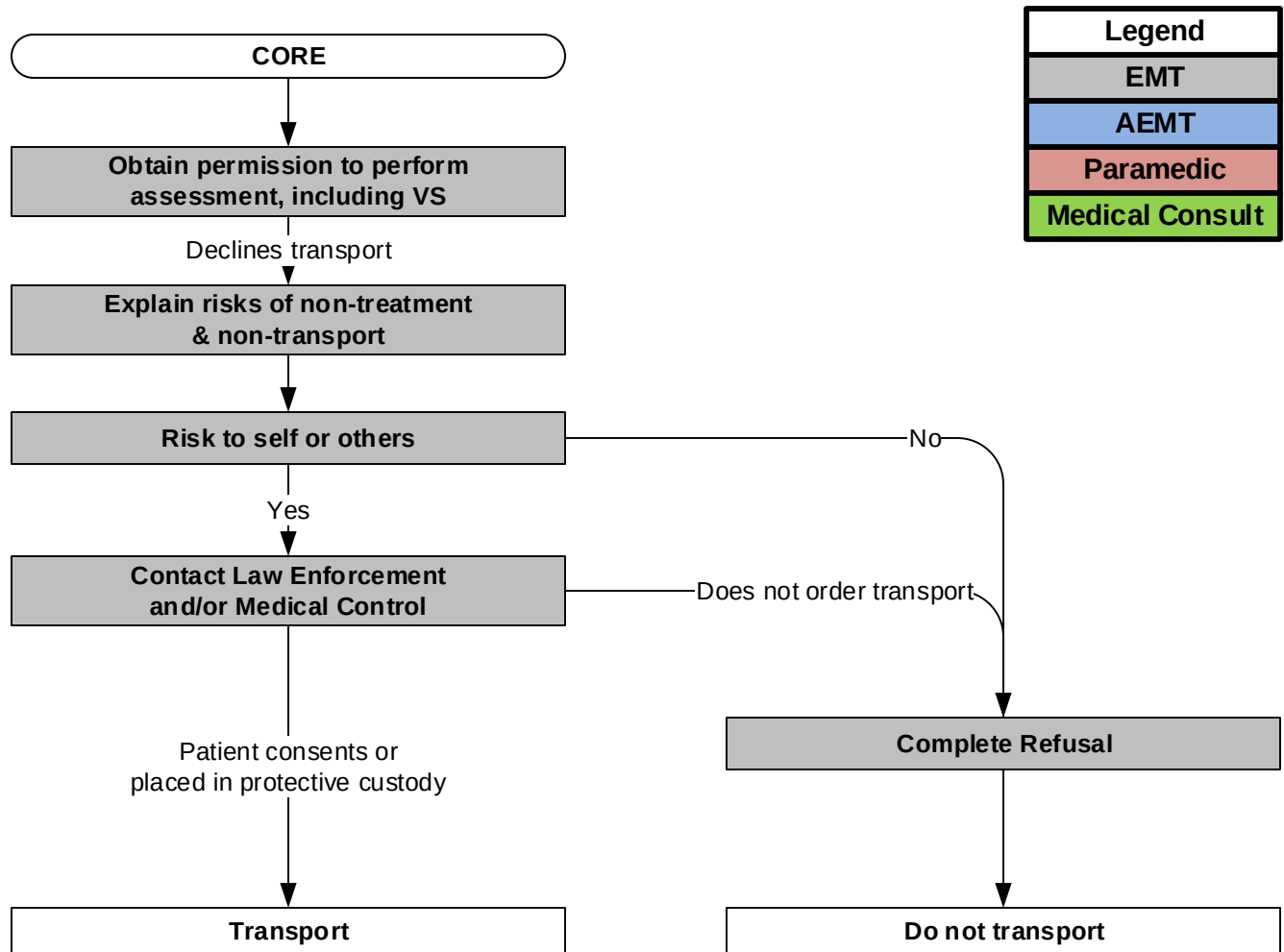


REFUSAL



Pearls:

- **Risk to self or others** in the refusal situation includes suicidal patients, homicidal patients, gravely disabled, and patients with life threatening illnesses or injuries such as signs and symptoms of cardiac chest pain, stroke, hypoxia, tachy- or bradycardia, hypoglycemia, or any other conditions placing the patient's health at risk. Medical control should be contacted when one of the above medical conditions exist but a mentally competent adult has the right to refuse treatment and transport.
- An altered mental status is an **acute** change in a patient's mental functioning: orientation, alertness, memory, perception, and critical decision-making.
- When patient refuses a medical intervention i.e. spinal motion restriction, IV, medications, etc. it should be documented within the ePCR or an Against Medical Advice form.
- An EMT along with a law enforcement officer may take a patient into protective custody when by their own observations have reasonable grounds to believe that the patient is suicidal, homicidal, or is gravely disabled.
- Paramedic versus basic assessment on refusals: In cases where a patient is refusing treatment and transport, paramedics should fully assess the patient and document the findings in the ePCR. This will include any diagnostic assessment, i.e., vital signs, ECG rhythm strip, 12 lead ECG, CBG, pulse oximetry, etc. In the event of multiple patients, i.e., a motor vehicle crash (MVC), the paramedic should account for all patients on scene and initiate patient care. In these special cases, it is appropriate for the EMT to further assess the patients refusing service and document the findings on the ePCR.
- Any patient with an altered mental status, including appearance of intoxication (slurred speech or staggered gait), should get a CBG and pulse oximetry. Document your assessment and VS in the ePCR. If patient refuses to consent to an assessment, document it.