

**EMS Patient Refusal Checklist**

EMS Agency \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_

Phone # \_\_\_\_\_

Incident Location \_\_\_\_\_

Incident # \_\_\_\_\_

Situation of Injury/Illness \_\_\_\_\_

*Check marks in shaded areas require consult with Medical Command before patient release*

**Patient Assessment:**

Suspected serious injury or illness based upon patient history, mechanism of injury, or physical examination:

Yes  No

18 years of age or older:

Yes  No

Any evidence of:

Suicide attempt?

Yes  No

Head injury?

Yes  No

Intoxication?

Yes  No

Chest Pain?

Yes  No

Dyspnea?

Yes  No

Syncope?

Yes  No

Patient Oriented to:

Person

Yes  No

Place

Yes  No

Time

Yes  No

Event

Yes  No

<b>Vital Signs:</b> Pulse <input type="text"/> Sys BP <input type="text"/> Dia BP <input type="text"/> Resp <input type="text"/>	<b>Consult Medical Command if:</b> <50bpm or >100bpm <100 mm Hg or > 200 mm Hg <50 mm Hg or > 100 mm Hg <12rpm or > 24rpm	<b>If altered mental status or diabetic -(ALS only)-</b> Chemstrip/Glucometer: <input type="text"/> mg/dl <input type="checkbox"/> < 60mg/dl
		<b>If chest pain, S.O.B. or altered mental status --</b> SpO2 (if available): <input type="text"/> % <input type="checkbox"/> < 95%

Risks explained to patient: \_\_\_\_\_

Patient understands clinical situation

Yes  No

Patient verbalizes understanding of risks

Yes  No

patient's plan to seek further medical evaluation: \_\_\_\_\_

**Medical Command:**

Physician contacted: \_\_\_\_\_

Facility: \_\_\_\_\_

Time: \_\_\_\_\_

Command spoke to patient:  Yes  No

Command not contacted

Why? \_\_\_\_\_

Medical Command orders: \_\_\_\_\_

**Patient Outcome:**

- Patient refuses transport to a hospital against EMS advice
- Patient accepts transportation to hospital by EMS but refuses any or all treatment offered (specify treatments refused: \_\_\_\_\_)
- Patient does not desire transport to hospital by ambulance, EMS believe alternative treatment/transportation plan is reasonable

**This form is being provided to me because I have refused assessment, treatment and/or transport by an EMS provider for myself or on behalf of this patient. I understand the EMS providers are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that there may be a serious injury or illness which could get worse without medical attention even though I (or patient) may feel fine at the present time. I understand that I may change my mind and call 911 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day. I acknowledge that this advice has been explained to me by the EMS crew and that I have read this form completely and understand its terms.**

Signature (Patient or Other) \_\_\_\_\_

Date \_\_\_\_\_

EMS Provider Signature \_\_\_\_\_

If other than patient, print name and relationship to patient \_\_\_\_\_

Witness Signature \_\_\_\_\_