

## ***Mobile Solution Documentation Template***

*Instructions: It is recommended that you create three form tabs: one for “Provider Acknowledgement” with a signature space for the provider, one for “Patient Refusal – English” with patient and witness signature spaces, and one for “Patient Refusal – Spanish” with patient and witness signature spaces. You may copy and paste the following text into your mobile solution software and ensure the requisite signature boxes are associated with the text.*

*Cut and paste the following into a “Provider Acknowledgement” Tab, providing a signature space for the provider:*

### **Medical Decision Making Capacity Determination**

If any of the following responses are “yes” then the patient cannot refuse treatment/transport.

Is the patient disoriented to:

Person?

Place?

Time?

Situation?

Altered level of consciousness?

Suspected head injury?

Intoxication from alcohol or drugs?

Age under 18 and not emancipated?

Evidence of threat to self or others?

Involuntary commitment pursuant to NYS Mental Hygiene Law?

### **Medical Control Criteria**

#### Absolute On-Line

- Medical Control must be contacted for a case of Apparent Life Threatening Event (ALTE) when the legal guardian is refusing transport.

#### At-Risk Criteria

Patients exhibiting the following at-risk criteria should have medical control consultation prior to refusal:

- Age > 65 years or < 2 months.
- Pulse > 120 or <50.
- Systolic blood pressure >200 or <90.
- Respirations >29 or <10.
- Serious chief complaint (chest pain, SOB, syncope).
- Significant mechanism of injury or high suspicion of injury.

### **Provider Refusal Checklist**

By signing, the provider confirms they have done the following:

- Determined the patient exhibits decisional capacity to refuse care/transport.
- Offered transport to a hospital.
- Explained the risks of refusing care/transport.
- Explained that by refusing care/transport, the possibility of serious illness or death may increase.
- Advised the patient to seek medical attention and gave instructions for follow-up care.
- Confirmed that the patient understands these directions.
- Ensured that the patient signed the Refusal of Treatment/ Transport Form or documented why it was not signed.
- Left the patient in the care of a responsible adult when possible.
- Advised the patient to call 911 with any return of symptoms or if they wish to be re-evaluated and transported to the hospital.

*Cut and paste the following into a “Patient Refusal – English” Tab with patient and witness signature spaces:*

**Refusal of treatment/transport  
Release**

I hereby refuse treatment and/or transport to a hospital and I acknowledge that such treatment or transportation was advised by the emergency crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

*Cut and paste the following into a “Patient Refusal – Spanish” Tab with patient and witness signature spaces:*

**Negativa a recibir tratamiento/ser trasladado  
Exoneracion de responsabilidades**

Mediante la presente declare que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la emergencia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responsabilidad por haber respetado y cumplido mis deseos expresos.

*Thus when completing a refusal, in addition to the completed PCR, there will be two signed tabs. One will always be the Provider Acknowledgement tab, the other will be either the “Patient Refusal-English” or “Patient Refusal-Spanish” tab.*

*With additional questions, do not hesitate to contact your ePCR vendor or the Office of Prehospital Care.*