

Monroe-Livingston EMS Region Refusal of Treatment / Transport Form

Ver 2.2 Rev 10/2021

Instructions to Provider: Complete this form for all patients who are assessed and refuse care, an indicated intervention, and/or transport. Complete all fields, enter N/A if Not Applicable. Attach to paper PCR or scan for electronic attachment to ePCR.

Agency Name _____ Date of Service _____ Associated PCR _____

Determination of Decisional Capacity

Does the patient have any of the following?

Altered Mental Status Yes No
Evidence of threat to self or others Yes No
Unable to verbalize an understanding of the illness and/or risks of refusing care Yes No
Unable to verbalize rational reasons for refusing care despite the risks Yes No
No legal guardian available to determine transport decisions Yes No

The patient must be legally able to refuse care (generally 18 years of age or older)

If any of the above responses are "yes" then the patient does not have decisional capacity and thus cannot refuse treatment/transport or choose hospital.

Medical Control Criteria

Check to indicate Medical Control was contacted

Absolute On-Line

- Medical Control must be contacted for a case of Brief Resolved Unexplained Event (BRUE) 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 < 1 year
- Pulse > 120 or < 50
- Systolic blood pressure >200 or <90
- Respirations >29 or <10 or SpO2 <90
- Serious chief complaint (chest pain, SOB, syncope)
- Significant mechanism of injury or high suspicion of injury
- Fever in a newborn or infant under 8 weeks old

Provider Refusal Checklist

By signing, I confirm I have:

- Determined the patient is able to understand the nature and consequences of the injury/illness and the risk of refusing 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.

EMT Name _____

EMT Signature _____

NYS EMT # _____ EMT Level _____

Reason for refusal of care and/or transport and directions for follow-up care:

Patient Initials: _____

Refusal of Treatment / Transport Release

Negativa a recibir tratamiento/ser trasladado

Exoneracion de responsabilidades

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.

Mediante la presente declaro 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.

Patient/Guardian Name (Nombre) _____

Date (Fecha) _____

Patient/Guardian Signature (Firma) _____

Time (Hora) _____

Witness Name (Nombre) _____

Patient refused to sign

Witness Signature (Testigo) _____