

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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SUBJECT: 500.04
DOCUMENTATION/COMMUNICATION: ORIGINAL ISSUE 5/08
REFUSAL OF TREATMENT LATEST REVISION 5/16

Overview

Competent adults have the right to refuse treatment even if refusing care poses a threat to their life. Competent adults are interpreted as: at least 18 years of age, of sound mind and capable of making appropriate decisions. Minors, unconscious patients, mentally impaired persons, suicidal patients, or persons with diminished capacity for any reason may **NOT** refuse treatment. A Minor is defined as a person less than 18 years of age. Persons under age 18 may make health care decisions for themselves if they are emancipated. Minors are considered emancipated in the State of Missouri in the following situations: Court order, they have been tried as an adult for crime, they are legally married, they have served in the armed forces, they have a letter of consent to emancipation by legal guardian, they provide for own shelter, food, cost-of-living expenses, or they are the guardian of a child.

Parents or legal guardians under age 18 may also make health care decisions for the children in their legal custody. All patients refusing medical care must be of sound mind and capable of making appropriate decisions as described above, regardless of their age.

All patients refusing care and/or transport should sign the refusal form. This form should be included in the patient care report as part of the medical record.

All patients refusing care and/or transport should have a patient care report completed. A set of vital signs should be included unless the patient refuses. If the patient refuses vital signs, this should be documented.

Assess patient and document:

- A. Mechanism of injury/chief complaint.
- B. All complaints examined.
- C. Physical exam findings.
- D. Full set of vital signs.
- E. Pertinent negatives.
- F. Past history.
- G. Medications.
- H. Treatment rendered.
- I. Care that is being refused.
- J. Why care is being refused.
- K. Alternatives offered to patient.
- L. A detailed statement as to the patients competency.

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- Explain to the patient and document education statement(s) on patient care report (i.e.: need for treatment, benefit of treatment, and risks of refusing treatment).
- Document patient refusal statement(s) in patient care report, using patient's own words whenever possible.
- Assess for comprehension of risks of refusing patient and document these comprehension statement(s) using patient's own words whenever possible in the patient care report.
- Document the patient's reason for refusal.
- Document the patient's disposition.
- Have the patient and a witness sign the refusal of care form.
- Advise the patient to seek treatment on their own at the Emergency Department or follow up with their Primary Care Physician.
- If there is any doubt as to the competency/capacity of the patient, the patient should be treated and transported to the hospital. Emergency personnel, however, should not jeopardize their own safety. The assistance of Law Enforcement should be requested if the patient is to be treated against his/her will. If police refuse to assist with the transport of an uncooperative and incompetent patient, Medical Control should be contacted and the details of the incident and the names of the officers involved should be well documented.
- Medical Direction may be consulted at any time concerning refusal of treatment.
- If patient care is initiated (by placing hands on patient), a physical exam should be performed, as well as vital signs taken. This information must be documented in the patient care report.
- Advising a patient that EMS transport is not indicated should be done with caution. Paramedics should always recommend EMS transport if there is any doubt as to the severity of the patient's condition.