



S-SV EMS REFUSAL OF CARE FORM (850-A)

Patient's Name	DOB	Date	Incident #
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Base / Modified Base Hospital	Name of MICN and/or physician
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- Released at Scene (RAS)
- Refusing Against Medical Advice (AMA)

EMS Provider(s)

The following apply to myself or the patient on whose behalf I legally sign this document (check all that apply):

- I am refusing medical assessment.
- I am refusing medical treatment.
- I am refusing medical transportation.
- I have received medical assessment and treatment, but decline medical transportation.
- I am insisting on medical transport to a hospital other than EMS personnel recommend.

I understand that the EMS personnel 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 I may have a serious injury or illness which could get worse without medical attention even though I (or the patient on whose behalf I legally sign this document) may feel fine at the present time.

I understand that I may change my mind and call 9-1-1 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day or from my physician. If I have insisted on being transported to a destination other than that recommended by the EMS personnel, I understand that I have been informed that there may be a significant delay in receiving care at the emergency room, that the emergency room may lack the staff, equipment, beds or resources to care for me promptly, and/or that I might not be able to be admitted to that hospital.

I acknowledge that this advice has been explained to me by EMS personnel and that **I have read this form completely** and understand its provisions. I agree, on my own behalf (and on the behalf of the patient for whom I legally sign this document), to release, indemnify and hold harmless all EMS providers and their officers, members, employees or other agents, and the base / modified base hospital, from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any act or omission of the EMS providers or their personnel, or the base / modified base hospital or their personnel.

Other specific instructions to Patient: _____ _____
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_____ Signature of: <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	_____ Print name of parent or legal guardian
_____ Signature of Witness	_____ Date

PATIENT / GUARDIAN REFUSES TO SIGN: I attest that the patient / guardian has refused care and/or transportation by the emergency medical services providers. The patient / guardian was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

Signature of Witness

Print Name of Witness

S-SV EMS RAS / AMA ASSESMENT & CHECKLIST

Patient Initiated Release At Scene (RAS)

All criteria listed below must be met in order for patient to be Released at Scene

- Competent Adult, minor not requiring parental consent, or parent / guardian of a minor.
Note: Minors determined to have only a minor injury or illness not requiring immediate treatment or transportation may be released to themselves after base / modified base consult (consideration should be given to age, maturity, environment and other factors that may be pertinent to the situation).
- Has a minor injury or illness.
- Has a clearly articulated plan (including reasonable and prudent transportation) for medical assessment and/or follow-up if necessary.
- EMS personnel concur with the appropriateness of scene release and the medical appropriateness of the follow-up plan.
- EMS personnel have attempted to contact the patient's parent, legal representative, or designated caregiver prior to release if the patient is a minor being released to himself/herself or a responsible adult on scene.

Base / modified base contact shall be made by the highest medical authority on scene in close proximity to the patient is required prior to releasing the following classes of patients:

- Patients who have been released at scene within the previous 24 hours.
- Children 3 years of age or under.
- Patients age 4 – 17 years old without a responsible adult signature.

Patient Initiated Refusal of Service Against Medical Advice (AMA)

- Competent Adult or minor not requiring parental consent. **Note:** Parents / legal guardians for minors may sign AMA but must be present at scene.
- Has a significant medical concern or mechanism of injury, including all ALS / LALS chief complaints.
- EMS personnel do not concur with the refusal.

Base / modified base contact shall be made by the highest medical authority on scene in close proximity to the pt.

NOTE: In the event of communication failure, the method(s) of communication attempted and the reason for the communication failure must be documented on the PCR.

Involvement of law enforcement is required for the following patients:

- Any patient who presents with an ALOC and refuses care.
- Any patient refusing care who has attempted suicide or verbalizes suicide.
- A patient making a decision which is clearly irrational in the presence of a potentially life-threatening condition or has unstable vital signs and refuses care.
- If the patient is less than 18 y/o and a concern for child neglect or endangerment exists.
- A patient under a 5150 hold who refuses care.

If law enforcement refuses to assist in the facilitation of treatment and/or transport of a patient when indicated, EMS personnel should request that the officer on scene speak directly with the base / modified base MICN and/or physician.

All patients who require base / modified base contact shall be assessed and offered treatment and transport by ALS / LALS personnel whenever possible. BLS personnel may only release these classes of patients if ALS / LALS personnel are not available (i.e. extremely extended ETA of ALS, 911 BLS ambulance provider without ALS response).

Termination of EMS Personnel / Patient Relationship Checklist

Prior to the termination of the EMS Personnel / Patient relationship, all of the following will be evaluated. All areas identified on this checklist must be specifically documented on the Patient Care Report (PCR).

- Physical Examination performed including full set of vital signs.
- History of event and prior medical history, including medications obtained.
- Patient / guardian determined to be legally capable of refusing medical assessment, treatment, and transportation.
- Risks of refusal of medical assessment, treatment, and transportation explained to patient / guardian.
- Benefits of medical assessment, treatment, and transportation explained to patient / guardian.
- Patient / guardian clearly offered medical assessment, treatment, and transportation.
- Refusal of Care Form prepared, explained, signed and witnessed.
- Patient / guardian has a meaningful understanding of the risks and benefits involved in this healthcare decision.
- Patient / guardian advised to seek medical attention for complaint(s).
- Patient / guardian advised to call 911 if condition continues or worsens or if new symptoms develop.
- Base / modified base consultation was obtained if the patient meets criteria for AMA or RAS requiring base contact.
- Patient / guardian refused assessment.
- Patient / guardian refused assessment.

EMS PROVIDER SIGNATURE / PRINT NAME

EMPLOYEE # / ID