



S-SV EMS Agency Refusal of EMS Care Form (850-A)



EMS Agency:	Incident #:
Patient Name:	Patient DOB:
Base Hospital: <input type="checkbox"/> N/A	MICN/Physician: <input type="checkbox"/> N/A
<p>The following apply to me or the patient I am representing (check all that apply):</p> <p><input type="checkbox"/> I am refusing medical assessment.</p> <p><input type="checkbox"/> I am refusing medical treatment.</p> <p><input type="checkbox"/> I am refusing medical transportation.</p> <p><input type="checkbox"/> I have received medical assessment and treatment, but decline medical transportation.</p> <p><input type="checkbox"/> I am insisting on medical transport to a hospital other than EMS personnel recommend.</p>	
<p>I understand that EMS personnel are not physicians, are not qualified or authorized to make a medical diagnosis, and that their care is not a substitute for that of a physician. I recognize that I, or the patient I am representing, may have a serious injury or illness which could get worse without medical attention even though I, or the patient I am representing, may feel fine at the present time.</p> <p>I understand that I may change my mind and call 911 if medical assistance, treatment, or transportation is needed at a later time. I also understand that medical treatment is available at an emergency department 24 hours a day or from my/the patient's physician. If I have insisted on being transported to a destination other than that recommended by EMS personnel, I understand that I have been informed that there may be a significant delay in receiving care at the emergency department, that the emergency department 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.</p> <p>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, or on behalf of the patient I am representing, to release, indemnify and hold harmless all EMS providers and their officers, members, employees or other agents, and the 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 hospital or their personnel.</p>	
Patient Instructions:	
<p>Patient Signature: <input type="checkbox"/> Patient <input type="checkbox"/> Legal Guardian or Surrogate Health Care Decision Maker</p>	
Name	Signature
Date	
<p>Witness Signature: <input type="checkbox"/> Immediate Family Member <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> EMS Provider</p>	
Name	Signature
Date	
<p>Patient/Legal Guardian/Surrogate Health Care Decision Maker Refusal to Sign: I attest that the patient/legal guardian/health care surrogate health care decision maker has refused EMS assessment, treatment and/or transportation. The patient/legal guardian/surrogate health care decision maker was informed of the risks of refusal and refused to sign this form when asked by EMS personnel.</p>	
<p>Witness Signature: <input type="checkbox"/> Immediate Family Member <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> EMS Provider</p>	
Name	Signature
Date	



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Refusal of EMS Care Checklist

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Step 1 – Capacity

Yes No Does the pt, legal guardian, or surrogate healthcare decision maker have capacity to give informed consent for EMS care?

If 'Yes', go to Step 2.

If 'No', LE assistance &/or base/modified base hospital consultation is required prior to pt release.

Step 2 – Law Enforcement (LE) Assistance

Yes No Does the pt have suicidal or homicidal ideations?

Yes No Do EMS personnel suspect pt neglect/endangerment?

Yes No Do EMS personnel believe the pt should be considered for a mental health hold?

Yes No Do EMS personnel believe law enforcement assistance would be beneficial?

If 'No' to all, go to Step 3.

If 'Yes' to any, LE assistance must be requested prior to pt release.

If LE is unavailable or LE assistance was unsuccessful in facilitating EMS care, base/modified base hospital consultation is required prior to pt release.

Step 3 – Base/Modified Base Hospital Consultation

Yes No Does the pt have a new altered level of consciousness and meet any of the following?

- Continuing altered level of consciousness.
- Diabetic pt who requires base/modified base hospital consultation prior to release.
- Seizure pt who requires base/modified base hospital consultation prior to release.

Yes No Is the pt experiencing a potentially life-threatening condition (STEMI, Stroke, Trauma Triage Criteria, etc.)?

Yes No Is the pt exhibiting unstable vital signs?

Yes No Do EMS personnel believe base/modified base hospital assistance/consultation would be beneficial?

Yes No Is the pt a non-emancipated minor (<18yo) and their parent/legal guardian is unavailable?

If 'No' to all, pt may refuse EMS care & be released without base/modified base hospital consultation. If 'Yes' to any, EMS personnel must consult with the base/modified base hospital prior to pt release.