



# San Benito County Emergency Medical Services Agency

## PATIENT REFUSAL OF EMERGENCY MEDICAL SERVICE AGAINST MEDICAL ADVICE (AMA) & QUALIFY FOR RELEASE-AT-SCENE (RAS)

Policy : 1080  
Effective : May 1, 2010  
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### I. Philosophy

Competent adults are entitled to make decisions about their health care. They have the right to refuse medical care or may be released at the scene when they have been properly informed of the benefits, risks and alternatives to the recommended care. This policy defines the mechanism by which a patient who summoned emergency care, or for whom such emergency care was summoned, may refuse care and transport, or be released at the scene. This policy is applicable to all levels of EMS responder personnel.

### II. Refusal of Evaluation or Care

- a. For purposes of definition, refusal of evaluation or care refers to a person who has the potential of needing further medical evaluation or care by a physician. This is due to obvious or suspected injury or malady or the mechanism of injury is such as to suspect an injury. Anyone who refuses evaluation and/or transportation is refusing the evaluation and/or transportation against medical advice (AMA).
- b. At no time may a spouse or relative, who is not the legal representative of the patient, make a decision to refuse evaluation, treatment or transportation for the patient.
- c. Parents or legal representatives (agents) have the right to refuse medical treatments for their minor children when doing so does not place the child at significant risk of substantial harm or suffering.
- d. For the purpose of this policy, patients, legal representatives (agents) of patients (by legal custody or Durable Power of Attorney for Health Care) or parents of minor patients may refuse medical care or may be released at the scene if they are **competent**.

### III. **Competent Patient Defined**

**Competent:** Able to understand the nature and consequences of refusing medical care and/or transportation to a hospital or are being released at the scene;  
And at least one of the following:

- Adult – at least 18 years of age or older.
- An emancipated minor.
- A minor who is married.
- A minor who is in the military.

### IV. **PATIENTS CONSIDERED NOT TO BE COMPETENT**

- Any patient who presents with an altered level of consciousness.
- Any patient who appears to be suffering from cerebral hypoxia from whatever cause.
- Any patient with severely altered vital signs
- Any patient who makes clearly irrational decisions in the presence of an obvious potentially life or limb threatening condition, including persons who are emotionally unstable.
- Any patient under a “5150” hold.
- Any patient with a known mental deficiency.

### V. **AMA PROCESS (Competent Patients Only)**

- a. When EMS personnel evaluate a **competent** patient as defined in Section III, and find that treatment and transportation **are indicated**, all diligence and judgment will be used to convince the patient to agree to this. The AMA process shall include the following:
  1. Advisement of risks and alternatives.
  2. Assure that the patient understands the risks of refusing treatment and transport and still refuses. This shall be documented on the Patient Care Report.
  3. Assure that the patient is encouraged to seek medical care. This shall be documented on the Patient Care Report.
- b. The following must be documented on the PCR:
  1. Base contact, if indicated by the patient’s complaint, severity or clinical signs/symptoms.
  2. The patient’s signature on the AMA/RAS form and documentation of this on the PCR.
  3. A witness’s signature on the AMA/RAS form and documentation of this on the PCR.

Complete documentation of the patient's clinical condition, including complete vital signs and a narrative that accurately reflects the patient's account of events.

4. A final offer of transport and documentation of this on the PCR.
5. Documented status of the patient upon EMS personnel departure from the scene.
6. Provide the patient a copy of the AMA/RAS form.

#### **VI. Release-at-Scene Process (Competent Patients Only)**

- a. When EMS personnel evaluate a **competent** patient as identified in Section III, and both the EMS personnel AND the patient or agent agree that further field treatment and transport are not indicated, the patient may be Released-at-Scene. In this situation, EMS personnel will complete a Patient Care Record in the usual manner to document the details of the encounter including why the patient was released-at-scene.
- b. The following must be documented on the PCR:
  1. Medical complaints are not of new onset (first time symptoms).
  2. Patients with minor traumatic injuries do not meet any MAP trauma criteria.
  3. The patient/agent has clearly articulated a plan for medical evaluation and/or follow-up that relies on previously established medical providers or the use of recognized acute care/urgent care providers and facilities.
  4. The patient/agent has signed the appropriate AMA/RAS form and state that emergency evaluation has been rendered.

#### **VII. IMPLIED CONSENT AND THE EMS PERSONNEL DUTY TO ACT**

- a. If a patient is determined not to be competent to make medical decisions, the patient is treated by implied consent. If this patient continues to refuse evaluation, treatment or transportation, all reasonable measures including police assistance and/or appropriate use of physical restraint should be used in order to evaluate, treat and transport the patient. **At no time should EMS personnel place themselves in physical danger.**
- b. No patient should be encouraged to refuse evaluation, treatment or transportation.
- c. EMS personnel will advise patients to use paramedic transport if the advice is requested.
- d. No person will be denied evaluation, treatment or transportation on the basis of age, sex, race, creed, color, origin, economic status, language, sexual preference, disease or injury.

- e. If EMS personnel are experiencing difficulty in convincing a competent person To be transported, consideration should be given to contacting the paramedic Base Hospital for situational management support. Paramedics should be involved when considering this resource.

### **VIII. DOCUMENTATION**

- a. In accordance with San Benito County EMS policy # 7000, a Patient Care Record shall be completed on all patient contacts. The PCR shall document all assessments and/or care rendered to the patient by any EMS prehospital care provider. The PCR must also specifically document any events where refusal of assessment, care and/or transport occurred. The AMA/RAS Forms shall be distributed as follows:
  - WHITE – San Benito County EMSA Copy
  - YELLOW – Provider Copy
  - PINK – Patient Copy
  - GOLDENROD – Hospital Copy