# Operations

# Documentation – 40.010

**PROCEDURE:**

A. A patient care report shall be generated for each identified patient and shall be completed on an approved State EMS patient care form (currently image trend elite). See 40.020 for definition of an identified patient.

B. Documentation shall include, at least:
   1. The patient's presenting problem.
   2. Vital signs with times.
   3. History and physical findings as directed in by individual protocols.
   4. Treatment(s) provided, and time(s).
   5. If monitored, ECG strip and interpretation.
   6. If an advanced airway is placed, a difficult airway assessment must be performed and communicated with rest of the provider team prior to performing the airway procedure. This difficult airway assessment should be documented in detail in PCR.
   7. Any change in the condition of patient.
   8. OLMC contact:
      a. Include physician name
      b. Time of contact
      c. Orders received from physician

C. The narrative section of the EMS Medical Incident Report form will be completed using the following S.O.A.P. charting format:
   1. **SUBJECTIVE and SCENE Information:**
      The information which the patient, family, bystanders or other witnesses provide. Age of the patient, gender, race, estimated weight in Kg, chief complaint, scene description, history of the event, pertinent medical history of the patient, patient physician, medication, allergies, last meal, and other extenuating circumstances.
   2. **OBJECTIVE Information:**
      The information you find on your complete head-to-toe physical exam. This includes LOC, V.S., ECG findings, and blood glucose. Additionally, anything you notice about the patient that you feel may be pertinent.
   3. **ASSESSMENT:**
      Your working diagnosis.
   4. **Plan:**
      Your plan of treatment and record of your patient care. Document response to treatment (whether the patients condition improved, remained unchanged, worsened, or stabilized, etc.)

D. A copy of the Prehospital Care Report must be left or sent to the receiving hospital whenever a patient is transported per ORS 333-250-0044. If the written report cannot be provided at the time of patient transfer, a copy shall be completed within a reasonable time frame that shall **not exceed (24) twenty-four hours** after initial patient contact. ORS 333-250-0310(1)(A) . or if transported not to exceed 24 hours after delivery to the hospital or facility ORS 333-250-0310(1)(B)

E. If a patient refuses treatment and/or transport, refer to Refusal and Informed consent procedure. 40.020

# Refusal and Informed Consent – 40.020

**PURPOSE:**

- To establish the process of obtaining informed consent.
- To define which persons may be left at the scene because they are not considered in need of EMS.
- To describe the process of obtaining and documenting patient refusal.

**PROCEDURE:** (Refer to Refusal Flow sheet)

A. Determine if there is an "Identified Patient":

Determine "No Patient Identified" if the person meets **ALL** of the following criteria:

- No significant mechanism of injury.
- No signs of traumatic injury.
- No acute medical condition.
- No behavior problems that place the patient or others at risk.
- Person is NOT less than 15 years of age.
- Person is NOT the 911 caller.

B. **Identified Patient** who is refusing medical care or transport:

Determine if the patient appears to have impaired decision making capacity.

Consider conditions that may be complicating the patient's ability to make a decision:

- Head injury.
- Drug or alcohol intoxication.
- Toxic exposure.
- Psychiatric problems.
- Language barriers (consider translator or ATT language line through dispatch).
- Serious medical conditions.

C. Identified Patient **WITH** decision making capacity who refuses **needed** treatment and/or transport:

1. Explain the risks and possible consequences of refusing care and/or transport.
2. If a serious medical need exists, contact OLMC for physician assistance.
3. Enlist family, friends, or law enforcement to help convince patient.
4. If patient continues to refuse, complete the Patient Refusal Information Form and have them sign it. Give the top copy to the patient with self-care instructions.

D. Identified Patient **WITH IMPAIRED** decision making capacity:

1. Treat and transport any person who is incapacitated and has a medical need.
2. Patients with impaired decision making capacity should **NOT** sign a release form.
3. With any medical need, make all reasonable efforts to assure that the patient receives medical care. Attempt to contact family, friends, or law enforcement to help.
4. If deemed necessary, consult with OLMC and consider chemical or physical restraint per Restraining of Patients Protocol.

**DOCUMENTATION:**

All instances of an identified patient, with or without impaired decision making capacity, must be fully documented on a Patient Care Form with an attached signed refusal form. The following is considered minimum documentation criteria:

- General appearance and level of consciousness (mental status).
- History, vital signs, and physical exam.
- Presence of any intoxicants.
- Assessment of the person's decision making capacity.
- Risks explained to patient.
- Communication with family, friends, police, and/or OLMC.

**GUIDELINES & DEFINITIONS:**

A. Decision Making **Capacity**: The ability to make an informed decision about the need for medical care based on:

- Patient must exhibit **UNDERSTANDING** – apply the concept of the possible injury or illness to themselves.
- Patient must be able to **COMMUNICATE** a choice (i.e., verbally, using a translator, written word or communicate by other means)
- Patient must show **APPRECIATION** – be able to verbalize/communicate back the consequences of refusal of care
- Patient must show **REASONING –** be able to draw a conclusion of why the possible injury/illness doesn't apply to the patient

B. Impaired Decision-Making Capacity: Any patient not **UNDERSTANDING,** not **COMMUNICATING,** not able to **APPRECIATE** the consequences of refusal, or unable to **REASON** as above.

C. Emergency Rule: EMTs have a duty to treat if an emergency condition is **reasonably** thought to exist and they have encountered the patient. The EMT should apply the "**REASONABLE MAN RULE**." If a **reasonable patient** would want treatment/transport then that course of action should be done by the EMT. The age of consent/refusal is age 15 years. A good faith effort should be made to contact the parent or guardian (especially for refusal of care). All other minors (less than 15 years of age) may be treated and transported without parental consent, if unable to obtain consent at the time of contact. When in doubt, contact OLMC.

D. Required OLMC Contact: EMTs are required to contact OLMC for the following refusal situations:

- Suspected impaired decision making capacity.
- Suspected serious medical condition such as:
  - Respiratory distress.
  - Sustained abnormal vital signs.
  - Compromised airway.
  - Uncontrolled bleeding.
  - Suspected cervical spine injury.
  - Infants under 3 months of age.
  - Chest pain.

  - Cardiac dysrhythmia.
  - Poisons and overdoses.
  - First time seizures.
  - Stroke symptoms. (TIA pts have a 10-30% chance of CVA within 90 days)
- Suspected abuse situation involving a minor or the elderly.
- Any unconscious or altered mental status (individual or parent/guardian for a minor).
- Conflict on scene regarding refusal of care.
- Minor without a parent or guardian who is refusing care.

# Refusal and Informed Consent – 40.020

**ASSESS PATIENT'S MEDICAL NEED**

**NO IDENTIFIED PATIENT**
**MUST MEET ALL CRITERIA!**

- No significant mechanism.
- No visible signs of traumatic injury
- No known acute medical condition
- No identifiable behavior problems.
- **NOT** less than 15 years old.
- **DID NOT** request medical assistance.

**ACTION**

- No Information Form required.

**IDENTIFIED PATIENT**

**ASSESS ABILITY TO MAKE DECISIONS**

**Consider:**

- Head injury.
- Drug or alcohol intoxication.
- Medical conditions (e.g., hypoglycemia).
- Toxic exposure.
- Psychiatric problems.
- Language barriers.

**ABLE TO MAKE DECISIONS**

Ambulance transport advised, but refused.

**-ACTION-**

- **Explain risks of refusal.**
- If serious medical need exists, contact OLMC.
- Enlist family, friends, police, etc. to help convince patient.
- Complete Information Form, obtain patient signature, & give them the top copy.
- Follow *Documentation* protocol.

**ABLE TO MAKE DECISIONS**

With no apparent need for ambulance transport.

**-ACTION-**

- **PIC must agree with patient's course of action.**
- Fully document physical findings.
- Fully document advice given to patient.
- Follow *Documentation* protocol.

**UNABLE TO MAKE DECISIONS**

(Impaired Capacity)

**-ACTION-**

- Treat & transport if medical emergency exists. Use *Restraining of Patients* protocol if needed.
- Make all reasonable efforts to assure patient gets medical care.
- **Consult OLMC.**
- **DO NOT have patient sign an Information Form**

**MINIMUM DOCUMENTATION**

**For ALL Identified Patients**

- General appearance & level of consciousness.
- History, vital signs, & physical exam.
- Presence of any intoxicants.
- Assessment of patient's decision-making capacity.
- Any risks that were explained to the patient.
- Communications with family, police, and/or OLMC.

**OLMC CONTACT REQUIRED**

- Impaired decision-making capacity.
- Suspected serious medical condition.
- Suspected abuse – child or elderly.
- First-time seizures (all).
- Scene conflict regarding medical care.
- Minor without guardian refusing care.