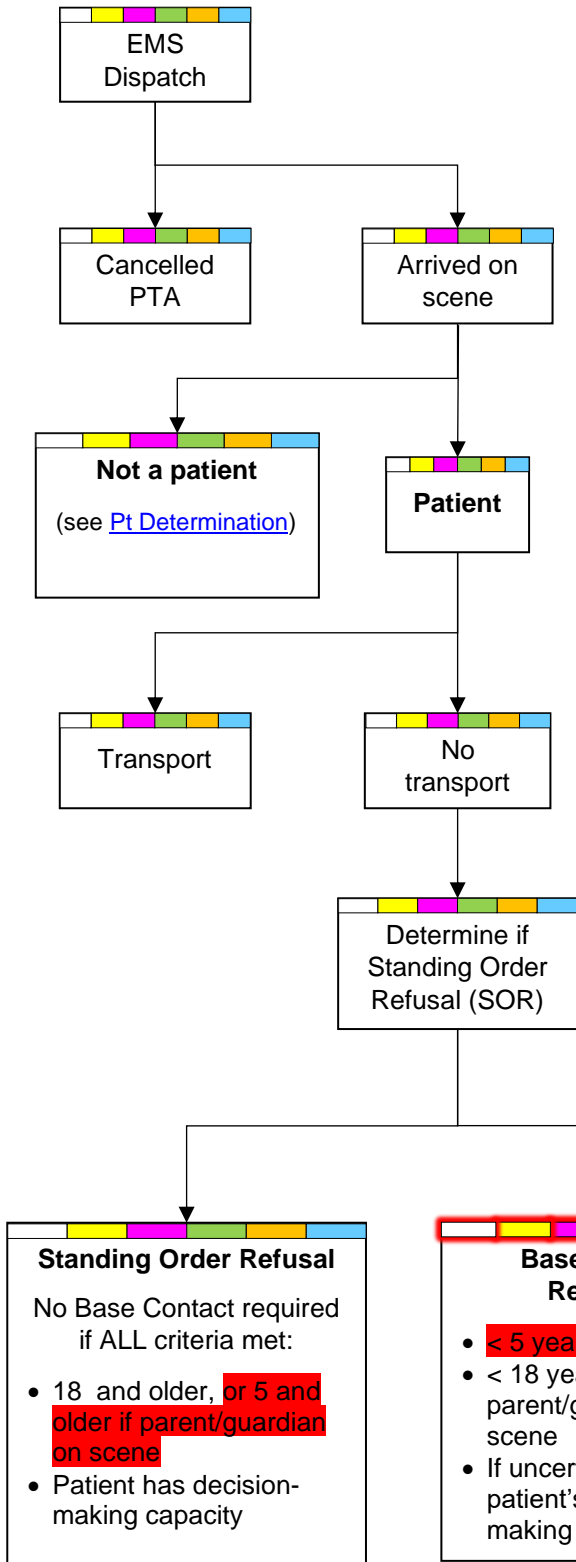


0080 PATIENT NON-TRANSPORT OR REFUSAL

| | | | | | |
|-----|-----|--------|------|--------------|-----------|
| EMR | EMT | EMT-IV | AEMT | INTERMEDIATE | PARAMEDIC |
|-----|-----|--------|------|--------------|-----------|



A person who has decision-making capacity may refuse examination, treatment and transport

Refer to [Consent](#) for complete decision-making capacity guidelines

A person is deemed to have decision-making capacity if he/she has the ability to provide informed consent, i.e., the patient:

1. Understands the nature of the illness/injury or risk of injury/illness
2. Understands the possible consequences of delaying treatment and/or refusing transport
3. Given the risks and options, the patient voluntarily refuses or accepts treatment and/or transport.

If in doubt about patient decision-making capacity, **CONTACT BASE** for physician consult.

For potentially intoxicated patients, refer to: [Drug/Alcohol Intoxication](#)

- Documentation Requirements for Refusal**
- Confirm decision-making capacity
 - EMS assistance offered and declined
 - Risks of refusal explained to patient
 - Patient understands risks of refusal
 - Name of Base Station physician authorizing refusal of care unless standing order refusal
 - Signed refusal of care against medical advice document, if possible
 - Any minor with any complaint/injury is a patient and requires a PCR

High Risk Patients

Base contact is strongly recommended whenever, in the clinical judgement of the EMS provider, the patient is at high risk of deterioration without medical intervention.

Base physician may supersede parental wishes when refusing the transport of a minor child would put the minor child at risk such as – NAT, Parent is intoxicated, unstable vitals, etc.