PROCESSING THE PATIENT REFUSAL

Without question, patient refusal calls are the most important calls to document
Objectives

• Highlight the risks around completing a patient refusal

• Explain the different assessments performed while processing a patient refusal

• Discuss patient refusal documentation
Introduction

Patient refusal calls are some of the most dangerous EMS providers respond to, not because of the situations crews are presented with, but because of the liability of not taking the patient to the hospital.

This liability can result from many different factors, including not doing a complete assessment, missing signs or symptoms of a major illness, or not properly documenting everything that was said, done and witnessed.

For most EMS agencies patient refusals occur on 5% to 30% of patient contacts
Introduction

It has been documented that as many as 3% of all patients who refuse care will call 9-1-1 again within one week of their initial refusal.

Children under 3 years old and adults over age 64 are admitted to the hospital more frequently than other age groups.

70% of patients 65 years of age and older who initially refuse care require some form of follow-up care.

Patients 65 years and older are also more likely to call EMS back within three days of their first call for help because they do not feel their condition has improved.
Introduction

These same patients are more likely to die of their illness within one week of initially seeking medical treatment.

Patients with cardiac or respiratory complaints, such as asthma, pneumonia, chronic bronchitis or congestive heart failure, are at a higher risk for later hospital admission after refusing transport against medical advice.

Many common EMS calls can end with patients refusing transport.

Motor vehicle crashes can have complaints, such as back pain, chest pain or lacerations, and still refuse treatment and transport.
Introduction

Any patient, with nearly any complaint, can result in a patient refusal.

A young adult experiencing shortness of breath from asthma receiving albuterol and having their symptoms completely resolve.

Lower than the risk of returning chest pain or cardiac arrest for an elderly male patient.

Individual who self-extricates from a vehicle that rolled several times off the road and states that they have no pain.

•*With whose refusals are you most and least comfortable?*
Introduction

Avoid the temptation to make comments such as:

“You do not need any further treatment,”
“The hospitals are busy so you’ll just be waiting a long time.”

Comments such as these create an incredible amount of risk for EMS providers.

It is wrong to assume that if the patient signs refusal paperwork, it will take the liability off the EMS provider for not rendering further care or taking the patient to the hospital.

Malta & McConnelsville Fire Department
Division of Emergency Medical Services
Introduction

A patient’s complaints may not always be what they seem.

*Abdominal pain may in reality be a cardiac issue*

*The combative patient may really be diabetic*

This can be avoided by always doing a thorough assessment.
Processing a Patient Refusal

Understanding the legalities behind a patient refusal requires an understanding of the basic components of pre-hospital documentation.

EMS documentation is a record of all assessment, care and interventions performed.

The pre-hospital care report (PCR) is a picture of:

- What the provider saw
- The patient’s condition
- Care the provider gave to the patient
- How any treatments or procedures changed the patient’s condition

FACT
Refusals of medical care and transport are the biggest liability faced by EMS providers.
Processing a Patient Refusal

A well written, neat and thorough PCR, without any misspelled words or blank spaces, gives the EMS provider credibility

Several assessments that need to be performed when generating a patient refusal

- Conduct a thorough assessment
- History of the present illness
- Past medical history and current medications
- Full head-to-toe physical exam

A separate exam evaluates the patient’s mental cognition
Processing a Patient Refusal

“Mental cognition” is the patient’s mental process of knowing, including aspects such as awareness, perception, reasoning and judgment.

Any reported or suspected use of drugs or alcohol must be considered during the assessment of cognition, and may influence the patient’s capacity to refuse care.

The third part of patient refusal assessment is the situational assessment; this assessment evaluates if the patient understands the medical condition they are presented with and the risks taken if they don’t get treatment.
Processing a Patient Refusal

It is the crew’s legal obligation to perform a medical assessment and provide care according to their established scope of practice and standard of care.

“Assessment” means more than just looking at the patient himself; a thorough assessment includes evaluating the patient’s context, social situation, environment and safety.

The assessment also includes assessing the patient’s chief complaint. Document the reason he/she called 9-1-1, even if it’s not related to what’s wrong with the patient.
Processing a Patient Refusal

Quote witnesses’ statements about what they saw, or document “the patient has no complaint.”

The assessment process continues with the mechanism of injury or the nature of the illness.

Take a complete set of vital signs, including mental status; pulse; respirations; blood pressure; skin color, condition and temperature; and pain level.
Processing a Patient Refusal

This assessment is complete when no more information about the medical or trauma condition can be reasonably obtained.

Patient refusals represent situations where EMTs and paramedics have to gather more information than they do from patients who are transported.

Gather detailed information about the patient’s past medical history; the history of their current illness; signs and symptoms of illness; and vital signs.

It is essential to look for any indications that the patient is under the influence of any drugs or alcohol.
Processing a Patient Refusal

A second assessment needs to be conducted on the patient’s mental cognition

- Mental cognition is the patient’s mental process of knowing, including aspects such as awareness, perception, reasoning and judgment.

The patient has to understand and comprehend the benefits of treatments such as oxygen, medications, spinal immobilization or a 12-lead EKG.

A patient wishing to refuse care must fully understand the risks involved with not being treated and transported by EMS, and that the EMS provider has given them the ability to make a decision on informed consent.
Processing a Patient Refusal

Determine if the patient is legally competent to refuse treatment

*Only adults of legal age can refuse medical treatment*

Patients must also be of sound mind; this means that they are free of health issues that may impair judgment such as Alzheimer’s, senile dementia, hypoglycemia or schizophrenia.

Patients must be evaluated for any acute psychiatric issues as well, including homicidal or suicidal ideation.

*Intoxication will impair one’s legal competence, at least temporarily*
Processing a Patient Refusal

Assess a patient’s situational competence

Assure that the patient is able to understand his/her suspected medical condition

EMS personnel need to fully explain to the patient, in plain language, what could be happening to them medically.

FACT
Diagnosing a patient with anxiety is one of the most high-risk diagnosis that can be made!
Patient Education

Educating the patient about definitive treatments helps the patient make better medical decisions.

Patients must be informed about the risks and consequences associated with refusing treatment and transport.

The patient has the right to be informed of their options and alternatives.

Offering treatment and transport just once to these patients is not enough; they often need to be offered treatment multiple times.
Patient Education

Remain with the patient long enough to discuss their concerns

One of the worst things an EMT or paramedic can do is rush off the scene of a patient refusal and leave the patient feeling as though they were wrong to call 9-1-1.

If they won’t go to the hospital now, assure them they can call 9-1-1 again at any time.

When appropriate, encourage the option of going to the emergency department, urgent care or a physician’s office independently.
Documenting a Patient Refusal

Patient refusal calls are the most important calls to document.

A well written patient refusal document protects the provider and agency.

It’s a document that demonstrates the crew fulfilled its duty to act, and adequately determined the patient’s mental status and competency to understand the situation.

It can—and should—take longer to document a patient refusal than a normal PCR.
Documenting a Patient Refusal

Document:

• Complete patient assessment, including their mental status
• Are they under the influence of any drugs or alcohol
• Note any abnormalities in the patient’s appearance, cleanliness, speech or actions
• Document pertinent positives and negatives found.
• Document in detail the history of the present illness or injury, past medical history, medications and allergies, complete set of vital signs
• Two sets of vitals to demonstrate trending and patient stability
• One set of vital signs should be taken upon arrival and a second set prior to completion of the patient refusal.

*Remember that true trending requires at least three sets of vitals*
Documenting a Patient Refusal

Note any important comments the patient makes in quotation marks.

Have the patient sign the refusal form and have a bystander witness the signing of the refusal paperwork.

A copy of the report needs to be left with the patient.

By leaving a report copy, the patient and family know exactly what was said and documented.

Only have a crew member sign as a witness as a last resort.

Make sure the witness prints their name next to their signature.
Documenting a Patient Refusal

Write the refusal before leaving the scene.

When presented with a pediatric emergency, the EMS provider needs to document all conversations with the parent.

It’s in the provider’s best interest to document everything that was said and all treatments that were completed.

*Spending a few extra minutes on today’s refusal may save months of headache down the road*

**FACT**

Patient refusals are situations that require the best assessments and history taking, as they pose the most liability to EMS providers.

Malta & McConnelsville Fire Department

*Division of Emergency Medical Services*
Case Scenario

John is experiencing chest pain. His paramedic, Brian, might not want to tell him he’s having a myocardial infarction, or MI, because John may not understand those terms. Brian has to educate John using the term “heart attack.” He could tell John, “I suspect that an artery in your heart is blocked. When an artery in your heart is blocked, blood cannot get the heart muscle beyond the blockage, and this is likely causing your pain.” Brian also has to educate John about the benefits of treatment and transport to the hospital with a cardiac care center. In this case, Brian might explain, “It’s imperative that our crew takes you to a hospital with a cardiac catheterization center, as this is the place that can take care of your blockage and relieve the pain you are having.”

Brian wants to treat John by placing him on an EKG monitor, administering aspirin and nitroglycerin to relieve pain and help oxygenate the heart muscle. However, John is hesitant to be transported, so Brian has to explain if the patient stays home, heart muscle might die, once the heart muscle dies it doesn’t grow back, and if enough heart muscle dies, the patient may die. It’s also Brian’s responsibility to explain to John that if he drives himself and something happens, such as his condition worsens or he’s involved in a motor vehicle crash, care will be delayed until EMS returns. But, if the patient goes by ambulance and is having a heart attack, it is possible for treatment to begin in his house now, continue in the ambulance and lead directly to definitive therapy within the hospital.
References

Questions?