

KITSAP COUNTY
PATIENT REFUSAL INFORMATION SHEET
Please Read and Keep This Form

This form has been given to you because you have refused treatment and/or transport by Emergency Medical Service (EMS). Your health and safety are our primary concern. Even though you have decided not to accept our advice, please remember the following:

1. The evaluation and/or treatment provided by the rescue squad is not a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment.
2. Your condition may be more serious than you realize. Without treatment, your condition may become worse. If you are planning to get medical treatment, a decision to refuse treatment and/or transport by EMS may result in a delay which could then make your condition worse.
3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area. You may be seen at these Emergency Departments without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and/or transport by EMS, please do not hesitate to call us back.
5. **DON'T WAIT!** When medical treatment is needed, it is better to get it right away.

DIAL 9-1-1 IF YOU CHANGE YOUR MIND OR GET WORSE!

Read and Sign

Patient Signature: _____

Witness: _____

Date: _____ Time: _____

Patient Refusal Check Sheet

If a patient refuses treatment or transport from a Kitsap County EMS Provider the following documentation must be completed.

Criteria – Patient's must meet ALL of the following criteria:

- Patient is \geq 18 years old or is an emancipated minor
- Patient is not suicidal/homicidal
- Patient demonstrates decision making capacity
- Solutions to obstacles have been investigated and discussed with the patient
- Patient has been fully informed and instructed to seek medical attention
- Patient has been instructed to call back any time.

Decision Making Capacity Checklist – Patient must express in their own words:

- An understanding of the nature of their illness
- An understanding of the risks of refusal, including death
- An understanding of the alternatives to EMS treatment/transport
- Patient can provide rationale for refusal and debate this rationale

A patient MAY lack decision making capacity and should be carefully assessed if:

- Orientation to person, place or time that differs from baseline
- History of drug/alcohol ingestion with appreciable impairment such as slurred speech or unsteady gait
- Head injury with LOC, amnesia, repetitive questioning
- Medical conditions such as hypovolemia, hypoxia, metabolic emergencies (e.g. diabetic issues), hypothermia, hyperthermia

Consider Contacting Medical Control if:

- Age >65
- Pulse >110 , or >60
- Systolic BP >200 or <90
- Respiratory rate >30 or <12
- Serious chief complaint (chest pain, SOB, syncope)
- Significant mechanism of injury or high suspicion of injury
- It is your impression the patient requires hospitalization

All above information must be documented in the Patient Care Report