

REFUSAL OF CARE AGAINST MEDICAL ADVICE (AMA) And
RELEASE AT SCENE (RAS)

I. PURPOSE

To provide guidelines for Harmony Event Medicine (HEM) personnel dealing with Patients refusing care Against Medical Advice (AMA) or Patients requesting a Release at Scene (RAS)

II. DEFINITIONS

- A. Against Medical Advice (AMA)- The refusal of treatment or transport, by an emergency Patient or his/her decision maker, against the advice of HEM personnel on scene or of the receiving hospital.
- B. Release at Scene (RAS)- A call outcome that occurs when the Patient and the HEM personnel agree that the illness/injury does not require immediate treatment/transport via emergency 911 services and the Patient does not require the services of the pre hospital system.
- C. Patient- Any person who seeks medical attention from HEM/and or 911 system.
- D. Patients who may legally give consent for medical treatment are:
 - 1. At least 18 years of age
 - 2. A minor (<18) who is lawfully Married or Divorced
 - 3. A minor on active Duty with armed forces
 - 4. A minor who seeks prevention or treatment of pregnancy or sexual assault
 - 5. A minor who is 12 years of age or older, who seeks treatment of rape, contagious diseases, alcohol, drug or physical abuse
- E. Designated Decision Maker (DDM)- An individual to whom a person or court has given legal authority to make medical decisions concerning a person's health care (a parent or Durable Power of Attorney for Health Care).
- F. Competency- The ability to understand and to demonstrate an understanding of the nature and consequences for refusing medical care.
- G. HEM Medical Personnel:
 - 1. Medical or Mental Health Professional advising based upon their Scope of Practice
 - 2. Certified CPR/First Aid/AED Trained individual Providing Basic Life Support (BLS) services
 - 3. HEM trained 'helper' whom assists in situations,

but not intervening in an illness/injury situation that may require medical attention, or 911/emergency intervention.

III. AGAINST MEDICAL ADVICE (AMA) POLICY

- A. All emergency Patients will be offered treatment and/or Transport following a complete assessment
- B. Adults have the Right to accept or refuse any and all pre hospital care and transportation, provided that the decision to accept or refuse these treatments and transportation is made on an informed basis and provided that these adults have the mental capacity to make and understand the implications of such a decision. To meet the standard of 'meaningful understanding' the Patient must be informed and understand (best demonstrated by the Patients ability to restate) the nature and consequences of the consent or refusal at the time the care and/or treatment is being offered. The following information must be provided to the Patient or DDM by HEM personnel:

1. The nature of the recommended treatment
2. The risks involved including any possible complications
3. The benefits of treatment
4. The consequences for not seeking care and treatment- these must be reasonable for the presenting condition.

C. High Risk Patient Complaints:

Some Patient complaints may represent more concerning and potentially higher risk (for the Patient and medical provider) clinical conditions. These Patients may warrant (but not require) receiving hospital/ and or physician contact before completing AMA with a Patient of DDM. Every effort should be made to transport Patients with the following Complaints:

1. Patients >65 years of age who are requesting AMA
2. Chest Pain
3. Shortness of Breath/Dyspnea
4. Syncope
5. Headache (new onset)
6. Seizure (new onset)
7. TIA/Resolving Stroke Symptoms
8. Traumatic Injuries
9. Pediatric Complaints
10. Pregnancy-related Issues

- D. If the Patient refuses transport to the RECOMMENDED DESTINATION and the Patient's refusal of transport would create a life-threatening or high-risk situation, obtain a Receiving Hospital Physician Consult, document the AMA, and transport

the Patient to the nearest requested facility. If this Patient requests an out of county transport, a Physician Consult from the recommended destination hospital is REQUIRED.

- E. If the Patient cannot legally refuse care or is mentally incapable of refusing care:
1. Document on PCR that the Patient required immediate treatment and/or transport, and lacked the mental capacity to understand the risks/consequences of the refusal (implied consent) and transport accordingly.
 2. Do not request a 5150 'hold' unless the Patient requires a psychiatric evaluation.
 3. Treat as necessary to prevent death or serious disability and transport.
 4. Consider involvement of law enforcement early if there is a threat to self, others or grave disability.

IV. RELEASE AT SCENE (RAS) POLICY

- A. After evaluation by HEM personnel, and the Patient/DDM is deemed a competent adult, HEM personnel may release at scene as long as both the HEM personnel and the Patient/DDM concur that the illness/injury does not require immediate treatment/transport via emergency/911 services and the Patient does not require the services of the pre hospital system
- B. HEM personnel shall advise Patients of alternative care and transport options, which may include but not limited to:
1. Private transport to clinic, a physician's office, or an ER.
 2. Telephone consultation with a physician
- C. HEM personnel are encouraged to obtain a Receiving Hospital Physician consult if there are any questions or concerns regarding their Patient's disposition
- D. The Patient or DDM shall sign the AMA/RAS Form
- E. Patients that do not have a DDM physically present may be released from the scene after a telephone consult is obtained. This would most often occur with a minor when the parent is not at the scene.

V. PATIENTS TRANSPORTED AGAINST THEIR WILL

- A. Implied consent- If the Patient is NOT a danger to themselves or others, yet not competent to refuse evaluation or transport, the Patient should be transported to the appropriate facility under implied consent. In this case, a 5150 hold is not necessary. However, if the providers believe the Patient will resist (and that it is medically necessary to transport the Patient against their will), the providers should request police assistance in transporting the Patient. The police may consider a 5150 hold on the Patient, but this is not required for transport.

- B. 5150- When a Patient exhibits signs of being a danger to themselves or others, or is gravely disabled and cannot simply be treated or and/or transported, the providers shall notify the proper authorities to obtain a 5150, and remain with the Patient until the authorities have made such a determination. Patients on a 5150 hold CANNOT be released from the scene.
- C. At no time are HEM personnel to put themselves in danger by attempting to transport or treat a Patient who refuses. At all times, good judgment should be used, appropriate assistance obtained, and supporting documentation completed.

VI. DOCUMENTATION REQUIREMENTS (PCR)

THE FOLLOWING ITEMS SHALL BE INCLUDED FOR ADHERANCE TO PROTOCOL

1. Who called 911 and the reason for the call?
2. All medical care provided including the chief complaint and level of distress for the Patient and level of consciousness.
3. The apparent competency of the Patient to sign out AMA/RAS
4. The ability of the Patient/DDM to verbalize an understanding of their injury
5. The Patient/DDM has had the risks and potential outcome of non-treatment and/or non-transport fully explained by the provider, such that the Patient/DDM can verbalize the understanding of this information.
6. The presence or absence of any impairment of the Patient/DDM such as by drugs or alcohol.
7. Reasons given by Patient/DDM for refusing offered care and or transport. Include Patients/DDM's alternate plan if one has been stated.
8. That the Patient/DDM has been informed that they may re-access 911 if necessary.
9. Signature of the Patient/DDM on the AMA/RAS Form, or reason why signature was not obtained.

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