

NON-TRANSPORT OF PATIENTS

The decision to seek emergency medical services usually resides with the patient, family, or, in certain instances, with legal custodians. Similarly, the decision to transport or not to transport should reside with the patient, family, or legal custodian. Major trauma patients are an exception and shall be transferred according to **trauma triage procedures**. In general, the only reasons for non-transport are:

- ✓ Signed refusal for transport completed by competent patient, family, or custodian
- ✓ No patient
- ✓ The emergency care provider may be of the judgment that the patient need not be transported by ambulance, but unless the patient and/or custodian agree with this judgment, transport will be done
- ✓ If the patient has a well-established history of frequent EMS requests unsubstantiated by medical need and the on-scene medical evaluation does not identify a significant acute medical problem, the EMS provider may contact medical control to consider denying ambulance transport to the patient

SEE NEXT PAGE FOR EXAMPLE FORM

CALL IDENTIFICATION

Patient Name _____ Age _____

Call location _____ Date _____ Time _____ Unit# _____ Agency Run # _____

PATIENT ASSESSMENT Chief Complaint _____

VITAL SIGNS BP _____ Pulse _____ Resp _____

Oriented to: _____ Person _____ Place _____ Time _____ Situation _____

GENERAL ASSESSMENT

DISPOSITION

____ Patient transported by private vehicle.
____ Released in care or custody of self.
____ Released in care or custody of relative or friend. _____
Name _____
____ Released in care or custody of other agency. _____

Agency Name _____ Name of Responsible Individual _____

PATIENT INSTRUCTIONS

____ Patient instructed to call 9-1-1 or follow up with his/her physician if condition persists or worsens.

Patient signature _____ Print patient name _____ Date _____ Time _____

Surrogate signature _____ Print surrogate name _____ Date _____ Time _____

Witness signature _____ Print witness signature _____ Date _____ Time _____

EMS personnel signature _____ Print EMS Personnel Name _____ Date _____ Time _____