Operations

NON-TRANSPORTED PATIENT

A. Transportation of the patient for additional evaluation and care should always be the goal of EMS providers regardless of the acuity of the patient’s complaint. Should the patient state that they are refusing transportation, the EMS provider will enlist the aid of the patient’s friends and family members present to encourage the patient to agree to additional treatment and transportation. Any fears or concerns the patient might have should be discussed.

B. Medical control must be consulted when a patient is refusing transport and any of the following applies:
   1. Patient has an abnormal mental status, indicated by:
      a. Slurred or abnormal speech
      b. Disorientation to person, place, or time
      c. Inappropriate or irrational thinking
   2. Patient is less than 1 year old.
   3. There are any historical data, symptoms, or signs suggestive of a potentially life threatening illness or injury.
   4. Patient does not have access to a phone or “significant others” to aid in getting further care if needed.

C. When Medical Control is contacted, the physician will be apprised of the situation and whether the SOR is against the EMS personnel’s medical advice. The physician will be asked for recommendations, and may ask to speak directly to the patient. The EMS provider should record the hospital, physician’s name, and the recommendations on the patient care report of the Refusal of Transport or Signature of Release form.

D. To accept the patient’s decision not to receive treatment and/or transportation, the following must be performed:
   1. The patient or the patient’s guardian is informed:
      a. That transport is indicated for further evaluation and care by an emergency department physician.
      b. That the patient has not been evaluated by a physician.
      c. That significant medical problems may exist and that these potential problems cannot be fully described at this time, but may possibly lead to significant disability or even death.
      d. To seek follow-up medical care as soon as possible.
      e. That 911 may be called at any time should they change their mind and wish to be transported to a hospital emergency department.
   2. The patient is asked if they understand the risks in refusing further medical care, and additional explanation is provided as needed.
   3. The refusal form is signed by the patient or their guardian after they read (or have read to them) the statement of refusal.
   4. A complete patient care report with all assessment findings and vital signs must be completed by the highest medical authority on scene in addition to the refusal-specific documentation.

E. In the event the patient is less than 18 years old, these persons may take responsibility for the child:
   1. Parent or legal guardian
   2. Individual in loco parentis (someone who assumes the duties and responsibilities in place of a parent, e.g., grandparent, aunt, uncle, babysitter, principal, police officer) if:
      a. There is no parent or legal guardian present; or
      b. The parent or legal guardian is not reasonably present or declines to act; or
      c. The existence of the parent or legal guardian is unknown to the health care provider.
3. Adult sibling of the minor if:
   a. There is no parent, legal guardian, or individual in loco parentis present; or
   b. The parent, legal guardian, or individual in loco parentis is not reasonably present or declines to act; or
   c. The existence of the parent, legal guardian, or individual in loco parentis is unknown to the health care provider.

4. The minor patient if there is compelling evidence of emancipation as defined under Indiana Code 16-36-1-3(a)(2)(A)-(E):
   a. At least 14 years of age; and
   b. Not dependent on a parent for support; and
   c. Living apart from the minor’s parents or from an individual in loco parentis; and
      i. Managing the minor’s own affairs; or
      ii. Is or has been married; or
      iii. Is in the military service of the United States; or
      iv. Is authorized to consent to health care by any other statute.

F. If the patient is a minor and none of the above can be contacted, the patient should be transported to the closest, most appropriate facility.