# WREMAC Refusal of Evaluation, Treatment, & Transport

**Date:**_____          **Run #:**_____

Patient Name:_____  Age:_____  Phone #:_____
Patient Address:_____
Incident Location:_____
Situation of Injury/Illness:_____

### *Check marks in shaded areas require consult with Medical Control before patient release.*

Suspected serious injury or illness based upon patient
History, mechanism of injury or physical examination:     ___Yes _  No

| | | |
|---|---|---|
| The patient is <18 years old and there is no legal parent/guardian available. ___Yes ___No | Any evidence of: Head Injury? | ___Yes ___No |
| | Intoxication? | ___Yes ___No |
| Patient oriented to: Person ___Yes ___No | Chest pain? | ___Yes ___No |
| Place ___Yes ___No | Dyspnea? | ___Yes ___No |
| Time ___Yes ___No | Syncope? | ___Yes ___No |
| Event ___Yes ___No | Patient is a danger to themselves or others? ___Yes ___No | |

**Consult Medical Command If:**

Pulse _____<50bpm or >100bpm
Sys BP_____<100mm Hg or >200mm Hg
Dia BP _____<50mm Hg or >100mm Hg
Resp _____<12rpm or >24rpm

If altered mental or diabetic:
Chemstrip/Glucometer:_____mg/dl    <60mg/dl
                                              >300mg/dl
If chest pain, S.O.B. or altered mental status—
SpO2 (if available):_____%    <95%

For pediatric patients, consult MC if VS outside normal range for age.
Risks explained to patient:_____

The EMS providers strongly urge you to seek further medical attention. Please seek immediate care, or call us back if you change your mind, or if any worrisome signs or symptoms occur. Examples of such concerns could be:

___Increase in pain          ___Difficulty breathing          ___Fainting or loss of consciousness
___Bleeding                  ___Fever                          ___Change in behavior or temperament
___Numbness anywhere         ___Drooling                       ___Change in skin color
___Loss of mobility          ___Profuse sweating               ___Change in bowel or bladder function

Patient understands clinical situation ___Yes ___No          Patient verbalizes understanding of risks ___Yes ___No
Patient's plan to seek further medical evaluation:_____

**Medical Control:**
Physician contacted:_____ Facility:_____ Time:_____
Physician spoke to patient:     Yes     No     Command not contacted:     Why?_____
Medical Control orders:_____

**Patient Outcome:** ___Patient refuses all medical treatment & transport to a hospital against EMS advice.
                     ___Patient consents to treatment on scene, but refuses transport to a hospital against EMS advice.
                     ___Patient accepts transportation to hospital by EMS but refuses any or all treatment offered.
Specify all treatments refused:_____

_____     _____     _____
Signature (Patient or Other)              Date              EMS Provider Signature

_____                     _____
If other than patient, print name and relationship to patient        Witness Signature