

# 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

If altered mental or diabetic:

Sys BP \_\_\_\_\_ <100mm Hg or >200mm Hg

Chemstrip/Glucometer: \_\_\_\_\_ mg/dl  <60mg/dl  >300mg/dl

Dia BP \_\_\_\_\_ <50mm Hg or >100mm Hg

If chest pain, S.O.B. or altered mental status—

Resp \_\_\_\_\_ <12rpm or >24rpm

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: \_\_\_\_\_

This form is being provided to me because I have refused assessment, treatment and/or transport by an EMS provider for myself or on behalf of this patient. I understand that EMS providers are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that there may be a serious injury or illness which could get worse without medical attention even though I (or the patient) may feel fine at the present time. I understand that I may change my mind and call 911 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day. I acknowledge that this advice has been explained to me by the EMS crew and that I have read this form completely and understand its terms.

Signature (Patient or Other)

Date

EMS Provider Signature

If other than patient, print name and relationship to patient

Witness Signature