

# Southern Illinois Regional EMS System

## A-6.2 EMS PATIENT REFUSAL CHECKLIST

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of call: \_\_\_\_\_ Run Number: \_\_\_\_\_

Assessment of Patient: (complete each item, circle appropriate response)

- Oriented to: Person? Yes No Place? Yes No Time? Yes No Situation? Yes No
- Possible head injury? Yes No
- Possible alcohol/drugs ingestion by exam or history? Yes No
- Age 18 or over? Yes No
- Abnormal blood glucose? Yes No
- Abnormal SAO<sub>2</sub>? Yes No
- Vital signs
- General impression

Medical Control:

- \_\_\_\_\_ Contacted by: \_\_\_\_\_ Radio \_\_\_\_\_ Phone at \_\_\_\_\_ hours
- \_\_\_\_\_ Unable to contact. (explain in comments)
- Orders:
  - \_\_\_\_\_ Indicated treatment and/or transport may be refused by patient.
  - \_\_\_\_\_ Use reasonable force and/or restrains to provide indicated treatment.
  - \_\_\_\_\_ Other: \_\_\_\_\_

Patient advised: (complete each item, circle appropriate response)

- Yes No Medical treatment/evaluation needed.
- Yes No Ambulance transport needed.
- Yes No Further harm could result without medical treatment/evaluation.
- Yes No Transport by other means could be hazardous due to patient's present illness/injury.
- Yes No Patient informed, if appropriate, that there is a potential threat to life/limb.
- Yes No Patient provided with Patient Refusal Information Sheet.
  - Type of refusal:
    - \_\_\_\_\_ Refused all EMS services.
    - \_\_\_\_\_ Refused transport, accepted field treatment.
    - \_\_\_\_\_ Refused field treatment, accepted transport.
    - \_\_\_\_\_ Released in care or custody of self.
    - \_\_\_\_\_ Released in custody of law enforcement agency:
      - Agency: \_\_\_\_\_
      - Officer: \_\_\_\_\_
  - \_\_\_\_\_ Released in care or custody of relative or friend:
    - Name: \_\_\_\_\_
    - Relationship: \_\_\_\_\_

Comments:

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Crew member signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_