



## Refusal of Care, Lift Assist, and Capacity Checklists

Refer to Clinical Standard Refusal of Treatment and Transport for ePCR Documentation Requirements.

### Refusal of Care and/or Treatment Checklist

- Patient is  $\geq 18$  or is an emancipated minor
- Patient is not suicidal or homicidal
- Patient [demonstrates capacity](#) based on capacity checklist
- Patient is informed and understands evaluation is incomplete
- Solutions to obstacles have been sought
- Patient instructed to seek medical attention
- Patient instructed to call back at any time
- [Above documented fully in ePCR](#)

### High Risk Refusal Criteria Checklist

- Pulse greater than 110 or less than 60
- Systolic BP greater than 200 or less than 90
- Respirations greater than 30 or less than 12
- Blood glucose less than 70 or greater than 300
- [Mean Arterial Pressure](#) less than 65 or greater than 120 MAP = [ SBP + ( 2 x DBP ) ] / 3
- Serious chief complaint or provider impression, such as: chest pain, shortness of breath, syncope, etc.
- Significant mechanism of injury or high suspicion of injury

Any **High-Risk** patient as defined above must be assessed by a  $\geq$  PL5 provider:

- If a  $>$  PL5 provider has not been dispatched to the scene and the primary complaint is ambulatory dysfunction, for example lift assist, then there must be an offer for a  $>$  PL5 evaluation.
- If the patient subsequently refuses a  $>$  PL5 evaluation, then refer to Refusal of Care, Lift Assist, and Capacity Checklists.
- For PL1 – PL4, if the patient is considered **High Risk** then OLMC must be contacted. Following consultation with OLMC, a  $\geq$  PL1 may complete the refusal form based on OLMC recommendation.
- Even when a  $\geq$  PL5 provider completes a full evaluation, consultation with OLMC is recommended for all **High Risk** refusals.

Read to *all* **High-Risk** patients refusing  $\geq$  PL5 evaluation:

*There is the potential that you have a serious underlying medical condition that resulted in your injury or complaint or that occurred because of your injury or complaint. You have received a basic screening exam only and we are unable to fully evaluate for a large number of potential illnesses or injuries. Despite this, you are refusing a more advanced assessment by one of our advanced level providers.*



# Refusal of Care, Lift Assist, and Capacity Checklists

YES / NO Checklist for Lift Assists	
<b>YES / NO General Questions:</b>	
Have you had any recent falls or illness that include fever, chills, nausea, vomiting, diarrhea, shortness of breath, chest pain, dizziness, or other illness?	<p>If YES to any of these questions, then request EMS or OLMC and continue care.</p> <p>If NO to all of these questions, then continue to vital signs.</p>
Did you faint or pass out?	
Have you had any new or worsening weakness?	
Is the reason you called us today a new problem for you?	
<b>YES / NO Vital Signs:</b>	
Heart rate between 60 – 100?	<p>If YES all of these questions, then continue to physical exam.</p> <p>If NO to any of these questions, then request EMS or OLMC and continue care.</p>
SBP between 100 - 200 & DBP < 140?	
Respiratory rate between 12 – 20?	
SpO <sub>2</sub> between 90 - 100% on room air or prescribed O <sub>2</sub> ?	
Blood glucose between 70 – 300?	
Temperature between 96.8 - 100.4 F?	
Fully alert and oriented with GCS of 15, or normal baseline?	
<b>YES / NO Physical Exam:</b>	
Upon head to toe physical exam, are there signs of acute trauma, tenderness, rigidity, or deformity?	<p>If YES, then request EMS or OLMC and continue care.</p> <p>If NO, then continue to ADLs &amp; Age.</p>
<b>YES / NO Activities of Daily Living (ADL) and Age:</b>	
Was the patient on the ground for less than 2 hours?	<p>If YES to all of these questions, then complete lift assist, refusal, and appropriate documentation including ePCR.</p> <p>If NO to any of these questions, then contact OLMC.</p>
Can the patient ambulate to their baseline?	
Does the patient have baseline range of motion in all extremities?	
Is the patient able to perform ADLs at their baseline?	
Have you addressed non-structural likely fall or trip hazards that could be addressed?	

**Complete your assessment, physical exam, & obtain all vital signs before calling OLMC.**



# Refusal of Care, Lift Assist, and Capacity Checklists

## Capacity Checklist

Patient is able to express in their own words:

- An understanding of the nature of their illness, and
- An understanding of the risks of refusal including death, and
- An understanding of alternatives to EMS treatment and/or transport, and
- Provide rationale for refusal and debate this rationale.

A patient with any of the following **MAY** lack decision making capacity and should be carefully assessed for their ability to perform the above.

- Orientation to person, place, or time that differs from baseline;
- History of drug and/or alcohol ingestion with appreciable impairment such as slurred speech or unsteady gait;
- Head injury with positive loss of consciousness, amnesia, repetitive questioning;
- Medical condition such as hypovolemia, hypoxia, metabolic emergencies (eg. diabetic episode), hypothermia, hyperthermia, and etc.;

**If any question exists about their capacity, then contact OLMC.**