

## ***Against Medical Advise (AMA) (Number)***

### PURPOSE:

To provide guidelines for EMS personnel to determine which patients who do not wish to be transported to the hospital have the decision-making capacity to refuse EMS treatment and/or transport, and to identify those who may be safely released at scene.

### AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, (a). California Welfare and Institution Code, Sections 305, 625, 5150, and 5170. Title 22, California Code of Regulations, Section 100169.

### DEFINITIONS

**Adult:** A person at least eighteen years of age.

**Minor:** A person less than eighteen years of age.

**Minor Not Requiring Parental Consent is a person who:**

- Is 12 years or older and in need of care for a reportable medical condition or substance abuse
- Is pregnant and requires care related to the pregnancy
- Is in immediate danger of suspected physical or sexual abuse
- Is an emancipated minor

**Emancipated Minor:** A person under the age of 18 years is an emancipated minor if any of the following conditions are met:

- Married or previously married
- The person has received a declaration of emancipation pursuant to Section 7122 of the California Family Code, which includes all of the following: at least fourteen (14) years of age, living separate and apart from their parents and managing their own financial affairs (may be verified by DMV Identification Card)
- On active military duty

**Decision-Making Capacity:** The ability to understand the nature and consequences of proposed health care. This includes understanding the significant risks and benefits, and having the ability to make and communicate a decision regarding the proposed health care. A person has decision-making capacity if they are able to:

*Policy Name (Number)*

Effective Date:

Revision Date:

1

Kristopher Lyon, M.D.  
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Understand the need for treatment, the implications of receiving and of not receiving treatment, and alternative forms of treatment that are available, and relate the above information to their personal values, and then make and convey a decision.

**The lack of decision-making capacity may be:**

- Temporarily lost (e.g., due to unconsciousness, influence of mind altering substances, mental illness or cognitive impairment)
- Permanently lost (e.g., due to irreversible coma, persistent vegetative state, untreatable brain injury or dementia)
- Never existed (i.e., due to profound neurodevelopmental disorder, those who are deemed by the Court as incompetent or a person under conservatorship)

**Emergency Medical Condition:**

A condition or situation in which an individual has an immediate need for medical attention, whether actual or perceived. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure, oxygen saturation) are also indications of an emergency condition.

**Implied Consent:**

This is a type of consent involving the presumption that an unconscious or person lacking decision-making capacity would consent to lifesaving care. This shall include minors with an emergency medical condition and a parent or legal representative is not available.

**Primary Care Physician:**

Is a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of a diagnosed health condition.

**Refusing Care Against Medical Advice (AMA):**

A patient or a legal representative of a patient who has the decision-making capacity to refuse treatment and/or transport for an emergency medical condition.

**"Release at Scene" (Patients not requiring transport):**

A patient who, after an assessment by EMS personnel, does not have an emergency medical condition and does not appear to require immediate treatment and/or transportation. These patients meet one or more of the following conditions:

- Deny a medical complaint and decline need for treatment
- Called EMS personnel for assistance for non-medical related issues (i.e., public assists)
- Meet criteria for "Treat and Refer"

**"Treat and Refer":**

A patient who, is stable, does not have an ongoing medical or behavioral emergency and is NOT requesting transport to an emergency department may be referred to his/her primary care physician.

**Urgent Care:**

walk in clinic that provides care for illnesses or injuries which require prompt attention but are not typically serious in nature.

*Policy Name (Number)*

Effective Date:

Revision Date:

**5150 Hold:**

A patient who is held against their will for evaluation under the authority of Welfare and Institutions Code, Section 5150, because the patient is a danger to themselves, a danger to others, and/or gravely disabled (i.e., unable to care for self). This is a written order placed by law enforcement officer, County mental health worker, or a health worker certified by the County to place an individual on a 5150 hold

**PRINCIPLES**

1. An adult or emancipated minor who has decision-making capacity has the right to determine the course of their medical care including the refusal of care. These patients must be advised of the risks and consequences resulting from refusal of medical care.
2. A patient less than eighteen (18) years of age, with the exception of minors not requiring parental consent, must have a parent or legal representative to refuse evaluation, treatment, and/or transport for an emergency condition.
3. A patient determined by EMS personnel or the base hospital to lack decision-making capacity may not refuse care AMA or be released at scene. Mental illness, drugs, alcohol, or physical/mental impairment may impair a patient's decision-making capacity but are not sufficient to eliminate decision-making capacity. Patients who have attempted suicide, verbalized suicidal intent, or if other factors lead EMS personnel to suspect suicidal intent, should be regarded as lacking the decision-making capacity. Diagnosed mental illness alone or a patient's report of ingesting drugs/alcohol does not justify a determination of lack of decision-making capacity. Capacity determinations are specific only to the particular decision that needs to be made.
4. A patient on a 5150 Hold may not be released at scene and cannot sign-out against medical advice.
5. A patient or a legal representative of a patient may contact EMS for minor complaints in order to have an assessment performed and determination made of the seriousness of the complaint and need for treatment. In such cases, the EMS personnel may perform an assessment and for those who meet the definition of "Treat and Refer" may be treated at the scene and referred to the patient's medical home or primary care physician. If the patient or legal representative requests that the patient be transported despite assurance that transport is not needed; EMS personnel should honor the request and transport the patient to the most appropriate receiving facility in accordance with applicable patient destination policies.
6. At no time are EMS personnel to put themselves in danger by attempting to treat and/or transport a patient who refuses care.
7. Patients who refuse treatment and/or transport, and all those released at the scene are high risk patients who require additional quality review.
8. Certain patients are at increased risk of having a bad outcome if released on scene. This includes patients at extremes of age ( $\leq 12$  months or  $\geq 70$  years old), patients with

*Policy Name (Number)*

Effective Date:

Revision Date:

3

Kristopher Lyon, M.D.  
(Signature on File)

abnormal vital signs, and patients with high-risk chief complaints including chest pain, shortness of breath, abdominal pain, gastrointestinal or vaginal bleeding, and syncope. These patients are more challenging to fully evaluate in the field and, in general, shall be transported to the emergency department.

**I. Adult with decision making capacity or Minor (not requiring parental consent)**

- A. EMS personnel shall advise the patient of the risks and consequences which may result from refusal of treatment and/or transport. The patient should be advised to seek immediate medical care.
- B. If the patient has an emergency medical condition as defined below and a BLS unit is alone on scene, an ALS unit shall be requested for evaluation prior to AMA.
  - i. Extremes of age ( $\leq 12$  months or  $\geq 70$  years old)
  - ii. Abnormal vital signs
  - iii. High-risk chief complaints including chest pain, shortness of breath, abdominal pain, gastrointestinal or vaginal bleeding, and syncope
- C. EMS personnel shall have the patient or their legal representative, as appropriate, sign the release (AMA) section of the EMS ePCR. The signature shall be witnessed, preferably by a family member.
- D. A patient's refusal to sign the AMA section should be documented on the EMS ePCR and a witness signature obtained by either a family member, another prehospital personnel, or law enforcement.
- E. EMS personnel may contact the base hospital physician to discuss patient refusals, obtain guidance, and/or assistance in educating patients on the risks and benefits. This must be done prior to leaving the patient. EMS personnel shall not make base contact for documentation purposes only AFTER leaving the patient.

**II. Individual lacking decision-making capacity or a Minor (requiring parental consent)**

- A. The patient should be transported to an appropriate receiving facility under implied consent. A 5150 hold is not required.
- B. If EMS personnel determines it is necessary to transport the patient against their will and the patient resists, or the EMS personnel believe the patient will resist, assistance from law enforcement should be requested in transporting the patient. Law enforcement may consider the placement of a 5150 hold on the patient but this is not required for transport.

- C. Law enforcement should be involved whenever EMS personnel believe a parent or other legal representative of the patient is acting unreasonably in refusing immediate care and/or transport.

### **III. Patients Released at Scene**

- A. EMS personnel shall ensure that the patient does not have an ongoing emergency medical condition and that they have the capacity to decline transport.
- B. Patients with the following high-risk features are not appropriate for Release at the Scene and should be transported:
  - i. Extremes of age ( $\leq 12$  months or  $\geq 70$  years old)
  - ii. Abnormal vital signs
  - iii. High-risk chief complaints including chest pain, shortness of breath, abdominal pain, gastrointestinal or vaginal bleeding, and syncope
- C. EMS personnel shall advise the patient to seek follow-up treatment or immediate medical care, including re-contacting 9-1-1 if they develop symptoms at a later time. The advice given should be documented on the Patient Care Record (PCR). The following statement is recommended: "It appears that you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider or a doctor's office or clinic within 24 hours. If you have new or worsening symptoms re-contact 9-1-1".
- D. EMS personnel should not require patients released at scene, including those treated and referred, to sign the release (AMA) section of the EMS ePCR, as this implies that the patient is at significant risk by not utilizing the EMS system for treatment and/or transportation.
- E. If the patient or the patient's legal representative requests that the patient be transported after assurances that transport is not needed; EMS personnel shall honor the requests and transport to the most appropriate hospital for patient.

### **IV. Documentation**

An EMS ePCR must be completed for each patient encounter, including those refusing emergency medical evaluation, care and/or transportation against medical advice and those released at scene. EMS personnel shall ensure that documentation includes, at a minimum, the following:

- A. Patient history and assessment, including absence of findings of an emergency medical condition.

- B. Description of the patient which clearly indicates their decision-making capacity
- C. For Refusal of Care Against Medical Advice (AMA):
  - 1. What the patient is refusing (i.e., medical care, transport)
  - 2. Why the patient is refusing care
  - 3. Risk and consequences of refusing care
  - 4. Statement that the patient understands the risks and consequences of refusing care
  - 5. Signature of patient or legal representative refusing care
  - 6. Patient's plan for follow-up care
  - 7. If patient is refusing to sign a signature from a witness preferably a family member.
- D. For Release at Scene:
  - 1. For Treat and Refer
    - a. Assessment for all adult and pediatric patients
    - b. Field treatments
    - c. Plan for follow-up care with their primary care physician or urgent care.
    - d. Instructions on when to access EMS
  - 2. For patients with no medical complaint and do not request for treatment, document situation and assistance required
- E. For Minors, document the relationship of the person(s) to whom the patient is being released

## V. Quality Improvement

All patient care records for patients who refuse medical care or transport, or who were Treated and Released without Base Contact shall have a case review by the EMS Provider Medical Director (or designee).