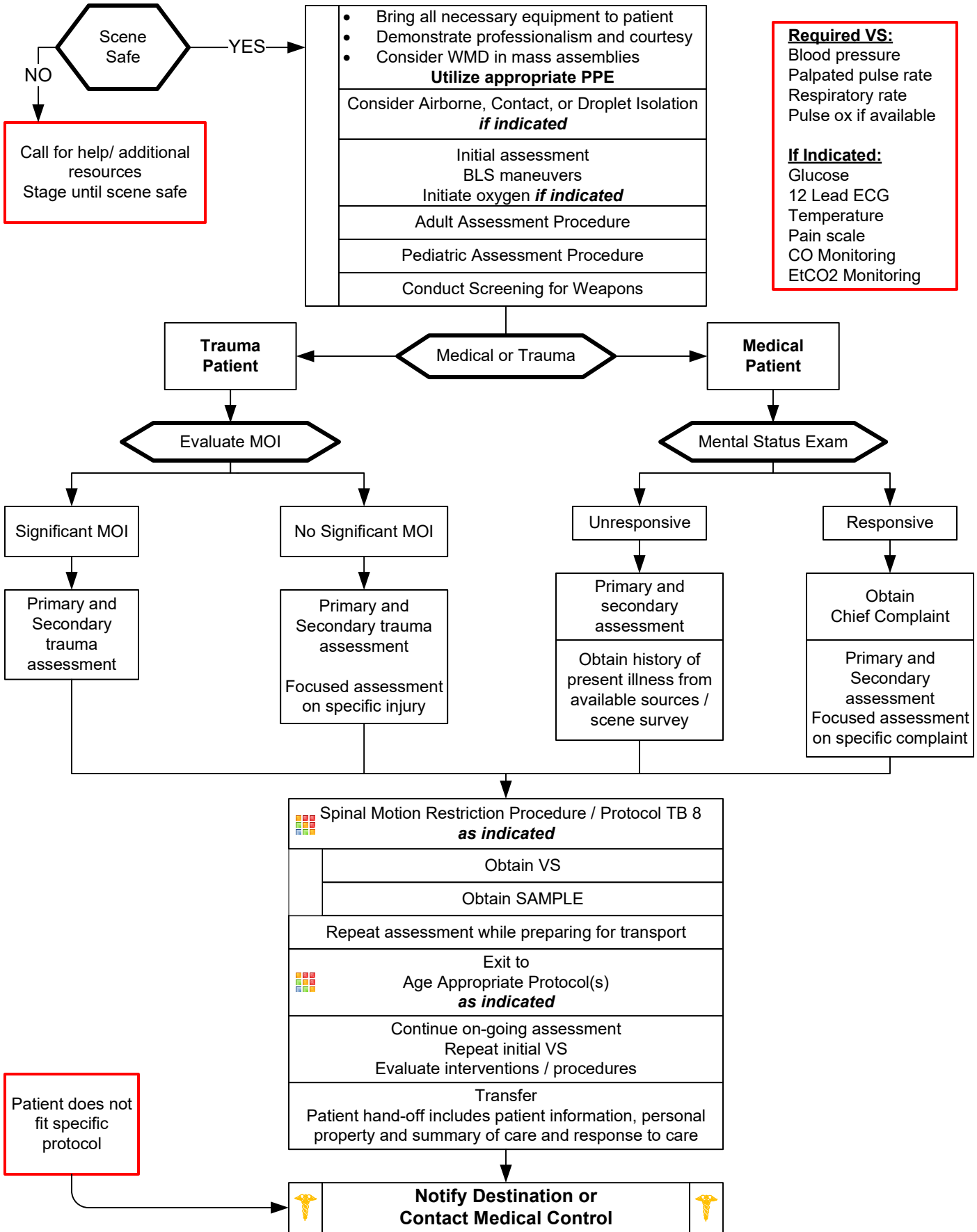




Universal Patient Care





Universal Patient Care

CAPACITY/REFUSAL CHECKLIST:

- Is the patient age >18 and/or emancipated minor?
- Can the patient retain and comprehend relevant information?
- Can the patient use information to make a choice?
- Is the patient NOT DANGEROUS to self or others (i.e. no suicidal or homicidal ideation)

- ***If all = "YES," then the patient has capacity to decline further care/transport.
- ***If any = "NO," then the patient does not have capacity to make his or her own medical decisions.

- Document these concepts clearly in your narrative- simply stating "alert and oriented" is not sufficient.
- Refer to Medical Policy 2 – Definition of a Patient

Pearls

- **Recommended Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status with GCS, and location of injury or complaint.**
- **Any patient contact, which does not result in an EMS transport, must have a completed Patient Care Report.**
- **Vital signs should be obtained before, 10 minutes after, and at patient hand off with all pain medications.**
- **Two complete vital sign acquisitions should occur at a minimum with any patient encounter.**
- **Patient Refusal (Declining Treatment and/ or Transport):**
Patient refusal is a high risk situation. Encourage patient to accept transport to medical facility. Encourage patient to allow an assessment, including vital signs. Documentation of the event is very important including a mental status assessment describing the patient's capacity to refuse care.
Guide to Assessing capacity:
C: Patient should be able to communicate a clear choice: This should remain stable over time. Inability to communicate a choice or an inability to express the choice consistently demonstrates incapacity.
R: Relevant information is understood: Patient should be able to voice a factual understanding of the illness/ injury, the options, and the risks and benefits of recommended treatment or transport.
A: Appreciation of the situation: Ability to communicate an understanding of the facts of the situation. The patient should be able to recognize the significance of the outcome potentially from their decision.
M: Manipulation of information in a rational manner: Demonstrate a rational process to come to a decision. Should be able to describe the logic they are using to come to the decision, though you may not agree with decision.
- **Pediatric Patient General Considerations:**
A pediatric patient is defined by fitting with a Pediatric Medication/ Skill Resuscitation System, Age ≤ 15, weight ≤ 49 kg.
Special needs children may require continued use of Pediatric based protocols regardless of age and weight. Initial assessment should utilize the **Pediatric Assessment Triangle** which encompasses Appearance, Work of Breathing and Circulation to skin.
The order of assessment may require alteration dependent on the developmental state of the pediatric patient. Generally the child or infant should not be separated from the caregiver unless absolutely necessary during assessment and treatment.
- Timing of transport should be based on patient's clinical condition and the agency transport policy.
- Consider consultation with Medical Control for patient(s) refusing treatment/ transport.
- Blood Pressure is defined as a Systolic/ Diastolic reading. A palpated Systolic reading may be necessary at times.
- SAMPLE: Signs/ Symptoms; Allergies; Medications; PMH; Last oral intake; Events leading to illness/ injury