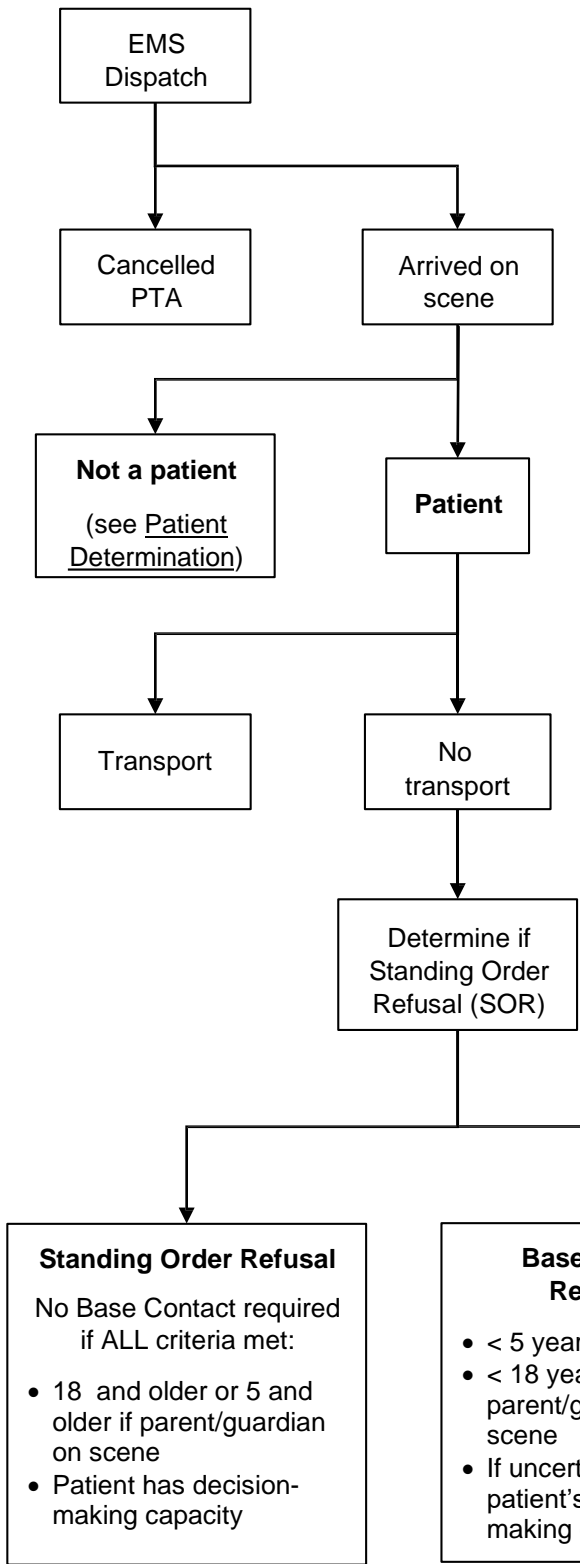


**G008 LFD GENERAL GUIDELINES: PATIENT NON-TRANSPORT OR REFUSAL**



**A person who has decision-making capacity may refuse examination, treatment and transport**

Refer to 0003: General Guidelines: Consent for complete decision-making capacity guidelines

A person is deemed to have decision-making capacity if he/she has the ability to provide informed consent, i.e., the patient:

1. Understands the nature of the illness/injury or risk of injury/illness
2. Understands the possible consequences of delaying treatment and/or refusing transport
3. Given the risks and options, the patient voluntarily refuses or accepts treatment and/or transport.

If in doubt about patient decision-making capacity, **CONTACT BASE** for physician consult.

For potentially intoxicated patients, refer to 4015 Alcohol Intoxication

- Documentation Requirements for Refusal**
- Confirm decision-making capacity
  - EMS assistance offered and declined
  - Risks of refusal explained to patient
  - Patient understands risks of refusal
  - Name of Base Station physician authorizing refusal of care unless standing order refusal
  - Signed refusal of care against medical advice document, if possible
  - Any minor with any complaint/injury is a patient and requires a PCR

**Standing Order Refusal**

No Base Contact required if ALL criteria met:

- 18 and older or 5 and older if parent/guardian on scene
- Patient has decision-making capacity

**Base Contact Required**

- < 5 years old
- < 18 years old unless parent/guardian on scene
- If uncertain about patient's decision-making capacity

**High Risk Patients**

Base contact is strongly recommended whenever, in the clinical judgement of the EMS provider, the patient is at high risk of deterioration without medical intervention.