

**Northwest Community EMS System**  
**Continuing Education Class Credit Questions for October 2015**  
**Refusal of Service**

Name (PRINT):	Date submitted:
Affiliation:	Rating: [    ] Complete    [    ] Incomplete

**Reminder:** You must schedule with your assigned hospital EMS Coordinator/educator or their designee to submit this packet for approval as completed.

**The answers are found in the October 2015 class handout, independent materials, NWC EMSS Policy Manual, and/or the SOPs.**

1.     What is the overarching goal for EMS when treating patients whether they request transport to a facility or refuse service? (PP slide)  
  
\_\_\_\_\_
2.     In compliance with the R-6 Refusal policy, how is a patient defined? (PP slide)  
  
\_\_\_\_\_
3.     When a person becomes a patient, as defined by policy, what rights are they entitled to have?  
  
\_\_\_\_\_
4.     Once a person is deemed to be a patient with decisional capacity, what must be done by EMS personnel prior to treatment being rendered?  
  
\_\_\_\_\_
5.     Informed consent of refusal involves the disclosure of risk. In accordance with EMS policy, what 4 areas must be explained before considered to be effective? (Policy R-6)  
  
\_\_\_\_\_
6.     Consider the patient who is refusing any assessment including VS and 12 lead ECG for their complaint of chest pain. How would you explain to the lay person the need to assess VS including a blood pressure and 12 lead ECG?  
  
\_\_\_\_\_

7. Successful malpractice lawsuits have become common place in EMS; this is why the discussion of refusals is being addressed.

TRUE

FALSE

8. \_\_\_\_\_ is the basis for evaluating a claim of negligence. (PP)

9. In what type of situation would the law of implied consent come into play for EMS involving a pt/provider relationship? (Policy R-6)

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10. What 4 criteria must be met before negligence is proven? (Policy/PP)

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11. Give an example for each criteria.

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12. Discuss and contrast decisional capacity vs. competency giving examples for each.

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13. Define abandonment in accordance with system policy.

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14. For July 2015, what is the system statistic through the PBPI committee for non-compliance of calling OLMC for high risk refusals?

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15. Identify three situations in which it is contraindicated for EMS to obtain a refusal for individuals in accordance with system policy.

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16. Define decisional capacity.

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17. Define:

Minor- \_\_\_\_\_

Adolescent- \_\_\_\_\_

**Scenario #1: EMS is called to the park for a 10 yo person riding his bike through the park & fell. Upon evaluation, the pt is awake and alert, with the ONLY c/o pain to his ankle for which is noted a small hematoma with + distal pulse. What should be done regarding the following?**

18. If this pt does not want to go to the hospital, in accordance with policy, does he need to be transported?

Why or why not? \_\_\_\_\_

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19. Who does EMS need to contact and for what purpose?

A. \_\_\_\_\_

B. \_\_\_\_\_

20. What is the responsibility of EMS if parental consent cannot be obtained?

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21. What would EMS do in the situation of a neighbor who was walking through the park, noted the child injured and came over to offer to take him home?

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**Scenario #2: EMS is called to a home for a (71) elderly pt that was found sitting on floor next to his bed, stating "I missed the bed and wound up on the floor!" A 24 hour live in caregiver is present offering minimal information but stating that pt. has early onset of dementia and at night sundowns.**

22. If pt. has a GCS of 14, is he allowed to refuse care?

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23. What steps should EMS take to ensure a proper documentation for this refusal of service? Who can sign?

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24. How would the situation change if the pt. appeared to be unkempt and multiple injuries were found in different stages of healing?

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25. How would the situation change if there was no caregiver present and the pt appeared unkempt?

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26. What services are available in your community for individuals that need additional help and want to remain at home?
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27. Would OLMC need to be contacted if this pt met criteria for refusal of service? Based on what criteria?
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**Scenario #3: EMS is called to a home for an adult pt that was found sitting at kitchen table with an altered mental status. Spouse present, stating "I tried to get him to eat something, but he stopped talking to me!" Wife states that the husband has a hx. Of DM type 1 and takes his insulin each morning before she makes breakfast for him. This morning she woke late and he had already taken his meds.**

28. What treatment should be done by EMS as a result of this information?
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29. Half way through treatment, the patient starts to become oriented, wondering why EMS is there. Pt is now fully awake and alert, GCS 15 stating no complaints. What assessment/treatment should be done by EMS?
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30. Can this pt refuse to be transported?
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31. What documentation must be done for this pt?
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32. Would OLMC need to be contacted if this pt met criteria for refusal of service? Based on what criteria?
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**Scenario #4: EMS is called to a backyard barbeque for the person who injured their arm on a grill. Upon arrival to a single family home, approximately a dozen individuals are present with "brats and beer." A friend called for the adult pt who was walking and tripped over a rock catching herself by holding her arm out and hitting it on the grill. EMS notes an ~1% superficial burn (redness) w/ additional area of blistering (a 2" line where arm hit the side of grill). The pt is found with a beer in hand, admitting to drinking, but not wanting to be transported to the hospital. The pt is calm and rational, aware of the situation and able to recall events without difficulty.**

33. Is this person a pt? If so, what should be done?
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34. Can this person refuse transport? Why or why not?
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35. How can decisional capacity be assessed in this patient? (Hint: p. 25 SOP bottom note)

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**Scenario #5: 17 year old restrained driver with a 13 year old brother who is the backseat unrestrained passenger driving on a residential road struck a parked car. Posted speed limit ~ 25 MPH. Upon EMS arrival, both pts are awake and alert, oriented. The driver c/o NO injury. She was texting and the car swerved into a parked car, hitting the mirror and front left quarter panel of the parked car. The backseat passenger's only injury is an abrasion to the L forehead and L shoulder where his body hit the side door.**

36. For the 17 yo driver, can this person refuse transport? Why or why not?

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37. What, in accordance with policy, must be completed for this pt? Do the parents need to be contacted? Come to scene? Give consent?

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38. For the 13 yo backseat passenger, can this person refuse transport? Why or why not?

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39. What, in accordance with policy, must be completed for this pt? Do the parents need to be contacted? Come to scene? Give consent?

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40. Does OLMC need to be contacted for each of these pts?

17 yo driver: \_\_\_\_\_

13 yo passenger \_\_\_\_\_

Is there anything that remains unclear about your practice as it pertains to refusal of service for pts in EMS?

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**Scenario****1**

Called to the park for a 10 yo pt riding his bike through the park to the store to get milk & fell.

Scene size-up	10 yo male pt on ground holding his ankle appears in pain
	1 pt and adult neighbor standing over him
	No additional hazards
AVPU	A-walking up on grassy area; hobbling over to park bench.
Primary survey	Airway, breathing and circulation intact with no deficits.
GCS	15
Affect	<b>Not</b> screaming or hyperventilating. States that he didn't see the big tree root & fell off his bike twisting his foot.
Behavior	Keeps saying, "Ooh, this hurts, but I'm ok."
Cognition	When completing assessment, he states, "owowow." He is able to ambulate on it.
VS	BP 106/72; HR 98; R 18
Secondary survey	R ankle w/ hematoma; + distal pulse; otherwise unremarkable
PMH	none
Age of pt	Minor
Can this pt refuse?	NO; parents <b>CANNOT</b> be reached to consent.
Does a PCR need to be completed?	
Does OLMC need to be contacted?	

19 yo – neighbor/friend is walking through the park after playing basketball and sees what happened. He states that he is willing to take him in his own car home or to the hospital, whichever the 10 yo prefers.

**Scenario****2**

EMS is called to a home for a (71) elderly pt that was found sitting on floor next to his bed, stating “I missed the bed and wound up on the floor!”

Scene size-up	Adult elderly person found awake and alert, sitting on carpeted floor of bedroom stating that he was coming back from the bathroom when he attempted to get back into bed, missing it and sliding to the floor.
	1 pt with adult caregiver sitting next to him on floor
	Table lamp found on the floor next to the pt as well
AVPU	A-sitting on floor not saying much unless asked a question
Primary survey	Airway, breathing and circulation intact with no deficits.
GCS	14-not quite sure of his surroundings but see PMHx
Affect	Normal
Behavior	Quiet
Cognition	Looking around not sure why EMS is present; looks to his caretaker for additional answers
VS	BP 156/82; HR 70; R 12
Secondary survey	Old bruise to shin; otherwise unremarkable
PMH	Early onset dementia, difficulty hearing, arthritis
Age of pt	Elderly ( > 65 yo)
Can this pt refuse?	
Does a PCR need to be completed?	
Does OLMC need to be contacted?	

Are there additional resources available to this pt in your community?

**Scenario****3**

EMS is called to a home for an adult pt that was found sitting at kitchen table with an altered mental status. Spouse present, stating "I tried to get him to eat something, but he stopped talking to me!"

Scene size-up	Adult person found sitting in chair; eyes open staring out ahead not verbally responsive to verbal stimuli.
	Spouse sitting next to pt at table trying to get him to drink oj
AVPU	P-non-verbal w/ eyes glazed over not appearing to comprehend
Primary survey	Airway, breathing and circulation intact with no deficits.
GCS	Staring into space, nonverbal, not moving ext. to command
Affect	unknown
Behavior	Quiet
Cognition	Looking into space nonverbal
VS	BP 136/82; HR 92; R 12; BGL 42
Secondary survey	unremarkable
PMH	HTN, high cholesterol, DM
Age of pt	Elderly ( < 65 yo)
Can this pt refuse?	
Does a PCR need to be completed?	
Does OLMC need to be contacted?	



**Scenario****4**

EMS is called to a backyard barbeque for the person who injured their arm on a grill.

Scene size-up	Adult person found awake & alert, sitting in lawn chair stating that she tripped on uneven grass catching herself on the grill w/ her arm.
	1 pt with a dozen other people in the backyard for a party
	Alcoholic beverages noted being served
AVPU	A-sitting on chair swearing loudly that this hurts bad and giggling as the others are teasing
Primary survey	Airway, breathing and circulation intact with no deficits.
GCS	15
Affect	Upset with c/o pain.
Behavior	Beer in one hand & ice wrapped around injured arm. No slurred speech or inappropriate behavior, just a bit giggly.
Cognition	When completing assessment, she states, "thanks boys for coming!" "I can't believe how stupid I am."
VS	BP 146/72; HR 90; R 18
Secondary survey	~1% superficial burn (redness) w/ additional area of blistering (a 2" line where arm hit the side of grill)
PMH	HTN, ↑ cholesterol
Age of pt	Adult (less than 65 yo)
Can this pt refuse?	
Does a PCR need to be completed?	
Does OLMC need to be contacted?	

**Scenario****5**

17 year old restrained driver with a 13 year old passenger driving on a residential road struck a parked car. Posted speed limit ~ 30 MPH.

Scene size-up	Right side of back passenger door is scraped and car turned sideways in front of the parked car.
	2 patients
	No additional hazards
AVPU	A-Driver slightly (minimal) anxious as she was texting while driving brother to practice in her parents car.
Primary survey	Airway, breathing and circulation intact with no deficits.
GCS	15
Affect	Upset but appropriately so; not screaming or hyperventilating
Behavior	Keeps asking, "is my brother alright?" and "how am I going to explain this to my parents?"
Cognition	When completing assessment, she states, "My parents are going to kill me."
VS	BP 116/68; HR 100; R 20
Secondary survey	Driver denies any c/o injury; no injuries found on physical assessment.
PMH	ADHD
Age of pt	Driver-adolescent; Passenger-see below
Can this pt refuse?	
Does OLMC need to be contacted?	

**Patient #2 passenger**

AVPU / GCS	Alert; 15, calm and cooperative
Complaints	Has a hematoma to his L parietal area of head from hitting the side window. Also c/o L shoulder hurting as he was not wearing his seatbelt. Minor abrasion. Pupils PERL; no other injuries noted.
VS	BP 106/70; HR 90; R 18
PMH	None
Age of pt	passenger-adolescent
Can this pt refuse?	
Does OLMC need to be contacted?	
Transport decision	
Parental call	