



# Travis County Emergency Services District 5 - Manchaca Fire/Rescue Patient Refusal



## DETERMINATION OF DECISION-MAKING CAPACITY

<b>Patient is able to express in their own words the following:</b>		
An understanding of the nature of their illness	YES	NO
An understanding of the risks of refusal, including death	YES	NO
Patient can provide rationale for the refusal and debate this rationale	YES	NO
<b>A patient with any of the following MAY lack decision-making capacity and should be carefully assessed for their ability to perform the above. If any questions exist about the patient's capacity, contact Medical Control</b>		
Orientation to person, place or time that differs from baseline	YES	NO
History of drug/alcohol ingestion with appreciable impairment such as slurred speech or unsteady gait	YES	NO
Head injury with LOC, amnesia, repetitive questioning	YES	NO
Medical condition such as hypovolemia, hypoxia, metabolic emergencies (e.g., diabetic issues), hypothermia	YES	NO

HIGH RISK REFUSALS – CONTACT WITH MEDICAL CONTROL RECOMMENDED		
Age greater than 65?	YES	NO
Systolic BP >200 or <90?	YES	NO
Serious Chief complaint (chest pain, SOB, syncope)?	YES	NO
Pulse >110 or <60?	YES	NO
Respirations >30 or <12?	YES	NO
Significant MOI or high suspicion of injury?	YES	NO
Responder impression that pt requires hospital eval	YES	NO

REFUSAL OF CARE/TREATMENT CHECKLIST (the following need to be documented in the PCR)		
Patient ≥18 or emancipated minor	YES	NO
Patient demonstrates capacity (see above)	YES	NO
Solutions to obstacles have been sought	YES	NO
Patient instructed to call back at any time	YES	NO
Patient not suicidal or homicidal	YES	NO
Patient understands evaluation is incomplete	YES	NO
Patient instructed to seek medical attention	YES	NO

## STATEMENT OF REFUSAL – TO BE COMPLETED BY PATIENT OR PATIENT'S REPRESENTATIVE

I (we) acknowledge the I (we) refuse  recommended examination or treatment and/or  ambulance / air transportation to the closest appropriate hospital emergency department for:  myself  minor less than 18  other: \_\_\_\_\_, to preserve life/limb or promote recovery of health. I (we) hereby accept all responsibility connected with this refusal and release TDSHS FRO# 300505, and or Travis County Emergency Services District #5 / Manchaca Fire/Rescue, their respective officials, Medical Director, employees and first responders, the City of Austin, and their respective employees, officials, and Medical Director, from any and all liability or claims resulting from any such refusal of advised examination, care and/or transportation.

**I understand that I should immediately contact the EMS system via 911 (or appropriate number if no 911 system is available), my personal physician, or emergency department physician should further medical care be required.**

Patient or Patient Representative – Signature

Patient or Patient Representative – Date of Birth

Patient or Patient Representative – Printed Name

## WITNESS SIGNATURES Section 1 is required for all refusals, Sections 1 and 2 are required for patients deemed competent but refusing to sign the refusal form

<b>Section 1</b>	Witness – Signature (must be of legal age)	Witness – Printed name	Date
	<b>Section 2</b>	Responder – Signature	Responder – Printed name