

TRAVIS COUNTY EMERGENCY SERVICE DISTRICT No. 1
PATIENT CARE RECORD / REFUSAL

DISPATCH ___:___:___ ENROUTE ___:___:___ ONSCENE ___:___:___ CLEAR ___:___:___

PATIENT INFORMATION

DATE: _____ LOCATION: _____

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ MALE

_____ FEMALE

PHONE: _____ CELL / HOME

VITALS

TIME: _____ B/P _____ PULSE _____ RESP _____ SpO2 _____ BSL _____

TIME: _____ B/P _____ PULSE _____ RESP _____ SpO2 _____ BSL _____

TIME: _____ B/P _____ PULSE _____ RESP _____ SpO2 _____ BSL _____

CHIEF COMPLAINT: _____

IMPRESSION

CONSCIOUSNESS: ALERT VERBAL PAIN UNCONS A / O x _____

BLEEDING: NONE MIN MOD SEV AMOUNT _____

PAIN: NONE MIN MOD SEV SCALE _____

PUPILS: EQUAL UNEQUAL CONSTRIC DILATED NON-REAC

RESPIRATION: NORMAL RAPID SHALLOW LABORED ABSENT

SKIN: COOL WARM DRY MOIST DIAPHORETIC

SKIN COLOR: NORMAL PALE CYANOTIC FLUSHED MOTTLED

MEDICAL HISTORY: _____

MEDICATIONS: _____

ALLERGIES: _____

TREATMENT: _____

RESPONDERS: _____

TRAVIS COUNTY EMERGENCY SERVICE DISTRICT No. 1 PATIENT CARE RECORD / REFUSAL

INCIDENT LOCATION: _____ INCIDENT #: _____ DATE: _____

NARRATIVE: _____

TCESD #1 Patient Refusal of Emergency Medical Treatment and/or Transport

Medical Decision Making Capacity / To be completed by EMS Responder

Is the patient experiencing a new onset of altered mental status?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the patient suffering from signs and/or symptoms of Traumatic Brain Injury (TBI)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the patient experiencing active suicidal ideation or showing evidence of recent self inflicted harm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the patient present as a significant life-threat to self or others (i.e., unable to care for minor(s) in their charge, continually attempts to enter an unsafe area, or exhibits unsafe behavior)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a communications barrier present or is the patient unable to understand information in order to make an informed decision or communicate a choice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the patient unable to comprehend the current situation and its consequences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If YES is answered to any of the above questions, and the patient is refusing EMS treatment and/or transport, they may not have adequate decision-making capabilities. Contact a Supervisor and/or Law Enforcement for resolution and patient disposition

Statement of Refusal / To be completed by patient to patient representative

I (we), acknowledge having been advised by the Emergency Medical Service (EMS) Providers that described treatment(s) and/or transportation is recommended and that significant risk(s) could be involved with refusal of EMS treatment and/or transportation, including but not limited to; exacerbation of present complaint / condition / injury, or the possibility of significant disability and/or death occurring from refusal of emergency medical care or transportation.

I (we), hereby certify that I (we) refuse recommended examination or treatment and/or ambulance / air transport to the closest appropriate hospital emergency department. I (we) hereby accept all responsibility connected with this refusal and release TCESD #1, their respective officials, employees and first responders, 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 emergency number if no 911 system is available), my personal physician, or emergency department physician should further medical care be required.

X

_____	_____	_____	_____
Patient or Representative - Signature	Patient or Representative - Print	Patient or Representative - DOB	Date

Signature on this document acknowledges receipt of the Patient Privacy Notice

Witness Signatures	Section 1 required for all Refusals / Section 1 and 2 required for patients deemed competent but refusing to sign form		
Section 1	Witness - Signature (Must be of legal age)	Witness - Print	Date
Section 2	Responder Signature	Responder - Print	Date