



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## Medical Directorate

### Guidance Document: Patient Refusal of Care Version 1.1 Revised September 2014

The following is a guide to all staff on management of patient refusal of care. Please note that, with the exception of the pilot Treat and Discharge programme currently underway in the South – East, all patients of the NAS must be transported to hospital unless they a) decline treatment and transport and b) they have the capacity to make that decision.

The following points serve to protect patients as well as aid staff in managing patients that decline transport to hospital.

#### Documentation on the PCR of all the information outlined below is mandatory.

1. All patients responded to by the National Ambulance Service should be transported to the most appropriate receiving facility. Currently, no NAS staff member has the authority to decide that a patient does not require transport to hospital.
2. NAS recognises that a minority of patients will refuse clinical care and/or transport.
3. Staff should make all reasonable efforts to transport the patient, including explaining clearly the potential consequences of refusing transport.
4. Staff should enlist, where available, the assistance of family members, friends or work colleagues in persuading the patient to travel to hospital.
5. Assistance from other sources should be considered, where appropriate-this **may** include, depending on the circumstances,
  - a. Ambulance Officer
  - b. Advanced Paramedic
  - c. An Garda Síochána
  - d. Patient's General Practitioner
6. Patients refusing care must have the following clinical data, **at a minimum**, recorded on the Patient Care Report
  - a. **Two** full sets of vital signs-pulse, blood pressure, respiratory rate, oxygen saturation, temperature, Glasgow Coma Scale;
  - b. Blood glucose;
  - c. Chief complaint;
  - d. Clinical impression.

Refusal by the patient to allow staff to measure vital signs should be recorded on the PCR.

7. Staff should determine the patient's capacity to make decisions regarding his/her own care. If the patient demonstrates a lack of capacity, it may, depending on circumstances, be appropriate to transport the patient against

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their will for further assessment in hospital. Examples of this include patients who are an immediate risk to themselves or others, or patients whose decision making capacity is impaired by such things as hypoxia, hypovolaemia, traumatic brain injury etc. This is not an exhaustive list.

Assistance from An Garda Siochana **must** be sought in these circumstances.

8. Where a patient refuses care, staff must complete the "Practitioner Aid to Determine Decision Making Capacity" section on the PCR.
9. **Staff should also record, as free text, the following:**
  - a. **The consequences of refusal of care have been explained to the patient;**
  - b. **The patient understands these consequences;**
  - c. **The patient, in the opinion of the staff member, has decision making capacity.**

Example: "Patient received blow to head. Potential complications of this explained (brain haemorrhage, coma, death). Patient understands. In my opinion patient has capacity. Advised to contact GP, attend Emergency Department or call 999 at any time if he changes his mind. Patient left in care of sister Mary"

10. If a GP has seen the patient and requested transport from NAS, and the patient subsequently refuses transport, the GP must be made aware that their patient is not travelling to hospital.
11. Ambulance Control must be informed of all patients that decline treatment or transport.

**Dr Cathal O'Donnell,  
Medical Director,  
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