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Medical Directorate

Patient Non - Transport

December 2020

The following is a guide to all staff on management of patient non transport.

Please note that all patients of the NAS must be transported to hospital unless they: a) decline transport and b) they have the capacity to make that decision.

The only exceptions are i) possible COVID19 patients as per NAS guidance on these patients; ii) patients attended to by Community Paramedics or other NAS non – conveyance programmes.

Patients are entitled to decline transport or treatment, and patient's wishes in this regard must be respected. Patients should not be encouraged to decline transport, and should not be advised that they do not need to go to hospital. NAS practitioners, other than Community Paramedics or practitioners assigned to NAS non – conveyance programmes, are not permitted to decide that a patient does not need to go to hospital.

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

Documentation on the ePCR 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 except in the specific situation where the patient meets the case definition of COVID 19 and is clinically well, as per the provisions of NAS guidance for these patients.**
2. NAS recognises that some patients will refuse clinical care and/or transport. Patients are entitled to make that decision, once the consequences of this have been explained to them. *"The patient has the right to be wrong"*.
3. Practitioners should make all reasonable efforts to transport the patient, including clearly explaining the potential consequences of refusing transport.
4. In circumstances where practitioners feel that a patient's refusal of transport may result in a poor outcome, practitioners should consider enlisting the assistance of family members, friends or work colleagues in persuading the patient to travel to hospital. Assistance may also be helpful from other



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sources eg Ambulance Officer, Advanced Paramedic, An Garda Siochana or the patient's General Practitioner – it is recognised that these may not be available all of the time.

5. Patients refusing care or transport must have the following clinical data, **at a minimum**, recorded on the Electronic 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. Working Diagnosis.

Patients may refuse to allow practitioners to measure vital signs - refusal by the patient to allow staff to measure vital signs should be recorded as free text on the ePCR.

6. 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, **in exceptional circumstances**, be appropriate to transport the patient against 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.
7. Where a patient refuses care, staff must complete the "Practitioner Aid to Determine Decision Making Capacity" section on the ePCR.

8. Staff should also record, as free text, the following:

- a. **The consequences of refusal of transport 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"

9. NEOC must be informed of all patients that are not transported.
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. The practitioner should request NEOC to do this.
11. A printed copy of the ePCR must be provided to your station supervisor for audit in all cases of patient non - transport.
12. **Failure to adhere to the provisions of this document will be taken seriously, and may result in disciplinary action and/or removal of your authorisation to practice.**

**Professor Cathal O'Donnell,
Clinical Director,
December 2020.**