

CPER digest

March 2017

You are on scene with a 40 year old male patient who was the belted driver of a vehicle that had hit a median. The patient reports that he had lost control of the vehicle when he hit a patch of black ice. He was travelling approximately 50 km/hr and his airbags had deployed. You note minor damage to the front end of the driver side, with no intrusion into the vehicle. The patient had self extricated and is complaining of minor neck and shoulder stiffness. He states that he does not want to go to the hospital for further assessment.

What are your next steps? If you said, complete your assessment (as able), you are correct! As well, you begin to consider the requirements and documentation for a Refusal of Service. As per the Ontario Documentation Standards (Version 3.0, Part 3), “the paramedic who has made contact with, assessed, and/or provided patient care to an individual, shall be responsible for completing the ACR.”

You begin to gather pertinent information to complete the demographic, clinical and physical exam sections on the eACR while your partner establishes a full set of vital signs including heart rate, respiratory rate, SPO2, blood pressure, GCS, pupils, skin colour/condition and pain scale. A baseline 3 lead ECG may also be appropriate if the patient exhibits any abnormal vital signs such as RR < 10/min or > 30/min, SBP < 90mmHg, HR > 120bpm or < 60bpm or if there are alterations in rhythm pattern.

Your assessment reveals that the patient is stable with no relevant past medical history. He continues to refuse further treatment and transport. You advise the patient of the associated risks of not being transported for further assessment and/or treatment and discuss the alternatives available to him if further concerns arise (call the ambulance back, follow up with family physician, walk in/after hour clinics, Emergency Department). This discussion, along with confirmation that the patient understands and appreciates the associated risks and alternatives available to them is paramount as part of the Aid to Capacity Evaluation in all Refusal of Service calls.

As the patient continues to refuse further treatment and transport, you advise your partner to complete another assessment of the patient’s vital signs. Not only is this a requirement as per the BLSPCS, it serves as a confirmation of the patient’s status at the time of final refusal. A Refusal of Service needs to be thorough and we encourage spending time on scene to ensure assessment and observation is completed so that the patient can make an informed decision regarding further intervention.

You obtain the appropriate signatures from both the patient and yourselves. If the patient refuses to sign the eACR, document the refusal and reason for failing to provide a signature.

Remember that there are other resources available to you to assist with a Refusal of Service when you feel that the patient should be transported and they are adamantly refusing (family members, patient’s family physician, Supervisor, BHP).