



Section 800: Reference Materials

Reference 801: Core Principles: Appropriate Patient Disposition

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- Rule #1: The goal of our EMS system is to manage life threats, assess and treat medical and trauma emergencies, reduce pain and suffering, and develop a disposition plan that is right for each patient.
- Rule #2: Patients are entitled to an accurate prehospital assessment of their illness or injury. They are entitled to an explanation of their disposition options, as well as the recommendation of EMS regarding these options, so that they can make the most informed decision about their own care.
- Rule #3: Competent adult patients, legal representatives of patients, or parents of minor patients may refuse medical care, or may be released at scene.
- Rule #4: Competency must be established on a patient- and situation-specific basis.
- Competent patients understand the ramifications of their illness or injury, and can apply reasonable, logical thought to determining the correct course of action to manage it.
 - Patients should not be judged incompetent to make medical decisions simply because they have ingested drugs or alcohol. The degree of their impairment from this ingestion must be assessed.
 - Patients have a right to disagree with a responder's medical opinion; even in the face of apparently life-threatening conditions, competent adult patients have the right to refuse medical care and transport, and the right to direct their own medical care.
- Rule #5: Consent is the prerequisite of all patient care and must be obtained before care can be rendered. Competent adult patients have the right to give or withhold consent to any aspect of medical care, including transport. Consent may be expressed, implied, or substituted.
- Rule #6: When responders are faced with a sick or injured dependent patient who requires treatment in the absence of a consenting adult, responders will proceed with treatment, as this is in the best interest of the patient.
- Rule #7: Patient disposition includes the following options:



- **Ambulance/Air transport to an ED or regional specialty center.** Patients should be transported by ambulance (ground or air) to hospital emergency departments or regional specialty centers (most commonly trauma centers) when they present with acute illnesses or injuries requiring continued prehospital treatment or medical monitoring. Generally, all Status 3 or above patients should be transported by ambulance. Patients who request ambulance transport – no matter their clinical status- should also be transported, though responders may still offer alternate disposition options.
- **Against Medical Advice (AMA):** Patients who are refusing care and/or transport should be AMA'ed when responders believe these patients require continued substantive prehospital treatment or medical monitoring due to the nature or severity of their complaints, comorbidities, or mechanism of injury or illness. In this instance responders disagree with the patient's decision to discontinue prehospital EMS care and monitoring. They believe that the patient has a substantial risk for a poorer medical outcome by refusing this continued EMS care and monitoring.
- **Release at Scene (RAS):** Patients may be released at scene when responders and the patient believe that the patient does not need continued medical monitoring or further prehospital EMS intervention, and, if necessary, has an appropriate alternate plan for timely medical follow-up. This plan for medical follow-up must meet the medical needs of the patient, and must be realistic, considering the availability of other medical services in the County, and the patient's ability to access these services. A sensible alternative medical plan that is clearly documented in the medical record and agreed to by both the patient and responders is the key to reducing the medical and legal liability for all involved in the call.
- **Delayed Disposition:** Delayed disposition may occur when a patient must wait for EMS resources or transportation to an appropriate medical destination. This may occur after the patient's condition has been triaged by NetCom and the patient's low acuity dictates that EMS resources should first handle higher priority calls. This may also occur after EMS first responders arrive at scene, evaluate the patient, and determine that ambulance transport can be delayed for the EMS system to handle higher priority calls. Additionally, patient disposition may be delayed while the patient awaits either EMS or non-EMS transport to an alternate medical care destination.
- **Determination/Pronouncement of Death:** Determination or pronouncement of death as indicated by the patient's clinical presentation as well as by POLST / DNR / DPAHCD documentation are appropriate patient dispositions. Needless or hopeless resuscitation attempts should be avoided, if possible. Responders should attempt to help with sudden death grief counseling and should assist with arrangements for custody of the patient's body as appropriate (by contacting law enforcement, for example).

Rule #8 Any patient disposition decision made by a responder will be judged based on the prevailing standard of care – what a reasonable, prudent practitioner with the same training, and utilizing the same core principles and policies, would have done in the same circumstance.