

Collecting Patient Signatures:

	Signatures Required					
	Provider	Refusal	Billing Auth.	Facility		
Call Type				Receiving Signature	Paperwork Received	Airway Confirmation
Cancelled	✓					
Refusal	✓	✓				
Discharge	✓		✓		✓ (if transported to a care facility)	
Doc. Appt.	✓		✓	✓	✓ (if appointment card or other paperwork given)	
Transfer	✓		✓		✓ (if packet given)	
Scene Call	✓		✓	✓		
Intubated Patient	✓		✓	✓		✓

NOTE: All signatures require a printed name in the appropriate box, regardless of how legible the signature is.

Billing Authorization (Choose One)

Section I - Patient / Parent of Minor Authorization Signature

Section II - Authorized Representative Signature

Section III - EMS Personnel and Facility Signatures

Standard Signatures

Provider Signatures

Facility Signatures

Refusal

BILLING AUTHORIZATION SIGNATURES (NONE OF THESE SHOULD BE COLLECTED ON REFUSALS)

Collected in this section when the patient signs for themselves

Billing Authorization (Choose One)

Section I - Patient / Parent of Minor Authorization Signature

Section II - Authorized Representative Signature

Section III - EMS Personnel and Facility Signatures

Collected in this section if someone that is NOT RECEIVING HOSPITAL STAFF signs for the patient

Billing Authorization (Choose One)

Section I - Patient / Parent of Minor Authorization Signature

Section II - Authorized Representative Signature

Section III - EMS Personnel and Facility Signatures

You will need to select the Authorized Representative's relationship:

Patient's Legal Guardian

➤ This should be self-explanatory

Patient's Medical Power of Attorney

➤ This should be self-explanatory

Relative or other person who receives benefits on behalf of the patient

➤ Someone who manages a patient's affairs because they are unable to

Relative or other person who arranges treatment or handles the patient's affairs

➤ A caregiver that a patient lives with but there's no legal paperwork (POA)

Representative of an agency or institution that provided care, services or assistance to patient

➤ For patients with disabilities that live in managed care homes (i.e. Comcare)

Collected in this section when a facility receives a patient and no one else is available to sign (physical or mental disability, unresponsive patient, etc.)

Billing Authorization (Choose One)

Section I - Patient / Parent of Minor Authorization Signature

Section II - Authorized Representative Signature

Section III - EMS Personnel and Facility Signatures

This will require a signature from both you and receiving facility staff.

REFUSAL SIGNATURES

Collected in this section:

Standard Signatures

Provider Signatures

Facility Signatures

Refusal

CAPACITY ASSESSMENT:

Decision Making

- Presents a significant life threat to self or others
- Unable to understand information in order to communicate a choice
- Disoriented to person/place/time/event
- Possible ETOH/drug use
- Unable to determine
- Cleared capacity assessment

- I won't say this should NEVER be checked, but I can't think of a time it should be
- For patients with disabilities that live in managed care homes (i.e. Comcare)
- For patients with dementia, etc., this can be checked and their signature obtained, but **a witness signature is also required**
- If this is selected, **a witness signature is also required**
- Again, I won't say this should NEVER be checked, but I can't think of a time it should be
- For patients that meet the minimum score on the mini mental status exam

Medical

- | | |
|--|--|
| <input type="checkbox"/> Abnormal glucose | ➤ If a patient passes the mini mental status exam and this is present (low or high), be thorough in your documentation |
| <input type="checkbox"/> Abnormal pupils | ➤ If this is a relevant finding (trauma, possible CVA, etc.), this needs to be checked |
| <input type="checkbox"/> Abnormal SAO2 | ➤ “Abnormal” is relative. Be thorough in your documentation |
| <input type="checkbox"/> Altered level of consciousness (ALOC) | ➤ I won’t say this should NEVER be checked, but the times it probably should be are VERY few |
| <input type="checkbox"/> Known or suspected acute head trauma | ➤ Like pupils, if this is a relevant finding (trauma, possible CVA, etc.), this needs to be checked |
| <input type="checkbox"/> Severe Shortness of breath (SOB) | ➤ A witness signature is required or very thorough documentation if one is not available and this is checked |
| <input type="checkbox"/> Slurred speech | ➤ If this is normal for the patient, please document such in your narrative |
| <input type="checkbox"/> Unsteady gait | ➤ If this is normal for the patient, please document such in your narrative |
| <input type="checkbox"/> Unable to determine | ➤ I won’t say this should NEVER be checked, but I can’t think of a time it should be |
| <input type="checkbox"/> Cleared capacity assessment | ➤ I won’t say this should NEVER be checked, but I can’t think of a time it should be |

Medical Command

These should be self-explanatory, but should only be filled out if needed for refusals during which you needed to contact medical control

Patient Notifications

- | | |
|--|---|
| <input type="checkbox"/> Medical treatment/evaluation recommendation(s) | ➤ If you check this box, you should be documenting what recommendations you made that were refused |
| <input type="checkbox"/> Further harm could result without medical treatment or evaluation | ➤ This conversation should be happening on every refusal |
| <input type="checkbox"/> Transport by means other than ambulance could be hazardous in light of present illness/injury | ➤ If this is a relevant finding (trauma, possible CVA, etc.), this needs to be checked |
| <input type="checkbox"/> EMS preference to provide transport to the closest appropriate medical facility | ➤ For the patients that we know need a higher level of care but absolutely insist on local transport, it wouldn’t be a bad idea to check this box and get a signature |

Patient Refusals

Assessment

Treatment

Transport by EMS

Recommended Destination

- If you check this box, you should be documenting what recommendations you made that were refused
- If you check this box, it wouldn't be a bad idea to document what treatments you could have given that were refused
- This box can save your license if the patient decides to go POV and declines during self-transport
- If you transport the patient to a particular hospital due to their insistence when you have clearly communicated that they should go to an alternate destination (for example, a STEMI transported locally), it wouldn't be a bad idea to get a refusal signature just for this checkbox, even if your documentation reflects this. Maybe simply asking them to sign this refusal before transport might help them to change their mind regarding their destination...

IF PATIENT REFUSES TO SIGN

IF PATIENT REFUSES TO SIGN: I attest that the patient has refused care and/or transportation by the emergency medical services providers. The patient was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

If at all possible, this should be signed by another competent adult on scene (for example, the caller when the patient did not want us dispatched and refuses to give us any information)