4
Medical, Legal, and Ethical Issues
Figure 4-1  Certain procedures should be followed when a patient refuses care or transport. The checklist is from Spokane County Emergency Medical Services, Washington State.

<table>
<thead>
<tr>
<th>EMS PATIENT REFUSAL CHECKLIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT'S NAME: ____________________ AGE: ____________________</td>
</tr>
<tr>
<td>LOCATION OF CALL: ____________________ DATE: ____________________</td>
</tr>
<tr>
<td>AGENCY INCIDENT #: ___________ AGENCY CODE: ___________</td>
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<tr>
<td>NAME OF PERSON FILLING OUT FORM: ____________________</td>
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I. ASSESSMENT OF PATIENT (Check appropriate response for each item)

1. Oriented to:  
   - Person?  
     - Yes  
     - No  
   - Place?  
     - Yes  
     - No  
   - Time?  
     - Yes  
     - No  
   - Situation?  
     - Yes  
     - No  

2. Altered level of consciousness?  
   - Yes  
   - No  

3. Head injury?  
   - Yes  
   - No  

4. Alcohol or drug ingestion by exam or history?  
   - Yes  
   - No  

II. PATIENT INFORMED (Check appropriate response for each item)

   - Yes  
   - No  
   - Medical treatment/evaluation needed  
   - Ambulance transport needed  
   - Further harm could result without medical treatment/evaluation  
   - Transport by means other than ambulance could be hazardous in light of patient’s illness/injury  
   - Yes  
   - No  
   - Patient provided with Refusal Information Sheet  
   - Yes  
   - No  
   - Patient accepted Refusal Information Sheet  

III. DISPOSITION

   - Refused all EMS assistance  
   - Refused field treatment, but accepted transport  
   - Refused transport, but accepted field treatment  
   - Refused transport to recommended facility  
   - Patient transported by private vehicle to ____________________  
   - Released in care or custody of self  
   - Released in care or custody of relative or friend  

   Name: ____________________ Relationship: ____________________

   - Released in custody of law enforcement agency  
   - Agency: ____________________  
   - Officer: ____________________

   - Released in custody of other agency  
   - Agency: ____________________  
   - Officer: ____________________

IV. COMMENTS: ____________________

   ____________________
   ____________________
Figure 4-2  Example of a do not resuscitate (DNR) order.

**PREHOSPITAL DO NOT RESUSCITATE ORDERS**

**ATTENDING PHYSICIAN**
In completing this prehospital DNR form, please check part A if no intervention by prehospital personnel is indicated. Please check Part B if specific interventions by prehospital personnel are indicated. To give a valid prehospital DNR order, this form must be completed by the patient's attending physician and must be provided to prehospital personnel.

A) __________ Do Not Resuscitate (DNR):  
No Cardiopulmonary Resuscitation or Advanced Cardiac Life Support be performed by prehospital personnel

B) __________ Modified Support:  
Prehospital personnel administer the following checked options:
- Oxygen administration
- Full airway support: intubation, airways, bag-valve-mask
- Venipuncture: IV crystalloids and/or blood draw
- External cardiac pacing
- Cardiopulmonary resuscitation
- Cardiac defibrillator
- Pneumatic anti-shock garment
- Ventilator
- ACLS meds
- Other interventions/medications (physician specify)

Prehospital personnel are informed that [print patient name] should receive no resuscitation (DNR) or should receive Modified Support as indicated. This directive is medically appropriate and is further documented by a physician's order and a progress note on the patient's permanent medical record. Informed consent from the incapacitated patient or the incapacitated patient's legitimate surrogate is documented on the patient's permanent medical record. The DNR order is in full force and effect as of the date indicated below.

<table>
<thead>
<tr>
<th>Attending Physician's Signature</th>
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<table>
<thead>
<tr>
<th>Print Attending Physician's Name</th>
<th>Print Patient’s Name and Location</th>
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<tbody>
<tr>
<td>(Home Address or Health Care Facility)</td>
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<tr>
<th>Attending Physician's Telephone</th>
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<thead>
<tr>
<th>Date</th>
<th>Expiration Date (6 Mos from Signature)</th>
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Figure 4-3  Ambulance collisions cause injuries and may prompt lawsuits. © Canandaigua Emergency Squad
Figure 4-4  An EMT may be required to testify in court in a variety of legal settings. © Mark C. Ide
Figure 4-5  Example of a medical identification device (front).
Figure 4-5 (continued)  Example of a medical identification device (back).
Figure 4-6  Example of an organ donor form.

Valley General Hospital
Permission for
Organ Donation/Anatomical Gift
by an Individual Prior to Death

1. __________________________, currently residing at __________________________, being eighteen (18) years of age or older, do hereby make the following organ donation/anatomical gift to take effect upon my death:
   1. I give, if medically acceptable:
      ☐ My body
      ☐ Any needed organs or parts
      ☐ The following organs or parts: __________________________

2. I make this gift to Valley General Hospital or to physicians or institutions designated by them for the following purposes:
   ☐ Any purpose authorized by law
   ☐ Transplantation
   ☐ Therapy
   ☐ Medical Research and/or Education

3. I acknowledge that I have read this document in its entirety and that I fully understand it and that all blank spaces have either been completed or crossed off prior to my signing.

4. I understand that Valley General Hospital and its authorized designees will rely upon this consent.

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<tr>
<th>SIGNATURE</th>
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<th>WITNESS TO SIGNATURE</th>
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<tr>
<th>TELEPHONE NUMBER</th>
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Figure 4-7  A crime scene. © Kevin Link