Patients who refuse care and transport but have signs and symptoms that indicate this decision is not in their best interest present a challenge to EMS providers. All EMS providers learn, out of necessity, to deal with patients who refuse care and transport but really need to go. Some of these patients have serious underlying problems that place them at risk. Knowing "red flags" that identify patients at risk and applying good clinical and communication skills can improve patient outcomes. This presentation will focus on the decision-making of the EMS provider who encounters a medical or trauma patient needing transport. As well as looking at the research and patient refusal issues, specific strategies will be discussed to assist the EMT and Paramedic in ways to facilitate transport. Interfacing with medical control, working with the patient's physician, patient communication techniques, assistance from friends/family, and using legal authorities are examples of the approaches that will be addressed. The goal is to learn ways of overcoming obstacles for dealing with the reluctant patient refusing care or transport.

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Presentation Outline:
1. Review of legal concepts and terminology concerning the patient’s right to refuse care.
2. Describe about when care starts and when care can be terminated.
3. Discuss of the RMA from the patient perspective.
4. “Red Flags” of patients who EMS providers should be reluctant to sign-off (RMA).
5. Dealing with the patient who really should be transported but is reluctant.
6. Approaches that might help change the decision of the reluctant patient who does not want to be transported to the hospital.
7. Documentation of the RMA/AMA patient.
8. Review of some pertinent literature in regards to RMAs.

Objective 1: Discuss signs & symptoms (‘red flags’) for a patient, not willing to be transported, who could be at risk.
Objective 2: Identify five ways of coping with patients who refuse transport to a medical facility but are in need of additional care.
Objective 3: Understand the responsibility of the prehospital professional to facilitate a patient transport when the patient refuses but it is not in their best interest.