

South Cook County Policies and Procedures

September, 2015

Objectives

Upon completion of the program, the participant will be able to:

- 1.Understand the transport guidelines for emotionally disturbed patients and effectively utilize the PETITION form.
- 2. Follow the procedure for helicopter usage in SCC
- 3.Understand the mandatory reporting mechanisms for abuse and neglect
- 4.List the documentation requirements for patients that are refusing treatment and for the treatment and refusal parameters for minors.
- 5. Understand the DNR policies and procedures, documentation and treatment parameters.
- 6.Discuss the restraints procedures for EMS and law enforcement restraints.
- 7. Discuss the bypass policy to include transport and documentation guidelines.



Emotionally Disturbed Patients and Petition for Involuntary Admission

Purpose: To be used when EMS personnel or family reasonably suspects that the patient "at the time the determination is being made or within a reasonable time thereafter, would intentionally or unintentionally physically injure himself or other persons, or is unable to care for himself so as to guard himself/herself from physical injury or to provide for his/her own physical needs" and is in need of mental and/or psychological treatment against his/her will.

This does not include a person whose mental processes have merely been weakened or impaired by reason of advanced years.

Procedure:

- 1. Attempt to orient the patient to reality and persuade this person to be transported to the hospital
- 2. If unable to persuade, the EMS personnel should request that the family sign the PETITION FORM, which allows them to transport the patient against their will.

Emotionally Disturbed Patients

Signing a PETITION does not mean that the patient is "committed" for hospital admission. It simply enables EMS to transport a person in need of psychological treatment to a hospital for evaluation.

If the family refuses to sign, the next most appropriate person would be a police officer. However, if police are not present, EMS may sign the form.

After the form is signed, the patient is to be transported to the nearest hospital.

- Exceptions to the nearest hospital would include:
- a. A patient/appropriate surrogate requests a certain hospital.
- b. A patient has a physician on staff at a certain hospital. This does not include a nursing home physician who tells the nursing home staff to send the patient to a certain hospital.
- c. A <u>stable</u> patient should be kept in the State of their residence. This may require transport to a more distant hospital, but should still be the closest hospital in that State.
- d. An <u>unstable</u> patient should go to the closest hospital, regardless of Residence, if a life/limb threatening condition is present.

PETITION

	PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION
\bigcirc	STATE OF ILLINOIS
	CIRCUIT COURT FOR THEJUDICIAL CIRCUIT
	COUNTY
15	
IN T	HE MATTER OF) Docket No
50.40	}
	(name of Individual)
	is asserted to be a person subject toadmission to a facility and for whomadmission to a facility and for whom
this	petition is initiated by reason of. (Check all that apply)
	emergency admission by certificate: (405 ILCS 5/3-800)
\triangle	admission by court order; (405 ILCS 5/3-700)
	voluntary admittée submitted written notice of desire to be discharged; (405 ILCS 5/3-403)
	voluntary admittee failed to reaffirm a desire to continue treatment; (405 ILCS 5/3-404)
	person continues to be subject to involuntary admission; (405 5/3-813)
Ī	emergency admission of the mentally retarded; (405 ILCS 5/4-400)
	judicial admission of the mentally retarded; (405 ILCS 5/4-500)
	developmentally disabled client or an interested person on behalf of the client submitted written objection to admission; (405 ILCS 5/4-306)
	administrative client; (or person who executed application) failed to authorize continued residence (405 ILCS 5/4-310); and
. [client continues to meet standard for judicial admission. (405 ILCS 5/4-611)
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Helicopter Use in Prehospital Care

Helicopters should be used only when they can accomplish the best in care for your patient. In order for helicopter transportation to be the optimal delivery method for the patient, the following procedures must be completed:

Procedure:

- 1. The patient must require Level I Trauma care and require rapid transportation
- 2. The helicopter must be the fastest method of getting the patient to the Level I Trauma Center. The helicopter transportation time includes:
 - Time to call helicopter service
 - Lift-off and flight
 - Landing
 - Patient care
 - Return flight to Trauma Center



Helicopter Use in Prehospital Care

- A helicopter should be called only in the judgment of the licensed medical personnel at the scene
- 2. Once helicopter services have been initiated, notify the Hospital of the situation and which service has been notified
- Each EMS report form should reflect a detailed explanation of the events that surround the helicopter response.

Helicopter Services in Region 7

UCAN – (University of Chicago Aeromedical Network) 1-800-621-7827



Refusing Treatment and Refusing Closest Hospital

Refusing Treatment:

- 1. If the patient is conscious, alert and has decision-making capabilities, EMS should explain the possible medical consequences and request the patient's signature on the release of responsibility form.
- 2. If the patient will not sign the release form, document the total situation on the Report Form. All personnel who witnessed this incident should sign their own names on the Form.
- 3. If the patient cannot sign the release form, only a legal guardian or Power of Attorney for Health Care may.
- 4. All situations should be fully documented (i.e. decision-making capacity of patient, EMS recommendation to be treated, possible medical consequences, etc)

See Sample Refusal Statement (next slide)

Refusing Treatment and Refusing Closest Hospital

Sample Refusal Statement:

On (DATE) we were called to the scene for a patient complaining of ______. After rendering care to the patient consistent with the SCC SMO's, we recommended that the patient be transported to a medical facility for definitive care. The patient refused our offer of transport for further care. Patient was afforded multiple opportunities to be transported but refused. We advised the patient that failure to promptly receive definitive care at a medical facility could result in their condition deteriorating. We also advised patient to promptly follow up with a medical doctor concerning their condition. After being advised of the above, patient signed the medical release. Patient appeared oriented, alert, and able to comprehend the advise given and the potential consequences of their decision.

Refusing Treatment and Refusing Closest Hospital

Patients Refusing Closest Hospital:

- By law, a physician must certify that the benefits outweigh the risk of transport to a facility other than the nearest hospital.
- 1. If the patient is conscious, alert, and has decision-making capabilities, EMS should inform the patient of the closest hospital.
- 2. If the patient chooses transport to another hospital, but the patient's condition warrants transport to the closest facility, the patient should sign the release to the closest facility.
- 3. The receiving hospital will be contacted

Consent and Treatment of Minors

Illinois law provides that only the parent or guardian of a person under the age of 18 may consent to the provision of medical services to that minor.

Exceptions to this general rule are as follows:

- 1. Emergency medical treatment may be provided to a minor without parental consent when a life and/or limb threatening condition is present.
- 2. A minor who is a parent may consent to his or her own health care even though he or she is under the age of 18. If the minor's status as a parent were to end (for example, if the minor's child were given up for adoption) the minor would no longer have authority to consent to his or her own health care.
- 3. A pregnant minor can consent for her own treatment.



Consent and Treatment of Minors

Exceptions continued:

- 1. Any parent, including a parent who is a minor, may consent to health care on behalf of his or her child.
- 2. A 16-year-old driver involved in a minor traffic accident, may refuse treatment and transport, if they have decision-making capabilities and no obvious injuries. This relates only to the licensed driver of the vehicle. This does not include any other minors which may be involved in the vehicle.



Consent and Treatment of Minors

All patients under the legal age of 18 years of age must be encouraged to seek medical attention when ill or injured.

Injured, but not critical: Attempt to contact parent or guardian. This may be done by cell phone, dispatcher and/or law enforcement on scene. If reasonable attempts are unsuccessful, encourage patient to allow transport to closest hospital. If patient continues to refuse, call medical control for further instructions. In all cases, document situation and attempts at parental consent thoroughly and completely.

No injury noted or stated: Attempt to contact parent or guardian as above. If reasonable attempts are unsuccessful and patient continues to refuse, document situation, including witnesses (signatures are required) and make attempts to contact parent or guardian that day. Document all attempts of contact thoroughly and completely. If questions regarding disposition of patient exists, contact medical control.

Consent and Treatment of Minors

Also note...

If the patient is the driver of a vehicle and is a minor and refuses treatment, make sure it is well-documented how the patient was informed of the risks of not seeking medical care or refusal to go to the hospital (if that is what they are requesting).

The State of Illinois considers a 16 year old driver to, by default, be of decisionmaking capability because they were issued a driver's license and they are driving a vehicle.

The other patients in the car, if they are under 16, must have a parent or guardian sign for them. If the passengers are 16-17, they fall under the mature minors act and may sign a release, however, they must be **entirely** healthy, with no injury/symptoms/etc.

Any questionable situations, call medical control of the intended receiving hospital for further directions.

Consent and Treatment of Minors

Also note...

This can still put you between a rock and a hard place. No matter what you do, you need to be able to justify your actions in acting in the patient's best interest.

If medical control requires transport of the minor and they are refusing, this can mean that you might need to restrain the patient and transport.

Document! Document! Document!



Do Not Resuscitate

Do Not Resuscitate (DNR) refers to the withholding of CPR, electrical defibrillation\synchronized cardioversion or electrical pacemaker, unless otherwise stated in the DNR order. The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest\DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during inter-hospital transfers or transportation to or from home.

Pre-hospital care that should be performed in conjunction with a valid DNR order:

- A. Provide comfort, care and compassion for the patient.
- B. Treat an acute airway obstruction, even if intubation is required.
- C. Treat problems NOT specifically listed (such as Atropine for symptomatic bradycardia (with a pulse), 50% dextrose for hypoglycemia, etc.).



Do Not Resuscitate

A DNR decision will be considered applicable in the following circumstances: Triple Zero

The term "Triple Zero" will be utilized for those situations where obvious signs of biological death are present (e.g. Decapitation, rigor mortis without profound hypothermia, dependent lividity, decomposition, mummification, etc.).

- Confirmation of a Triple Zero will be done through contact with the intended receiving Hospital Emergency Department. Transmission of ECG data will be done at the discretion of the ED Physician or ECRN.
- 2. Confirmation of a Triple Zero is not to be interpreted as a pronouncement of death, but only a determination that resuscitative measures may be unnecessary and inappropriate.
- 3. Transport of this patient is not necessary, but proper notification of the coroner or funeral home is required.
- 4. Patient has been declared dead by coroner, physician, or medical examiner, and shall include appropriate signature.

Do Not Resuscitate

DNR Order

A DNR is a course of action prescribed by a physician to withhold resuscitative measures on a victim of a witnessed or unwitnessed cardiac arrest.

A valid DNR order will be a written document, which has not been revoked, containing at least the following information, on a form provided by the Illinois Department of Public Health. If the form is reproduced, brightly colored paper shall be used. Other DNR orders will be recognized also, if the following information is included:

- a. Name of patient
- b. Name and signature of attending physician
- c. Effective date
- d. The words "Do Not Resuscitate"
- e. Evidence of consent (any of the following)
 - Signature of patient, or
 - Signature of legal guardian, or
 - Signature of durable power of attorney for health care agent, or
 - Signature of surrogate decision-maker as defined by the IHC (Illinois Health Care) Surrogate Act.

Do Not Resuscitate



DNR Order

A living will by itself cannot be recognized by pre-hospital care providers.

Revocation of a written DNR order shall be made in one or both of the following ways:

- The order is physically destroyed or verbally rescinded by the physician who signed the order, or
- The order is physically destroyed or verbally rescinded by the person who gave written consent to the order.
- The word "Void" is written across the front of the order by the person who gave consent or by the individuals legal representative.

Do Not Resuscitate

Pre-hospital personnel must make a reasonable attempt to verify the identity of the patient named in a valid DNR order.

The Emergency Department must be notified in all situations when a DNR order is involved. Transmission of ECG data will be at the discretion of the physician or ECRN.

All Region VII EMS personnel will be authorized to accept a DNR order, which meets the criteria for validity.

The original DNR order, or a copy, should be attached to the Ambulance Run Report Form.



Do Not Resuscitate

Patients who are covered by a valid DNR order and require transport to or from a health care facility will be afforded comfort care. If a patient's condition deteriorates during transport or if cardiac arrest occurs, refer to the DNR order for pre-arrest emergency instructions.

After responding to a scene, reasonable efforts should be made by pre-hospital personnel to determine if a valid DNR order exists for registered hospice or home care patients, patients of long term care facilities, or other patients who are known to suffer from a terminal illness.

When patients who are covered by a valid DNR order expire before transport, transportation to a hospital is not required. Proper notification of the medical examiner / coroner or funeral home of choice is indicated, however, for appropriate disposition. (See policy for Coroner/Medical Examiner Notification)

If a valid DNR order is not present, and none of the conditions stipulated in Section II-A (Triple Zero) of this policy are met, then patient care must proceed in accordance with the EMS Region VII Standing Medical Orders.

Do Not Resuscitate

Also note...

The State of Illinois is trying to get DNRs printed/copied on brightly colored paper. This is not a requirement for a DNR, they can be black and white. They can be on anything, really – Dr.'s office stationary, back of an envelope, etc. As long as it meets the requirements for a valid DNR.

If you make a photocopy of the DNR to include with your patient care report, the colored photocopy should stay with the patient. You take your black and white one and include it with the report.

If you have a patient that has died and had a DNR and the family cannot decide where the patient will be transported to in a reasonable amount of time, the EMS crew should transport the patient to the closest ER.

Document! Document! Document!

Reporting of Abuse and Violence

It is the responsibility of all EMS providers to report suspected abuse cases, cases of suspected domestic violence, or any suspicious death of a child to the Department of Children and Family Services immediately by phone.

1-800-252-2873.

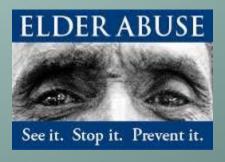
and in writing within 24 hours of the incident. (The standard form is available at all hospital emergency departments)

The hotline to report elderly abuse/neglect in a <u>non-nursing home</u> setting is: 1-800-252-8966

The hotline to report elderly abuse/neglect in a <u>nursing home</u> is:

1-800-252-4343





Restraints

Purpose: Guidelines for the use of restraints in the field or during transport for patients who are violent or potentially violent, or who may harm themselves or others.

Principles:

- Only to be used when absolutely necessary
- Aggressive or violent behavior may be a symptom of an underlying medical condition (i.e. head trauma, hypoxia, hypoglycemia, etc)
- The method of restraint shall allow for adequate monitoring of VS and shall not restrict the patients airway or ability to breathe, or compromise vascular or neuro status.
- Restraints applied by law enforcement require the presence of law enforcement at all times

Restraints

Procedure:

- 1. Restraint equipment applied by EMS must be either padded leather or soft restraints. Either method must allow for quick release.
- 2. Patients are not to be transported in a prone position. Airway, circulatory, neuro systems are to NOT be compromised.
- 3. Restrained extremities are to be evaluated for pulse, capillary refill, color, nerve, and motor function every 15 min

Law Enforcement:

- 1. Restraints applied by LE must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and take full breaths.
- 2. Restraints applied by LE require the officer's continued presence. The officer shall accompany the patient in the ambulance or follow by driving in tandem with the ambulance.



BYPASS

- Hospitals are responsible for notifying appropriate EMS agencies of the initiation and termination of their bypass status.
- If EMS cannot establish and/or maintain ventilation, the patient must be transported to the closest hospital regardless of bypass status.
- Bypass status may not be honored if transport time by an ambulance to the next closest hospital exceeds 15 minutes.
- All radio calls will be taken by the initially intended receiving hospital regardless of bypass status. Bypass status is a request, not an absolute. Each call received should be addressed on a per case basis.
- If EMS is diverted after giving report to the initially intended receiving hospital, then that hospital is to give report to the next transport hospital. EMS should transport and give another report only if the patient's condition changes.

BYPASS

 If EMS is diverted, the medics should ask for the name of the physician ordering the diversion and document on the EMS report form.

