



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
SIGNING OUT AGAINST MEDICAL ADVICE

#: BH-AMA
Page: 1 of 3
Org. Date: 2/87
Revised Date: 08/26/2021

BASE GUIDELINES

KEY DEFINITIONS:

“**Capable**” means an adult patient (or emancipated minor), that has the capacity to understand the circumstances surrounding his/her illness or impairment, and the risks associated with declining treatment or transport; and is alert, oriented and his/her judgment is not impaired.

“**Emancipated Minor**” includes any of the following:

- Active duty military
- Married or previously married
- ≥ 14 years old living apart from parents and managing own finances, and declared an “Emancipated Minor” by a Superior Court

“**5150**” means a mental health disorder patient who is held against his/her will for evaluation under the authority of Welfare & Institutions Code 5150 because the patient is a danger to him/herself, a danger to others, and/or is gravely disabled, e.g., unable to care for self. This written order may be placed by a law enforcement officer, County mental health worker, or an emergency physician certified by the County Mental Health Department to place an individual on a 5150 hold. (Pediatric equivalent is Welfare & Institutions Code 5585).

GUIDELINES:

1. All AMA cases are to be base contact when an ALS Base Contact Criteria is met
2. When managing an AMA Base call, double check to assure that the patient is capable of a decision to sign AMA and remind ALS personnel to inform the patient there may be medical risks to the patient for signing AMA.

ALS STANDING ORDER

I. ADULT AMA:

1. A capable adult, legal guardian, or an emancipated minor may refuse specific EMS medical evaluation and care (example – establishment of an IV), all EMS medical care indicated, or transport to an emergency receiving facility.
2. When both EMS personnel and the patient or legal guardian/care giver agree that medical evaluation and/or transport is not necessary, refer to SO-REL.
3. If a patient or legal guardian decides to sign out or leave AMA when EMS medical care transport is indicated:
 - a. Communicate the potential risks/consequences of refusal of care to the patient or legal guardian.
 - b. Present to the patient or legal guardian alternatives for obtaining care/transport or modification of services offered.
4. Contact the Base Hospital for patients signing out AMA that meet Base Hospital contact criteria (OCEMS Policy # 310.00). If the patient refuses treatment and/or transport and there is some question on the part of field personnel as to the decision making capacity of the patient, Base Hospital consultation should be obtained.
5. When a patient exhibits signs of being a danger to self or others, or is gravely disabled due to a mental condition and cannot simply be treated and/or transported, notify law enforcement and remain with the patient until law enforcement has made a determination regarding legal detention (5150).
6. It is not appropriate to dissuade or coerce a patient into signing AMA as a means to release in the field rather than transport for medical evaluation.

Approved:

Carl Schultz, M.D.

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3. Law Enforcement Officers and County CAT Team members may place a person with a mental health disorder on a 5150 hold to force transport from the field to an appropriate facility. When a 5150 is not in place for a person who is a danger to themselves or others, efforts short of physical altercation or force should be attempted to transport from the scene. If a patient cannot be persuaded to allow transport and physically resists transport or care, document the circumstances and allow release with AMA.
4. It is strongly encouraged to directly speak with a patient over the radio when receiving an AMA call; this option can be exercised by the Base Physician or MICN.
5. In cases where a patient receives or requires an ALS intervention but is no longer on scene, base hospital / pediatric resource center contact should not be made solely for the purpose of documentation but may be made for other reasons. Regardless of whether base hospital / pediatric resource center contact is made, paramedics must complete the OCEMS Report of ALS Services Provided Without Base Hospital Contact section within the ePCR. (OCEMS Policy # 330.15)

ALS STANDING ORDER

II. UNDER AGE OF CONSENT (LESS THAN 18 YEARS-OLD) AMA:

1. Patients less than 18 years-old and not emancipated minors who are offered EMS transport from the field may decline that offer when ALL of the following criteria are met:
 - a. A paramedic primary and secondary exam along with vital signs confirm that no medical or psychiatric emergency exists for the minor and no EMT or paramedic treatment/intervention is indicated.
 - b. The minor's parent or legal guardian has been contacted or is present at the scene and does not request EMS services and/or declines EMS transport. If the parent or legal guardian is not available, a self-sufficient minor may still be released at scene after all appropriate attempts are made and documented to locate the parent or legal guardian (see SO-REL). A minor who is not self-sufficient may still be released if a responsible adult is present (see SO-REL).
 - c. The parent or legal guardian, if available, has been advised and communicates they understand that they may seek further assessment from a health care provider.
 - d. The scene and situation in which the minor is being left is not a threat to their health and personal safety.
2. If the parent or legal guardian is unavailable or cannot be contacted, a non-emancipated minor cannot sign out AMA and must be transported if an emergency medical or psychiatric condition may exist.
 - a. If the patient continues to refuse transport, request help from law enforcement. Should law enforcement decline to intervene, make base hospital contact.

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ALS STANDING ORDER

DOCUMENTATION:

All AMA cases must have appropriate AMA documentation entered into the OC-MEDS ePCR with the patient's signature (when patient capable and agrees to sign).

GUIDELINE EXPLANATIONS:

"Capable" means an adult patient (or emancipated minor), that has the capacity to understand the circumstances surrounding his/her illness or impairment, and the risks associated with declining treatment or transport; and is alert, oriented and his/her judgment is not impaired.

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