



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
PREHOSPITAL STANDING ORDERS

SIGNING AGAINST MEDICAL ADVICE (AMA) IN THE FIELD

#: SO-AMA
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Date: 2/87
Revised: 10/01/2026

I. STANDING ORDER: 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 or 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 outlined in 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.

Contact is required for patients requesting to sign out AMA who meet the criteria below specified in OCEMS Policy #310.00:

- Adult patients with unstable vital signs requesting to sign out AMA. Unstable vital signs are defined as:

Adult/Adolescent

Pulse (bpm)	<50 or >130
Respirations (resp/min)	<12 or >26
Systolic blood pressure (mm Hg)	<90

- All persons identified in Standing Orders (SO) as requiring base contact.
- Patients (adult and pediatric) on whom an ALS procedure is performed who subsequently request to sign out AMA for transport to an appropriate receiving center. ALS procedures are defined in the California Code of Regulations Title 22, section 100146 and include:
 - Utilization of electrocardiograms, including 12-lead ECGs
 - Performance of defibrillation, synchronized cardioversion, and external cardiac pacing
 - Removal of airway foreign bodies using a laryngoscope and Magill forceps
 - Pulmonary ventilation using a supraglottic airway or endotracheal intubation
 - Use of continuous positive pressure ventilation (CPAP)
 - Placement of IV catheters, IO needles/catheters, and saline locks as well as administration of medications through pre-existing vascular access sites
 - Obtaining venous blood samples
 - Use of capnography for prehospital screening and assessment or use of glucometers when readings are less than 60 or greater than 400.
 - Use of the Valsalva maneuver to attempt heart rate control
 - Performance of needle thoracostomy

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- Performance of nasogastric and orogastric tube insertion and suction
- Administration of OCEMS-approved medications or solutions by IV, IN, IM, IO, subcutaneous, inhalation, transcutaneous, sublingual, endotracheal, or oral routes.

NOTE: Medication administered solely by non-911 providers will not trigger base hospital contact

- Mass Casualty Incidents (MCI) for receiving ERC/TC destination, unless the Orange County Communications Center (OCC) is determined by field protocol as communication point for destination assignments.
 - Cardiovascular Receiving Center (CVRC) patients to determine destination for an open cardiac catheterization laboratory. Indications for CVRC transport include:
 - Return Of Spontaneous Circulation (ROSC)
 - Automatic Implantable Cardioverter Defibrillator "firing" or defibrillating two or more times in less than fifteen minutes.
 - 12 lead EKG reading of acute MI
 - Patient with symptomatic bradycardia
 - Patient with a Left Ventricular Assist Device (LVAD)
 - Patients who meet Trauma (see T-005) or Replant Criteria (see SO-T-015).
 - Patients who meet Stroke-Neurology Center criteria (see SO-M-025)
 - Burn Center (see E-005) patients.
 - Patients who self-administered epinephrine.
 - ALS level refusal of care when there is a question of patient mental capacity.
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.

II. STANDING ORDER: 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. Contact the Base Hospital for patients signing out AMA who meet the criteria outlined in OCEMS Policy #310.00. If a patient/guardian refuses treatment and/or transport and there is any question about

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their decision-making capacity, Base Hospital consultation must be obtained. Contact is required for patients requesting to sign out AMA who meet the criteria below specified in OCEMS Policy #310.00:

- Pediatric patients with unstable vital signs with a parent/guardian wishing to sign out AMA. Unstable vital signs are defined as any values outside of the following parameters:

Pediatric Vital Signs by Age

Age	Pulse	Systolic Blood Pressure	Respiratory Rate
Neonate (0-30 days)	100-180	> 60	30-60
Infant (31 days - < 1 yr)	100-160	> 60	30-60
Toddler (1 yr - < 3 yrs)	90-150	> 70	24-40
Pre-school (3 yrs - < 5 yrs)	80-140	> 75	22-34
School Aged (5 yrs - < 10 yrs)	70-120	> 80	18-30
Teen (≥ 10 yrs)	60-100	> 90	12-16

- All persons identified in Standing Orders (SO) as requiring base contact.
 - Abnormal Pediatric Assessment Triangle (PAT): abnormal appearance, abnormal work of breathing, and/or abnormal circulation
 - Pediatric patients with acute symptoms of a BRUE (ALTE) below, either observed by EMS personnel or reported by parent or caretaker, even when signs or symptoms are apparently resolved:
 - Apnea episode
 - Color change (cyanosis, pallor, erythema) episode
 - Marked change in muscle tone (limpness, flaccidity) episode
 - Choking or gagging spontaneous, unrelated to food or fluid intake
 - Pediatric patients who meet Trauma Criteria (see P-015) or Replant Criteria (see SO-P-025).
 - Pediatric victims of suspected physical abuse, neglect, or sexual assault.
 - Pediatric cardiac arrest and/or ROSC.
 - Pediatric drowning (see P-100).
 - Pediatric patients who meet Stroke Criteria (see P-115).
 - Burn Center (see SO-P-095) pediatric patients.
 - Infants less than 60 days old with a fever when caretaker requests to sign out AMA for ALS or BLS transport.
 - Pediatric patients who had epinephrine self-administered.
3. 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.

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).

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GUIDELINE EXPLANATIONS:

"Capable" means an adult patient (or emancipated minor), who 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 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 due to a mental condition. 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). Grave disability now includes individuals with severe substance use disorders or co-occurring disorders who are unable to provide their basic needs, including personal safety and necessary medical care.

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A. Shaikh MD

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