

General Documentation Guidelines:	<input type="checkbox"/>
Patient demographics (patient's guardian included if needed)	<input type="checkbox"/>
History of present illness	<input type="checkbox"/>
Patient assessment (reassessment after intervention)	<input type="checkbox"/>
Patient medical history, allergies, and medications	<input type="checkbox"/>
Vital signs, interventions, and medications administered	<input type="checkbox"/>
Decision-making Capacity:	<input type="checkbox"/>
Description that the patient is calm, competent, sober, alert	<input type="checkbox"/>
Absence of acute medical, surgical, or traumatic process that impairs capacity	<input type="checkbox"/>
Legal Capacity to Refuse Care: (appropriately documented options)	<input type="checkbox"/>
The patient is over 18 years	<input type="checkbox"/>
The patient is emancipated	<input type="checkbox"/>
The patient's guardian is present or has been in contact with EMS	<input type="checkbox"/>
Services Offered to Patient:	<input type="checkbox"/>
Description of the services that have been offered to the patient and are being refused	<input type="checkbox"/>
Reason Services were Declined:	<input type="checkbox"/>
Description outlining the reason the patient is refusing the services and/or care	<input type="checkbox"/>
Statements of Risk:	<input type="checkbox"/>
Description that the patient was appropriately informed of the risks associated with refusal	<input type="checkbox"/>
Description that the patient understood the risks as they were explained	<input type="checkbox"/>
Discussion of Alternatives:	<input type="checkbox"/>
Description of alternatives to services offered	<input type="checkbox"/>
Description that the patient understands the consequences of the alternatives compared with the standard of care available at the emergency department	<input type="checkbox"/>
Advised to Reaccess 9-1-1:	<input type="checkbox"/>
Description that the patient was advised to reaccess 9-1-1 if needed	<input type="checkbox"/>
On-Line Medical Control (OLMC):	<input type="checkbox"/>
Description of the reason OLMC was contacted	<input type="checkbox"/>
Name and title of person acting as OLMC	<input type="checkbox"/>
Signature:	<input type="checkbox"/>
Who signed the refusal form	<input type="checkbox"/>
Available witness signatures	<input type="checkbox"/>
Descriptions of complications or challenges to completing the refusal process:	<input type="checkbox"/>