High-Risk: Patients, Refusals, Medications

Plains-to-Peaks RETAC Conference 2026

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Agenda

- Introduction
- Clinical and Legal Considerations
- Data Review
- Recommendations
- Final Thoughts
- Q&A

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- EMS Liaison - UCHealth
- Paramedic - UPRHSD
- Paramedic - NDMS/ASPR

Vacation Pictures?

What comes to mind when I mention a high-risk patient? Refusal? Medication?

Medical and Legal Considerations

General Legal Considerations

- Patients refuse ~ 5-25%.
- Low-risk = low-risk refusal.
- High-risk = high-risk to the patient and us.

32%

of EHRs did not have documentation regarding capacity: alcohol consumption, abnormal vitals, or diminished GCS.

The goal of this presentation

Medical and Legal Considerations

General Legal Considerations

- Primary Challenge: Striking a balance
- Capacity vs. Competency:
  - Competency
  - Medical decision-making capacity.
    Defined in 4 terms of criteria:
    1. Understanding
    2. Appreciation
    3. Reasoning
    4. Expression of Choice

Medical and Legal Considerations

Medical Decision-Making Capacity

1. Understanding
   - Does the patient understand the information being discussed regarding their condition?
2. Appreciation
   - This refers to the patient’s ability to apply the information we’ve discussed to their situation.

Medical and Legal Considerations

Medical Decision-Making Capacity

3. Reasoning
    - Are they arriving at their conclusion **rationally?**
4. Expression of Choice
    - Can the patient communicate their decision in a manner that is both **clear** and **consistent?** I.e., repeating the information/plan back to you, risks/benefits, etc.

- What could impact their capacity?
    - Language barriers, physical injury, medical illness, intoxication, behavioral health conditions, and cognitive impairment.

Approximately 40 million lawsuits are filed in the U.S. each year.

Legal Considerations

- **High-risk refusals are accompanied by a litigious risk from opposing directions.**
- Schloendorff v. New York Hospital (1914)
  - What happened?

“Every human being of adult years and a sound mind has the right to decide what shall be done with his own body...This is true except in cases of emergency where the patient is unconscious and where it is necessary to operate before consent can be obtained.”

Browning vs. West Calcasieu Cameron Hospital

Henslee vs. Provena Hospitals

Legal Considerations

What do we do when they still refuse?

- High-risk refusals are **difficult to navigate**.
- Contact online medical control - increased **likelihood of transport** in high-risk patients (Alicandro et al., 1995).
- What about the scenario in which you contact medical control and the patient still is refusing **but you have doubts about the patient's capacity?**
  - Do what **you** believe is best.
  - **Document** your rationale.
  - Case precedent is in **your favor.**

Patient Considerations: Minors

- Minors are **complex** situations.
- Adulthood begins at **18**. Colorado **does not** have emancipation laws.
- Patient <18 **and** no parent present? They **cannot** consent to or refuse medical care.
- Make attempts to contact **someone**. No luck? **In loco parentis**.
- If you can not locate a parent, guardian, or loco parentis it is reasonable to treat/transport the patient. **Document your rationale.**
- If you are in a situation where a parent is refusing care and there is **reasonable** concern for a time-sensitive or life-threatening condition, contact medical control and law enforcement.

Mental Health and Psychiatric Patients

- **Mental health conditions ≠ loss of capacity!** However, in a mental health exacerbation, it can be difficult to assess their decision-making capacity.
- Challenge arises when?
- Cases in which a patient **presents with suicidal ideations** but **appears** to possess decisional capacity are **particularly challenging**.
  - In these cases, there is an **“emergency exception”** to the right to refuse care.
- In acute mental health exacerbations, you should perform a brief psychiatric assessment **in addition** to a physical exam.
- This should **include questions** about audio/visual hallucinations, paranoia, and SI/HI. Any doubts = contact medical control.

Assessing Capacity in Intoxicated Patients

- **Patients under the influence of alcohol or illicit drugs may retain capacity.**
- Intoxication is a **clinical determination.**
- Patients with a **higher tolerance** may still **possess** decision-making capacity.
- In contrast, high tolerance/chronic alcoholics **may become delirious.**
- If you suspect the patient is clinically intoxicated, perform a **thorough** assessment and document it.
- **<u>Get fingerprints on the knife.</u>**

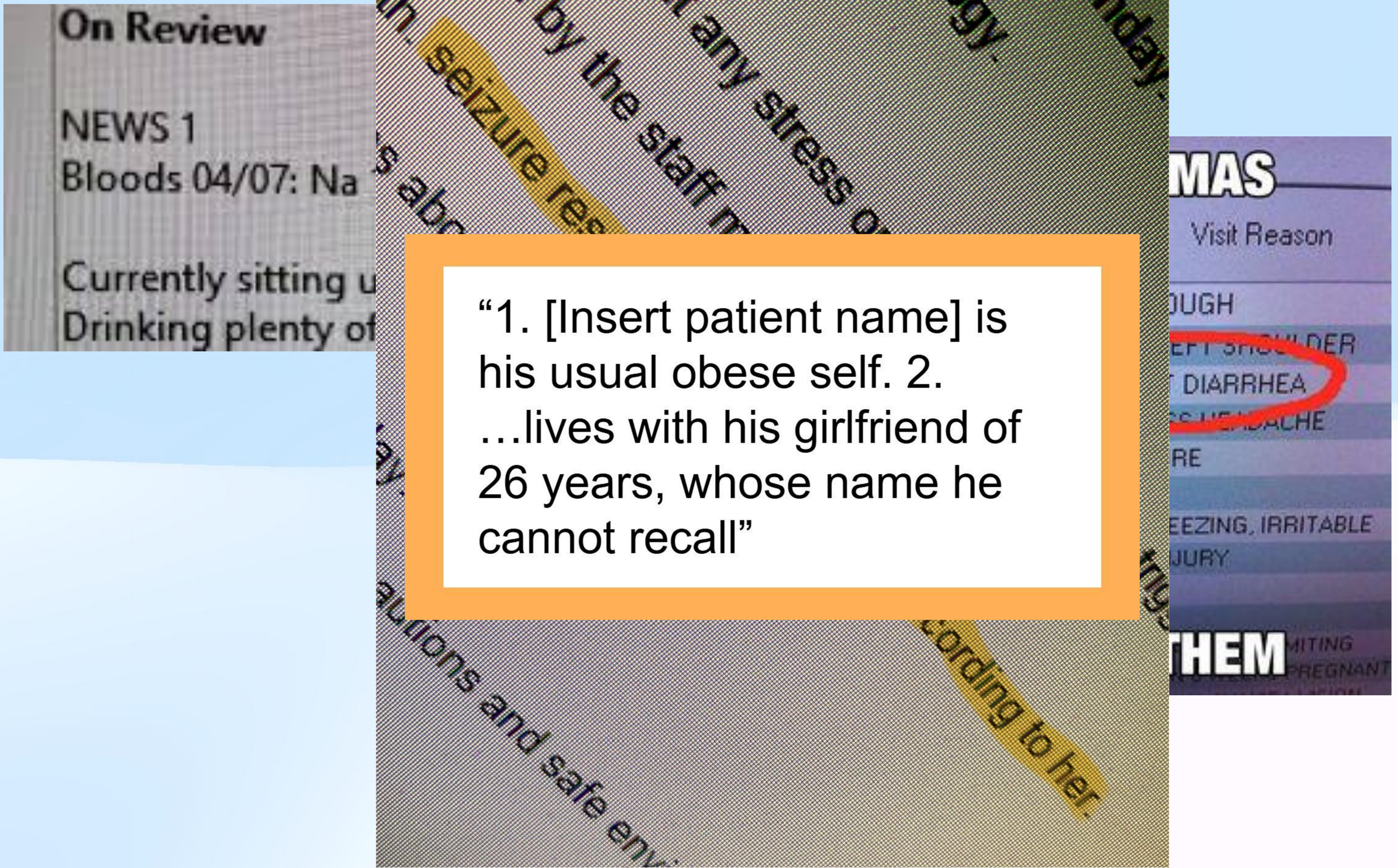
Transient Capacity

Secondary to Rapid Reversal of a Medical Emergency

- Two very common examples:
  - Hypoglycemia
  - Opioid
- In these cases, if the patient regains consciousness and is deemed to have capacity, **even if transient,** respect the patient's autonomy.
- However, if in your presence they **lose capacity again**, it is appropriate to assume that consent for assistance is **implied** and standard care should **recommence**.

Elderly Patients and Cognitive Decline

- Elderly patients **rarely lose capacity** just due to age and may still retain capacity even if they are diagnosed with dementia.
- In acute disease, incapacity can be **heightened**.
- Like in intoxicated and mental health conditions, a **thorough assessment** should be performed and documented.
- Cognitive decline can contribute to **seemingly benign** calls for service, such as a lift assist.
  - What caused the fall? How many times have they fallen? What medications can contribute to their fall?


On Review
NEWS 1
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Currently sitting u
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MAS
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RE
EEZING, IRRITABLE
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THEM
"1. [Insert patient name] is his usual obese self. 2. …lives with his girlfriend of 26 years, whose name he cannot recall"

Data Review - ESO

A National Description of 72-Hour Return EMS Encounters and Outcomes Following Non-Transport

- Patient-centered question: How often do patients call back within 72-hours after a non-transport, and what happens when they do?
- What the study found:
  - Across 22.5 million encounters between 2018-2022, nearly **one in four** ended in non-transport.
  - **6% returned to EMS within 72-hours.** That's nearly **300,000** return encounters.
  - **Most** return encounters led to transport.

71% Transported

28% Non-transport

1% Were Dead

41%

Admitted to the hospital.

Which Patients Were at Highest Risk?

- Male sex
- Older age
- Clinical impressions involving:
  - Cardiac/pulmonary
  - Neurological concerns
  - Infection/sepsis
- **Abnormal vital signs, especially:**
  - Tachycardia
  - Hypotension
  - Hypoxemia

Interpreting This Data

- This kind of information helps us:
  - Strengthen non-transport guidelines.
  - Improve scene-level safety assessments.
  - Target education toward high-risk patient categories.
  - Build follow-up programs or alternative care pathways.
  - Support clinicians with data instead of relying solely on intuition.

Who Is At Risk?

High-risk medications/polypharmacy

- Antibiotics
- Glucocorticoids
- Anticoagulants
- Narcotics
- Antiepilectics
- Antidepressants
- Antipsychotics
- Hypoglycemic agents

Who Is At Risk?

High-risk conditions and factors

- More than 6 diagnosed conditions:
  - Specifically, advanced chronic obstructive pulmonary disease, diabetes, heart failure, stroke, cancer, weight loss, depression, and sepsis.
- Prior hospitalization in the **last 12 months**.
- Black race, low health literacy, people who live alone, lower socioeconomic status, and AMA.
- Highest 30-day readmission rate after discharge: circulatory system diseases, respiratory diseases, infections, GI diseases, mental health, and accidental injuries.

Recommendations

Tips and Tricks

Questions to Ask Patients to Facilitate the Determination of Decision-Making Capacity

The ability to communicate a choice:

- Have you decided what you want to do?
- We have discussed many things; have you made a decision?

The ability to understand relevant information as it is communicated:

- What is your understanding of your medical condition?
- What are the possible diagnostic tests or treatments of your condition?
- What are some of the risks of the options that we have discussed?
- How likely is it that you will have a bad outcome?
- What could happen if you choose to do nothing at this time?

The ability to appreciate the significance of the information to one's own individual circumstances:

- Why do you think your doctor has recommended this specific test or treatment for you?
- Do you think that the recommended test or treatment is the best option for you?
- Why do you think that this is the best option for you at this time?
- What do you think will happen if you accept (or refuse) this option?

The ability to use reasoning to arrive at a specific choice:

- Why have you chosen the option that you did?
- What factors influenced your decision?
- What weight did you give to these different factors?
- How do you balance the positives and negatives (or risks and benefits)?

Final Thoughts

Questions?