

Patient Refusal CQI review form

The primary purpose of this CQI form is to improve documentation related to patient contacts where care and/or transport is refused by the patient.

For each of the following questions, please provide summary data for your system in the last month.

Agency Name: _____

Calendar month for data: _____

Total # of patient care reports reviewed: _____

NOTE: A “Yes” answer below includes any chart that has the item documented or includes a narrative explanation for why documentation is not provided. A “No” answer includes charts where the item is not documented and not explained.

Are the following items fully documented on each report?

	# YES	# NO
1. Vital Signs (minimum of two sets for ALS patients)		
2. Objective description of mental status <i>(i.e. GCS, LOC, ability to follow commands and answer questions...)</i>		
3. Evidence or lack of evidence of intoxication documented <i>(slurred speech, ataxia...)</i>		
4. Explanation to patient of risk associated with refusal		
5. Patient understands the risks associated with refusal		
6. Documented time and condition of pt at time of release		
7. Decision making appropriate regarding ALS vs BLS refusal?		
8. ALS refusal patch made prior to leaving scene?		

Criteria Met _____

Criteria Not Met _____

Please complete and send this report of summary data to PHC department by the 10th of the following month.

Thank you for your cooperation in improving pre-hospital patient care and outcomes in the Verde Valley.