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QAS Non-transport

There are three possible circumstances in which the QAS may respond to a patient and, thereafter, provide no ambulance transport.

These circumstances include:

- patient deceased
- patient refusal of recommended treatment and/or transport
- paramedic decision that ambulance transport is not required.

Patient deceased

It is not the role of the QAS to transport deceased persons.

In limited circumstances, it may be necessary and appropriate for QAS paramedics to transfer a deceased person from the place at which the death occurred, to the closest mortuary.

Refer to CPP: Recognition and Recording of Life Extinct

Patient decision to refuse transport

Every adult person of sound mind has a right to make decisions regarding health care, including the decision to reject ambulance treatment and/or a decision to reject ambulance transport to a health facility, contrary to that which is recommended by the attending paramedic.[1]

When attending a patient who expressly refuses ambulance transport to a health facility, the paramedic is required to inform the patient of the possible risks associated with their condition and possible consequences of the decision to reject ambulance transport. Thereafter, the paramedic is required to conduct an assessment to determine if the decision to refuse recommended ambulance transport is valid.

Paramedic Decision – transport not required

Following a thorough and detailed clinical assessment, the paramedic may form the view that the patient’s condition does not require ambulance transport to a hospital emergency department or other facility.

Circumstances where this may occur include the following:

- where the patient is not suffering from any obvious illness or injury and the assessment findings do not raise any reasonable suspicion that an illness or injury exits; or
- where the patient is suffering from a very minor condition which is transient and unlikely to escalate or deteriorate and where urgent attendance at a hospital is not warranted.
The paramedic may consider one of the following options:

- **no ambulance treatment** is required and **no subsequent medical assessment or treatment is indicated**; or
- **no ambulance treatment** is required but, subsequent support services and/or **non-urgent medical treatment is indicated**; or
- **ambulance/first aid treatment is required** and provided and **further medical assessment and treatment is not indicated**; or
- **ambulance/first aid treatment is required** and provided and **non-urgent medical treatment** and/or other support services is indicated.

This does not mean that the patient does not require timely medical assessment and an alternative means of transport is appropriate and available.

**Factors to be considered**

The following factors must be considered by the paramedic when determining the most appropriate management option:

- clinical assessment findings
- social history and support network
- non-urgent medical referral
- referral to support services
- access to private transport
- person’s wishes
- age of the patient.

If the patient is a child or young person, the paramedic must ascertain if a responsible adult is present and able to provide adequate supervision in the circumstances. Consideration must also be given to the means by which information can be conveyed to the parent/s of the child or young person regarding the ambulance attendance and outcome of that attendance.

**Clinical assessment findings**

Before any decision is made regarding ambulance treatment and/or transport, it is essential that the paramedic conducts a clinical assessment that is relevant to the circumstances and is satisfied that the patient's condition or circumstances do not warrant ambulance transport to hospital.

The clinical assessment findings must be documented on the eARF.

**Recent medical intervention**

Patients who have had medical interventions (e.g. recent surgery or day case procedures), may present with delayed complications related to the intervention. In these cases it is appropriate to ensure appropriate follow up occurs.

To ensure adequate follow up, it is recommended that patients be transported to an appropriate health facility if they have had a medical intervention in the preceding 2 weeks, unless:

- The Paramedic has communicated directly with the treating team responsible for the medical intervention and appropriate follow up has been organised, **OR**

- The paramedic has discussed the case with the 24/7 QAS Clinical Consultation and Advice Line.
Social history/support network
The paramedic should elicit information regarding the patient’s social history and support network to determine if there are any safety issues that would influence a decision regarding ambulance transport to hospital.

Non-urgent medical referral
If the paramedic considers that non-urgent medical treatment or review is required, possibly by a general medical practitioner, the paramedic must ascertain if the patient has a doctor that he or she attends, and if it is possible for the patient to attend in the recommended timeframe.

Private transport
If the paramedic is to consider an option which may require the patient access non-urgent medical or other services, the paramedic should ascertain if the patient has access to appropriate transport for this purpose.

Referral to support services
The paramedic should consider if the patient’s circumstances warrant referral to a support service.

Reasons for referral may include:
• domestic violence
• drug and/or alcohol abuse
• elder abuse or neglect
• suicide prevention
• bereavement support
• support for young people (12–25 years)

• victim of sexual assault
• mental health issues
• disability support
• homeless support
• elder not coping at home.

Person’s wishes
The paramedic must discuss with the patient, the various options available in the circumstances, other than ambulance transport to a hospital emergency department, and thereafter, ascertain the patient’s wishes in this regard.

Active and passive referral to a support service
• Active referral by a paramedic, on behalf of the patient, requires the prior consent of the person before the referral can be made.
• Passive referral does not require prior consent. Passive referral involves the provision of information with contact details of various support services, to the person, his or her carer, or substitute decision maker.
CLINICAL ASSESSMENT:
- Clinical assessment must be relevant to circumstances
- Provisional ambulance diagnosis must be made

Paramedic determines patient condition does NOT require ambulance transport to definitive care

INFORM PATIENT OF:
- Clinical assessment findings
- Possible/probable condition if relevant
- Recommend course of action (see below)

INFORM PATIENT OF:
- Non-urgent medical treatment and/or support service that are indicated and the timeframe in which the patient should access these services having regard for all circumstances.

ACTIVE REFERRAL:
- Diabetes service referral
- Patient consent required (other than in cases or reporting is required, e.g. child abuse)

PASSIVE REFERRAL:
- Provide patient with QAS Information Card

DOCUMENT:
- Findings of clinical assessment
- Information provided to patient
- Ambulance treatment provided
- Advice provided to patient regarding additional non-urgent medical treatment and/or support services plus recommended timeframe for same
- Referral process if used

Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.