# Non-Impaired Individual with Admitted Consumption / Odor of Alcohol on Breath Wishing to Refuse Medical Care and Transport

#### History:

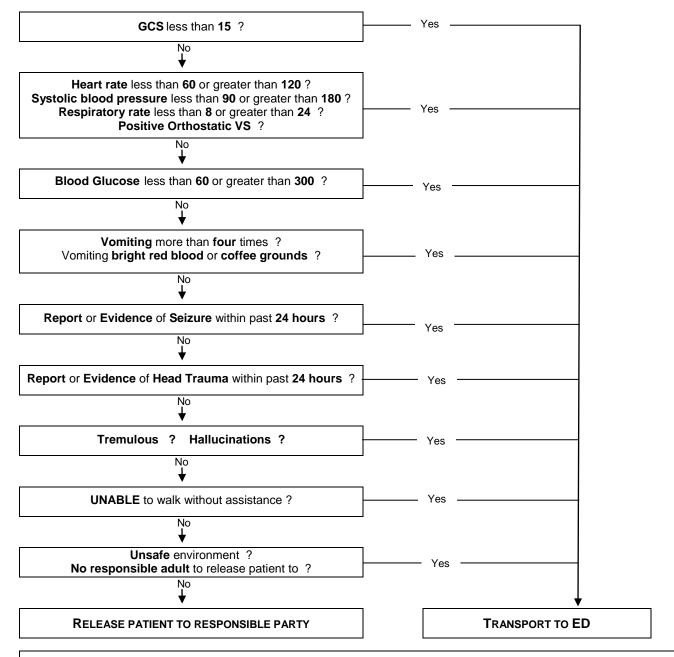
- Medical History
- Quantity / Duration of ETOH use
- Medications (Rx or recreational)

#### Signs and Symptoms:

- · Level of consciousness
- Vomiting
- Staggered gait
- Slurred speech
- Blurred vision

#### **Assessment Considerations:**

- Diabetic
- Psychiatric
- Overdose
- Stroke/Neuro
- Any Altered Mental Status



#### Pearls:

- Exam: Mental Status, Neuro, Vital Signs
- Serious medical conditions can present as inebriation. It is the pre-hospital provider's responsibility to rule out other causes.
- Unsafe environment means a place where physical injury (trauma or hypo/hyperthermia) is probable.

#### Disposition:

EMS Transport: Abnormal VS, GCS, glucose, possible hemorrhage, possible seizure

Other patients not released to responsible party

## LOYOLA UNIVERSITY MEDICAL CENTER • EMS SYSTEM

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# **CQI Report Form**

## Please indicate which of the following assessments were performed:

•	GCS less than 15		Yes	□ No	
•	Heart rate less than 60 or greater than 120 Systolic blood pressure less than 90 or greater than 180 Respiratory rate less than 8 or greater than 24 Positive Orthostatic VS		Yes	□ No	
•	Blood Glucose less than 60 or greater than 300		Yes	□ No	
•	Vomiting more than four times Vomiting bright red blood or coffee grounds		Yes	□ No	
•	Report or Evidence of Seizure within past 24 hours		Yes	□ No	
•	Report or Evidence of Head Trauma within past 24 hours		Yes	□ No	
•	Tremulous / Hallucinations		Yes	□ No	
•	Unable to walk without assistance		Yes	□ No	
•	Unsafe environment		Yes	□ No	
•	No responsible adult to release patient to		Yes	□ No	
•	Was SOP followed appropriately?		Yes	□ No	
	Patient Disposition				
	☐ Released to responsible party	□ Tr	Transported to ED		