

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

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 Yes No
Systolic blood pressure less than 90 or greater than 180
Respiratory rate less than 8 or greater than 24
Positive Orthostatic VS
- Blood Glucose less than 60 or greater than 300 Yes No
- Vomiting more than four times Yes No
Vomiting bright red blood or coffee grounds
- 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 Transported to ED