OXYGEN

NARCAN® NASAL SPRAY
4 mg

Scene Safe ?

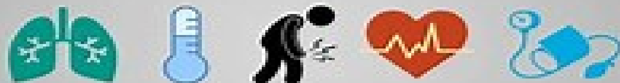
Chris can really belt 'em down, eh?

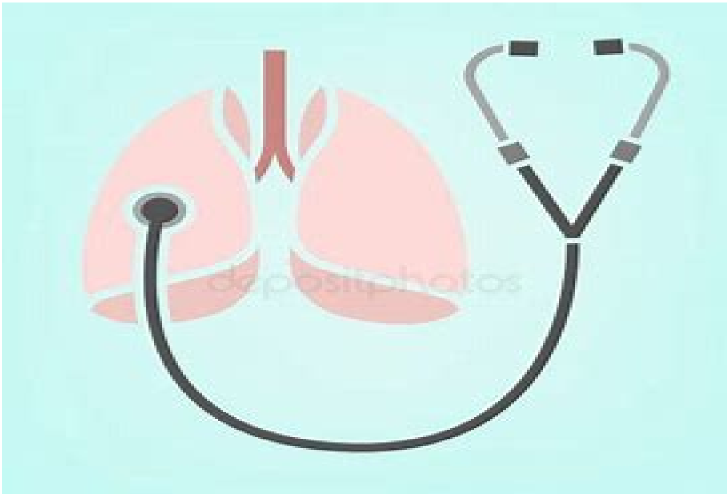
BSI - Body Substance Isolation

Ambulance -- ALS or BLS

SAMPLE

VITAL SIGNS





Lung Sounds

Refusal of Care Form

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

REFUSAL OF TREATMENT FORM

NAME OF YOUTH : ______________________ DATE: ____________

DATE OF BIRTH: ______________________ DJJID# ____________

I, ______________________ knowing that I have a condition requiring
Name of Youth
medical treatment and care, and having been informed of the benefits of the prescribed care, I willingly have decided for myself to:

PLEASE CHECK ALL APPLICABLE BOXES:

- ☐ Refuse Medication
- ☐ Refuse X-Ray Service
- ☐ Refuse Dental Care
- ☐ Refuse Other Diagnostic Test
- ☐ Refuse Off-Site Appointment
- ☐ Refuse Physical Examination
- ☐ Refuse Laboratory Services
- ☐ Refuse Tuberculosis Skin Test
- ☐ Refuse Immunization
- ☐ Other (Please Specify)

Reason for Refusal: ______________________

Benefits and potential consequences of refusal (i.e. worsening of medical condition, etc.) explained to the youth:

____

NOTIFY SUPERINTENDENT OR PROGRAM DIRECTOR, DESIGNATED HEALTH AUTHORITY OR DESIGNATED MENTAL HEALTH AUTHORITY OF ALL MEDICAL/MENTAL HEALTH TREATMENT REFUSALS.

Designated Health Authority or Designee Notified: ☐Yes ☐No

DHA Response: ______________________

______________________ Youth Signature ____________ Date

______________________ Nurse Signature ____________ Date

______________________ Witness Signature ____________ Date

Security or Police Assistance

Spinal Motion Restriction

AED