

EMERGENCY DEPARTMENT POLICIES

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Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	
Geriatric	

POLICY

The Emergency Department must make every effort to have the consent of at least one parent or the legal guardian of a minor before the minor may be treated. (Any individual under the age of 18 is considered to be a minor. However, if the minor is married or the parent of a child or emancipated, i.e., self-supporting and not living with the parent(s), the minor may consent for treatment himself). In addition, minors who are determined by the attending physician to be fully able to understand and evaluate the nature, risks and benefits of the proposed treatment may consent to care related to reproductive issues (i.e. pregnancy, sexually transmitted disease).

PROCEDURE

If a non-emancipated minor appears in the Emergency Department without a parent or guardian, the following steps should be taken:

1. Every effort should be made to contact the legally responsible person immediately to obtain consent to treatment.

2. The physician on duty should evaluate the minor's condition. As it is not always possible to make immediate contact with the parent or legal guardian, the following guidelines should be followed.
 - a. If the necessary treatment is considered, in the opinion of the physician, to be life-saving, treatment should begin immediately. The physician should note on the chart that the treatment is a life-saving measure and sign his/her name. If the statement is made by other than an attending physician or senior resident, the statement should be countersigned by the senior resident. The on call nurse manager and social worker should be notified of the situation.

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- b. suturing) good If the treatment is not considered life-saving, but necessary, (e.g., and in the physician's judgment delay would in any way impede a outcome in cases of minor injury, treatment may be given and the on call nurse manager and social worker notified.
- c. or In all cases, the parent's or legal guardian's consent should be obtained as soon as possible. If the service has already been performed, the parent's legal guardian's consent should be obtained as soon as possible after the rendering of the treatment.
- d. A telephone consent may be obtained. Two witnesses are required and their name/number must be documented on the chart. The witnesses are the doctor and either the telephone operator or another ED physician, social worker, nurse, or registrar. Consent for treatment and discharge should be obtained, as well as the necessary registration information. If a parent or legal guardian is not available, the on call nurse manager and social worker should be contacted. The attending physician or resident should include all documentation in the ED record.
- e. In all instances, the parent or legal guardian should be urged to come to the hospital to sign the consent forms.