

Indiana Physician Orders for Scope of Treatment (POST)

Follow these orders first. Contact treating physician, advanced practice nurse, or physician assistant for further orders if indicated. Emergency Medical Services (EMS) should contact Medical Control per protocol. These medical orders are based on the patient's **current** medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.

Patient Last Name	Patient First Name	Middle Init.
Birth date (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	Date prepared (mm/dd/yyyy)
Address (street / city / state / zip)		

A <small>Check One</small>	CARDIOPULMONARY RESUSCITATION (CPR): <i>Patient has no pulse <u>AND</u> is not breathing</i>	
	<input type="checkbox"/> Attempt Resuscitation/CPR	<input type="checkbox"/> Do Not Attempt Resuscitation/DNR
	<small>When not in cardiopulmonary arrest, follow orders in B and C and D</small>	

B <small>Check One</small>	MEDICAL INTERVENTIONS: <i>If patient has pulse AND is breathing OR has pulse and is NOT breathing.</i>	
	<input type="checkbox"/> Comfort Measures (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital ONLY if comfort needs cannot be met in current location. Treatment Goal: Maximize comfort through symptom management.	
	<input type="checkbox"/> Limited Additional Interventions In addition to care described in Comfort Measures Only, use medical treatment for stabilization, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible. Treatment Goal: Stabilization of medical condition.	
<input type="checkbox"/> Full Intervention In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs. Treatment Goal: Full interventions including life support measures in the intensive care unit. Additional Orders:		

C <small>Check One</small>	ANTIBIOTICS:	
	<input type="checkbox"/> Use antibiotics for infection only if comfort cannot be achieved fully through other means.	
	<input type="checkbox"/> Use antibiotics consistent with treatment goals. Additional Orders:	

D <small>Check One</small>	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Always offer food and fluid by mouth if feasible</i>	
	<input type="checkbox"/> No artificial nutrition.	
	<input type="checkbox"/> Defined trial period of artificial nutrition by tube. (Length of trial: _____ Goal: _____) <input type="checkbox"/> Long-term artificial nutrition. Additional Orders:	

E	DOCUMENTATION OF DISCUSSION:		
	Orders discussed with (check one):	<input type="checkbox"/> Patient (patient has capacity)	<input type="checkbox"/> Legal Guardian/Parent of Minor
		<input type="checkbox"/> Health Care Representative	<input type="checkbox"/> Health Care Power of Attorney
	SIGNATURE OF PATIENT OR LEGALLY APPOINTED SURROGATE (see back)		
	Signature (required)	Print Name (required)	Date (required)

F	SIGNATURE OF PHYSICIAN		
	<small>My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.</small>		
	Print Signing Physician Name (required)	Physician office Phone Number () _____ - _____	License Number
	Physician Signature (required)	Date (required)	Office Use Only

The POST form is **always voluntary**. POST is based on your goals of care and records your wishes for medical treatment. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. An Advance Directive, including appointing someone to speak on your behalf if you cannot speak for yourself, is recommended. You can identify a health care representative in the box below if you have not already done so.

Designation of Health Care Representative (Optional)

I hereby appoint: Name: _____ phone #: () _____

Relationship to patient: _____ Address: _____

as my representative to act in my behalf on all matters concerning my health care, including but not limited to providing consent or refusing to provide consent to medical care, surgery, and/or placement in health care facilities, including extended care facilities. This appointment shall become effective at such time and from time to time as my attending physician determines that I am incapable of consenting to my health care.

Patient Signature: _____	Date: _____	Witness (adult other than legally appointed surrogate): _____
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Contact Information

Surrogate identified in section E (required if patient has no capacity)	Address	Phone Number
Healthcare Professional Preparing Form	Preparer Title	Phone Number

Directions for Health Care Professionals

Completing POST

- POST orders should reflect current treatment preferences of the patient.
- If the patient lacks decisional capacity, form may be completed by legally appointed guardian, healthcare representative, healthcare power of attorney, or parent of minor. The authority of the named surrogate is bound by Indiana statutes.
- Verbal / phone orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- The POST form is the personal property of the patient. Use of original form is encouraged, however photocopies and faxes are also legal and valid.

Using POST

- Any section of these *Medical Orders* not completed implies full treatment for that section.
- Oral fluids and oral nutrition must always be offered if medically feasible.
- Comfort care is never optional. When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., hip fracture).
- Persons who are in need of emergency medical services due to a sudden accident or injury outside the scope of the person's illness should receive treatment to manage their medical needs.
- IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- Treatment of dehydration is a measure that may prolong life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment" in section B on page one of this form.
- If a health care provider considers these orders medically inappropriate, he or she may discuss concerns and revise orders with the consent of the patient or authorized surrogate.
- If a health care provider or facility cannot comply with the orders due to policy or personal ethics, the provider or facility must arrange for transfer of the patient to another provider or facility and provide appropriate care in the meantime.
- In the event the patient is hospitalized, the admitting physician should evaluate the patient and review the POST form. New orders may be recommended based on the patient's condition and their known preferences or, if unknown, the patient's best interest.

Reviewing POST

This form should be periodically reviewed and in the following circumstances:

- There is a substantial change in the patient's health status.
- The patient is transferred from one care setting or care level to another or the treating physician changes.
- The patient's treatment preferences change.

Voiding POST

- A person with capacity, or the valid surrogate of a person without capacity, can void the POST orders and any time.
- Draw line through sections A through D and write "VOID" in large letters if POST is replaced or becomes invalid.
- If included in an electronic medical record, follow voiding procedures of facility/community.

The Indiana POST Program

Physician Orders for Scope of Treatment

House Bill 1182

Authored by Rep. Tim Brown, MD, & Rep. Ed Clere

In consultation with the Indiana Patient Preferences Coalition

When patients nearing the end of life cannot speak for themselves, POST lets health care providers know exactly what treatments a patient does and does not want to receive. Unlike a living will, the POST form contains medical orders that are immediately actionable by all health care providers, including emergency medical personnel. The POST travels with patients throughout the healthcare system to ensure their wishes are known and honored regardless of the setting.

What is POST?

- ❖ The POST form is a medical order form that documents a patient’s treatment preference as medical orders that can be easily understood and enacted by health care providers.
- ❖ The POST form documents patients’ preferences about a range of treatment options, including resuscitation, intubation, hospitalization, antibiotics, and feeding tubes.
- ❖ POST is a communication tool, written by and for healthcare providers.
- ❖ Similar programs are used in 16 states and the POST has been identified as a preferred practice by the National Quality Forum.
- ❖ Research suggests that POST is effective at ensuring patient treatment preferences are honored.

Indiana needs a POST Program because POST fills a serious gap:

	Indiana Living Will	Out-of-Hospital DNR	POST
Allows all adults to document general preferences for end of life care?	YES	NO	NO
Physician orders that can be followed outside an acute care hospital?	NO	YES	YES
Can be honored by emergency medical personnel?	NO	YES	YES
Available for patients with a terminal condition?	YES	YES	YES
Available for patients with advanced chronic progressive illness or frailty?	YES	NO	YES
Requires a physician’s signature?	NO	YES	YES
Allows patients to express their preferences for a range of specific treatment options?	NO	NO	YES
Patient wishes can be understood without interpretation?	NO	YES	YES
Requires a discussion between the patient and his or her physician about treatment options?	NO	NO	YES
Reduces or eliminates the burden on family members to make treatment decisions on behalf of the patient?	NO	NO	YES

When and how should a POST form take effect?

- ❖ POST is not an advance directive or living will. The living will allows healthy adults an opportunity to express their wishes should a catastrophic illness or injury occur. The POST allows a person with an advanced illness or condition to determine the level of care they will receive as their disease/condition progresses and to have these preferences documented as medical orders.
- ❖ The POST form allows patients to document their preferences to have or decline treatments.
- ❖ Completion of a POST form is highly recommended for hospitalized patients being discharged to nursing homes or to their own home with hospice or home health care. Completion of POST forms is also recommended for nursing home residents either at the time of admission to the nursing home or during quarterly care planning as well as hospice patients. However, use of a POST form is always voluntary.
- ❖ Physicians, nurses, social workers, or other designated health care professionals fill out the POST form based on a meaningful discussion with the patient or the patient's health care representative. The POST form takes effect only after the patient's physician reviews and signs the form.
- ❖ If a patient's condition changes, it is appropriate to reconsider the treatment plan. The POST form can always be voided and another form executed with different orders. Otherwise, the POST form remains in effect and should be followed unless there is a different request by the patient or, when appropriate, the patient's legally authorized representative.

Why should YOU support this bill?

Your support of House Bill 1182 is essential to improve the quality of care for seriously ill Hoosiers.

- ❖ Under the current system in Indiana:
 - Patients and families struggle with having to make difficult treatment decisions in a crisis rather than through a more thoughtful process in advance.
 - Patients suffer from poor continuity of care across treatment settings. Treatment decisions made in one health care setting are lost when patients move between settings.
 - Health care providers do not have the information they need to honor patient treatment preferences.
- ❖ Legislation is required in order for there to be an Indiana POST Program. POST will help improve the lives of Hoosiers by encouraging conversations in advance and ensuring decisions are documented as medical orders that can be followed by healthcare professionals throughout the healthcare system.

Additional Information

Additional information about the Indiana POST Program can be found at:

<http://www.iupui.edu/~irespect/POST.html>

Or by contacting the Indiana Patient Preference Coalition Co-Chairs:

- ❖ Gerald Walthall, M.D., Franciscan St. Francis, at gerald.walthall@franciscanalliance.org
 - ❖ Susan Hickman, Ph.D., IU School of Nursing, at hickman@iupui.edu
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