

Facing Serious Illness: Make Your Wishes Known to your Health Care Professional

Your Guide to the Indiana POST (Physician Orders for Scope of Treatment) Program

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Your Guide to the Indiana POST (Physician Orders for Scope of Treatment) Program


POST: What is it?

POST is a medical order for people with advanced chronic progressive illness or frailty. It can also be used by patients with a terminal condition or who are unlikely to benefit from Cardiopulmonary Resuscitation (CPR). If you are someone with one or more qualifying conditions, you can complete a POST form with a health care professional to direct the kinds of treatment you want in a medical crisis. POST orders give you more control over the treatments you receive in an emergency situation. The form also works to guide treatment decisions if you later lose the ability to speak for yourself.

Once the physician confirms you are qualified to have a POST, the physician will talk with you about your treatment preferences. The POST order must be signed by your physician and you or your legally appointed representative. Since it is a medical order that will be followed in an emergency, it is important that it reflect your preferences *now*, in your *current* state of health.

POST: Why is it Important?

When you are unable to speak for yourself, it is very important to make sure your loved ones and health care professionals know what kinds of medical treatment you want and do not want. The POST (Physician Orders for Scope of Treatment) program was developed to help you achieve this goal.

 INDIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST) <small>Indiana State Department of Health – IC 16-30-6</small>		
<small>INSTRUCTIONS: This form is a physician's order for scope of treatment based on the patient's current medical condition and preferences. The POST should be reviewed whenever the patient's condition changes. A POST form is voluntary. A patient is not required to complete a POST form. A patient with capacity or their legal representative may void a POST form at any time by communicating that intent to the health care provider. Any section not completed does not invalidate the form and implies full treatment for that section. HIPAA permits disclosure to health care professionals as necessary for treatment. The original form is personal property of the patient. A facsimile, paper, or electronic copy of this form is a valid form.</small>		
Patient Last Name	Patient First Name	Middle Initial
Birth Date (mm/dd/yyyy)	Medical Record Number	Date Prepared (mm/dd/yyyy)
DESIGNATION OF PATIENT'S PREFERENCES: The following sections (A through C) are the patient's current preferences for scope of treatment.		
A <small>Check One</small>	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse AND is not breathing <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR <small>When not in cardiopulmonary arrest, follow orders in B, C and D</small>	
B <small>Check One</small>	MEDICAL INTERVENTIONS: If patient has pulse AND is breathing OR has pulse and is NOT breathing <input type="checkbox"/> Comfort Measures (Allow Natural Death): Treatment Goal: Maximize comfort through symptom management. 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. <input type="checkbox"/> Limited Additional Interventions: Treatment Goal: Stabilization of medical condition. In addition to care described in Comfort Measures above, 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. <input type="checkbox"/> Full Intervention: Treatment Goal: Full interventions including life support measures in the intensive care unit. In addition to care described in Comfort Measures and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.	
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.	
D <small>Check One</small>	ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and fluid by mouth if feasible. <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.	
OPTIONAL ADDITIONAL ORDERS:		
SIGNATURE PAGE: This form consists of two (2) pages. Both pages must be present. The following page includes signatures required for the POST form to be effective.		

Patient Name: _____ Date of Birth (mm/dd/yyyy): _____		
E SIGNATURE OF PATIENT OR LEGALLY APPOINTED REPRESENTATIVE: In order for the POST form to be effective, the patient or legally appointed representative must sign and date the form below. My signature below indicates that my physician or physician's designee discussed with me the above orders and the selected orders correctly represent my wishes.		
Signature (required by statute)	Print Name (required by statute)	Date (required by statute) (mm/dd/yyyy)
F CONTACT INFORMATION FOR LEGALLY APPOINTED REPRESENTATIVE IN SECTION E (IF APPLICABLE): If the signature above is other than patient's, add contact information for the representative.		
Relationship of representative identified in Section E if patient does not have capacity (required by statute)	Address (number and street, city, state, and ZIP code)	Telephone Number
PHYSICIAN ORDER: A POST form may be executed only by an individual's treating physician and only if: (1) the treating physician has determined that: (A) the individual is a qualified person; and (B) the medical orders contained in the individual's POST form are reasonable and medically appropriate for the individual; and (2) the qualified person or representative has signed and dated the POST form. A qualified person is an individual who has at least one (1) of the following: (1) An advanced chronic progressive illness. (2) An advanced chronic progressive frailty. (3) A condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty, (A) there can be no recovery; and (B) death will occur from the condition within a short period without the provision of life prolonging measures. (4) A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death.		
G DOCUMENTATION OF DISCUSSION: Orders discussed with (check one): <input type="checkbox"/> Patient (patient has capacity) <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Power of Attorney		
H SIGNATURE OF TREATING PHYSICIAN: My signature below indicates that I or my designee have discussed with the patient or patient's representative the patient's goals and treatment options available to the patient based on the patient's health. My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.		
Signature of Treating Physician (required by statute)	Print Treating Physician Name (required by statute)	Date (required by statute) (mm/dd/yyyy)
Physician Office Telephone Number (required by statute)	Physician License Number (required by statute)	Health Care Professional preparing form if other than the physician
I APPOINTMENT OF HEALTH CARE REPRESENTATIVE: As patient you have the option to appoint an individual to serve as your health care representative pursuant to IC 16-36-1-1. You are not required to designate a health care representative for this POST form to be effective. You are encouraged to consult with your attorney or other qualified individual about advance directives that are available to you. Forms and additional information about advance directives may be found on the ISDH web site at http://www.in.gov/isdh/25589.htm .		

Is POST Required?

No. Filling out a POST form is completely up to you. It's your choice. It's always voluntary and can be changed any time at your request.

POST: How is it Used?

The POST form is a medical order for recording patients' wishes about treatments that are commonly used in a medical crisis. Emergency personnel, such as paramedics, EMTs and emergency physicians, will follow these orders. Without a medical order such as a POST, paramedics and EMTs are required to provide every possible medical treatment to sustain life.

The POST form is also helpful in guiding treatment after the initial emergency. It gives you a way to tell doctors, nurses, and other health care professionals what types of treatment you prefer. You can choose to have or forgo those medical treatments depending on your wishes and treatment plan. The form can be changed whenever your wishes change.

Because the POST form is not for future wishes—when your health may have deteriorated—it is very important that POST orders show what treatments you want now, in your *current* state of health. These orders will be followed in a medical emergency, so they must reflect the treatment you would want if that medical crisis were to happen today. In contrast, Indiana's Advance Directives allow you to state your future wishes. Advance Directives are discussed below.

Should I Have a POST Form?

POST is for those with advanced chronic progressive illness—such as advanced heart disease, advanced lung disease, or cancer that has spread—or for those who are older with advanced frailty. It is also for patients who are unlikely to benefit from CPR and patients who have a terminal condition, which is defined in Indiana law (IC-16-36-6) as “a condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty, there can be no recovery and death will occur from the condition within a short period of time without the provision of life-prolonging procedures.”

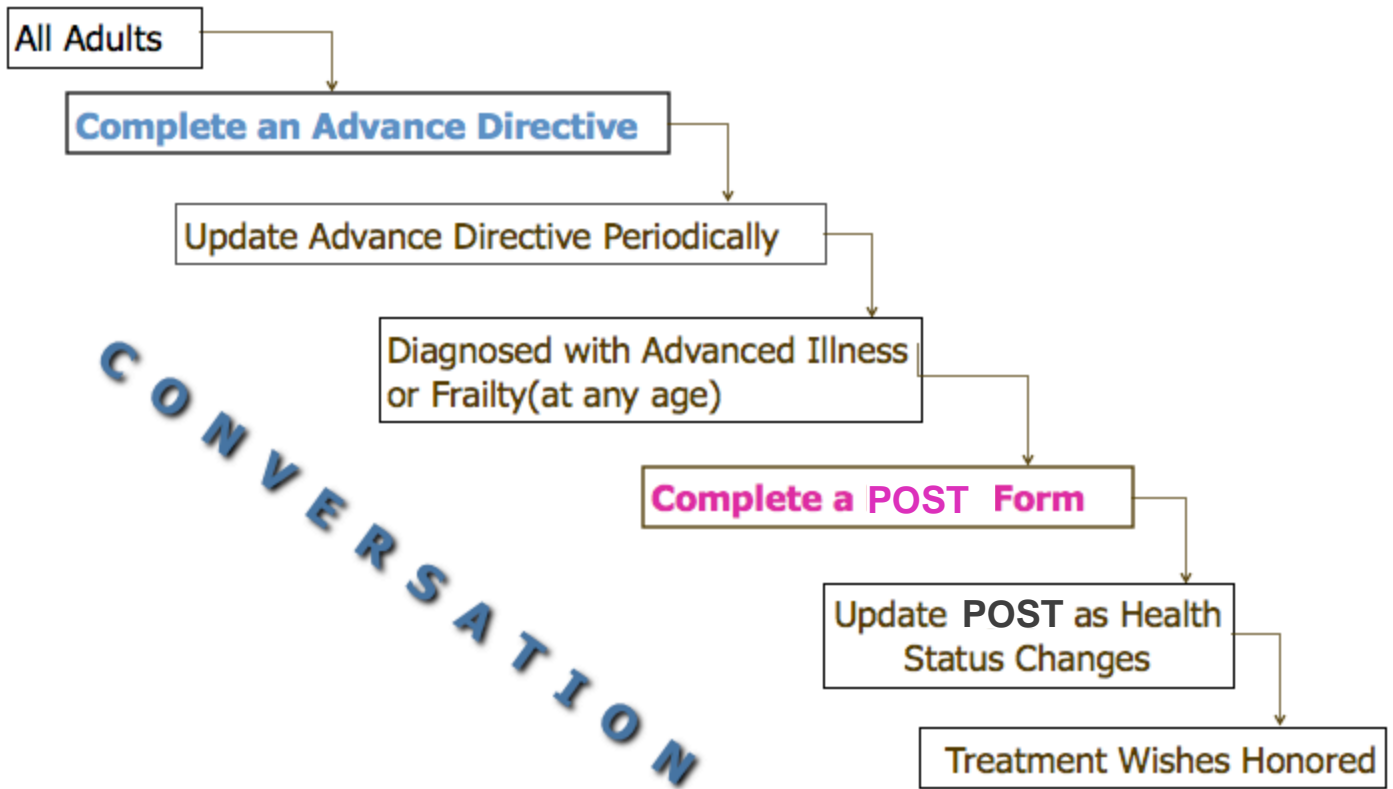


Julie Turkewitz, 2012

This woman is in her 60s and is in excellent health. She has an advance directive but is too healthy to have a POST form at this time.

POST is not for everyone. For example, many people in their 60s are too healthy to need a POST form. If something suddenly happened, many healthy seniors would want everything done while more was learned about what was wrong and their chances of recovery. Healthy people should have an Advance Directive. Later, if you become sicker or frailer, you or your legally appointed representative can complete a POST form to turn your treatment preferences into action.

How do Advance Directives and POST work together?



Adapted with permission from California POLST Education Program
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What is an Advance Directive?

Indiana's Advance Directives are available to all capable adults—no matter your health status. Indiana's Advance Directives are legal documents that allow you to do two types of things:

- Choose a Health Care Representative or Attorney in Fact for health care—someone to make health care decisions for you if you are unable to speak for yourself.
- Write down your wishes for future life-prolonging treatments if you ever develop a terminal condition.

When preparing an Advance Directive, it is very important to talk with your loved ones and health care representative about your future health care instructions.

Because an Advance Directive's primary purpose is not to guide emergency medical care, the POST form was created for times of medical crisis. The Advance Directive and POST work together to ensure your wishes are known. To learn more about completing an Advance Directive, go to: <http://www.in.gov/isdh/25880.htm> or www.caringinfo.org

How is the POST Form Different?

POST is different than an Advance Directive:

- POST is for those with advanced chronic progressive illness or frailty, terminal conditions, or those unlikely to benefit from CPR. It is not for all adults.
- POST describes your wishes about certain medical treatments now, in your *current* state of health.
- POST is a signed medical order for emergency personnel to follow in a medical crisis.
- POST orders go where you go—at home, the hospital, or your long-term care facility.
- An Advance Directive allows you to document future preferences for life-prolonging treatment when you cannot speak for yourself. It also lets you give authority to one or more representatives to communicate and make decisions on your behalf.

Having a Good Conversation About Your Treatment Options

You cannot complete the POST form on your own. You will need to have a conversation with your health care professional about your treatment options. This will include talking about difficult topics, including dying. Make sure you talk frankly with your health care professional about the end-of-life treatments you want or don't want, and how likely treatments are to work for you.

Having an in-depth conversation about your treatment options will better ensure that your health care provider and loved ones understand your wishes. The POST form provides a framework for having and documenting this important conversation.

Who Completes and Signs the POST Form?

If you are able to speak for yourself, you can complete the POST form with your health care professional. If you are unable to speak for yourself, your legally appointed representative can complete a POST form on your behalf. Because the POST form contains medical orders, it must be signed by a physician.

Who Can Speak for Me if I Can No Longer Communicate?

If you are unable to communicate, someone else may be able to complete a POST form with your health care professional on your behalf.

Indiana's Advance Directives allow you to legally appoint someone to speak for you. This person is known as your legally appointed representative. He or she can be appointed as a Health Care Representative or as a Health Care Power of Attorney. This is a person you choose

to represent you to make sure your health care decisions are honored if you are unable to speak for yourself. If you do not appoint a Health Care Representative or Health Care Power of Attorney and if a medical crisis arises in which you cannot speak for yourself, Indiana law outlines a specific group of people (surrogates) who are allowed to make medical decisions on your behalf.

Who Can Serve as my Legally Appointed Representative in my Advance Directive?

You should choose the person you feel the most comfortable with to make medical decisions that honor your wishes. This person must be at least 18 years of age and capable of making health care decisions. It is also important to choose someone who will be available to make decisions for you when or if the need arises. You can name 2 or more representatives in order of priority. You can also name 2 or more representatives with the authority to act individually and independently.

Without a Health Care Representative, Who Can Be Appointed to Represent You?

Under Indiana law, there are a number of people with the authority to make health care decisions for you if you have not appointed a Health Care Representative or Health Care Power of Attorney. If you have not appointed either type of representative in a written document, a court of law could appoint a guardian. The court-appointed guardian would have primary authority to make health care decisions for you, unless the court order appointing the guardian has prohibited the guardian from making health care decisions (This is rare).

However, most people who have not appointed a health care representative in writing also do not have a court-appointed guardian. In such a situation, the following individuals collectively would make health care decisions for you, but they cannot sign a POST on your behalf:

- (a) Your spouse;
- (b) Any of your adult children;
- (c) Either of your parents;
- (d) Any of your adult siblings; or
- (e) Your religious superior, if you are a member of a religious order.

A doctor, hospital or other health care provider may rely on instructions or consents given by the family member who is acting as the spokesperson when there appears to be a consensus about what to do. If no signed Advance Directive is in place and if none of the people described above are available, life-sustaining procedures may be withheld or withdrawn only on the basis of a petition to a court and a court order. Some health care providers have additional policies and procedures for decision-making if an individual does not have a legally designated representative.

Should I Sign the POST Form, Too?

Yes. If you are a qualified person, would like to have a POST form, and are able to communicate your preferences in a POST form, you should to sign and date the form yourself.

Where do I keep my POST form?

Once signed, a copy of the POST form will become part of your medical record.

- If you are at home, place the form on your refrigerator or with your medications. Emergency personnel have been instructed to first check for your POST next to your medications, but there may be a different standard for your community. We recommend you call your local firehouse and ask where they recommend you keep your form.
- If you are in a hospital, nursing home, or assisted living facility, it will be in your chart or file. If you go to a medical facility or hospital, bring your POST form with you.

What if I Change My Mind?

POST records your wishes for medical treatment now, in your *present* state of health. If your wishes change, talk with your health care professional as soon as possible so that a new POST can be completed.

Your POST should be reviewed when:

- You are transferred from one care setting or care level to another;
- There is a substantial change in your health status;
- Your treatment preferences change; or
- Your primary care provider changes.

POST: What the Treatment Options Mean

The POST form lists some of the medical treatments you can choose to have or not have. Your health care professional can help you decide which options will best help you reach the goals you have for your care. The POST form also directs initial treatment in an emergency.

Treatments once started can be continued, changed or discontinued once more is known about your illness.

Section A

A <i>Check One</i>	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse AND is not breathing <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR When not in cardiopulmonary arrest, follow orders in B, C and D
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Section A of the POST form is about resuscitation and directs paramedics and EMTs about whether to attempt resuscitation when your heart stops and you stop breathing. When filling out this part of the form, it is important to have a discussion with your health care provider about whether cardio pulmonary resuscitation (CPR) is likely to be effective.

In a POST-appropriate population of people with advanced illness and frailty, the likelihood that CPR will be successful is low. In the hospital, resuscitation is successful for approximately 17% of patients. In the nursing home, resuscitation is successful for less than 3% of patients. These odds are acceptable to some patients. Most patients who have enrolled in hospice or who are receiving long-term nursing care choose the option ‘do not attempt resuscitation,’ also known as a DNR order.

It’s important for you to understand what each of these options mean, so make sure you talk to your health care provider before you make any decisions. You can then choose what treatment options you prefer.

Section B

B <i>Check One</i>	MEDICAL INTERVENTIONS: If patient has pulse AND is breathing OR has pulse and is NOT breathing <input type="checkbox"/> <u>Comfort Measures (Allow Natural Death):</u> Treatment Goal: Maximize comfort through symptom management. 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. <input type="checkbox"/> <u>Limited Additional Interventions:</u> Treatment Goal: Stabilization of medical condition. In addition to care described in Comfort Measures above, 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. <input type="checkbox"/> <u>Full Intervention:</u> Treatment Goal: Full interventions including life support measures in the intensive care unit. In addition to care described in Comfort Measures and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.
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The decisions made in Section B of the POST are VERY important in guiding the direction of your treatment. Your goal may be to focus solely on comfort care, or on limited treatments that are likely to restore you to your current health, or on full life-sustaining treatments in the hospital’s Intensive Care Unit (ICU).

Section B allows you to let your health care professionals know what type of care and treatment you do or do not want, such as intubation and mechanical ventilation. If you are without a POST form you will receive full treatment, including life-sustaining measures in the ICU. Regardless of which level of care you select, comfort care will always be provided.

Comfort Measures

Choose this if you want the focus of your care to be on spending time with family and on maximizing comfort through managing your symptoms. People who choose this option prefer not to be hospitalized. Comfort measures are meant to make you feel comfortable and reduce your pain. They are not meant to make you live longer. A person who requests “comfort measures only” on their POST form would be transferred to the hospital only if his or her comfort needs could not be met in the current location.

Limited Additional Interventions

Choose this if you would like to return to the hospital for basic medical treatments such as antibiotics for infections or intravenous fluids for dehydration. People who opt for this choice generally wish to avoid the ICU and do not want to be put on a breathing machine.

Full Treatment

Choose this if you would like full treatment with the hope of sustaining life, including use of a breathing machine and other treatments in an ICU.

Section C

C Check One	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.
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The decisions made in Section C will determine how antibiotics are used to treat infection. Antibiotics can be a life-sustaining intervention. In some cases, the antibiotic might provide little or only temporary benefit and might only serve to prolong dying. Patients who do not wish to have their life prolonged by receiving antibiotics will still receive interventions that will promote comfort even in the presence of an infection.

Section D

D Check One	ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and fluid by mouth if feasible. <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.
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Indiana law presumes that you would want artificial nutrition unless you have indicated otherwise. You can use the POST form to document whether you would or would not want artificial nutrition.

Food and fluids are always offered by mouth when the patient is able to safely swallow. Some patients would prefer long- term artificial nutrition by tube. Studies have shown that for patients with some conditions (for example those with permanent coma) artificial nutrition by tube can lengthen lives. However, for patients with advanced cancer or Alzheimer’s dementia, tube feeding may not lengthen life.

Others want a for a specified example, if you have difficulty therefore need a month while you

Tube Feeding
 This is a way of feeding a person through a tube either in his/her nose or directly through the skin into his/her stomach.

feeding tube only period—for suffer a stroke and swallowing, and feeding tube for a recover.

Section E

The form must be signed by you or your legally appointed representative.

Patient Name: _____ Date of Birth (mm/dd/yyyy): _____

	SIGNATURE OF PATIENT OR LEGALLY APPOINTED REPRESENTATIVE: In order for the POST form to be effective, the patient or legally appointed representative must sign and date the form below.		
E	SIGNATURE OF PATIENT OR LEGALLY APPOINTED REPRESENTATIVE My signature below indicates that my physician or physician’s designee discussed with me the above orders and the selected orders correctly represent my wishes.		
	Signature (required by statute)	Print Name (required by statute)	Date (required by statute) (mm/dd/yyyy)

Section H

The form also must be signed by a physician to be valid.

Parent or minor Health Care Power of Attorney

H	SIGNATURE OF TREATING PHYSICIAN My signature below indicates that I or my designee have discussed with the patient or patient’s representative the patient’s goals and treatment options available to the patient based on the patient’s health. My signature below indicates to the best of my knowledge that these orders are consistent with the patient’s current medical condition and preferences.		
	Signature of Treating Physician (required by statute)	Print Treating Physician Name (required by statute)	Date (required by statute) (mm/dd/yyyy)
	Physician Office Telephone Number (required by statute)	Physician License Number (required by statute)	Health Care Professional preparing form if other than the physician

For more information:
Ask your health care provider
or visit:

www.indianapost.org

<http://www.in.gov/isdh/25880.htm>

POST Checklist

- Consider an Advance Directive **in which you appoint an attorney in fact (POA) for health care or a health care representative** to guide future treatment if you cannot speak for yourself.
- Understand what the POST form offers.
- Have a conversation about your wishes with your health care professional and share those wishes with your legally appointed representative and family members.
- If you have advanced chronic progressive illness or frailty, a terminal condition, or a condition that makes it unlikely you would benefit from CPR, consider completing a POST form with your health care professional to reflect your wishes in your current state of health.
- Make sure that both you and your treating physician have signed and dated the POST form.
- Put a copy of your form on your refrigerator or with your medications, and bring a copy of the form with you to the hospital or health care facility.
- When your treatment preferences change, create a new POST form with your health care professional.