Physician Orders for Scope of Treatment (POST): What it means for Indiana

A summary of what POST is and how it will impact the certified individual, provider organizations, state of Indiana, and our citizens.

This is a work product of the Indiana Fire Chiefs Association EMS Section in conjunction with the Indiana Patient Preferences Coalition and approved by the Indiana Department of Homeland Security

The Indiana POST Act (HEA 1182) became effective July 1, 2013. An update to the statute (HEA 1119) took effect on July 1, 2018. The updated act can be reviewed in its entirety at: https://iga.in.gov/legislative/2018/bills/house/1119#document-2ff04832.

Indiana's advance directive statutes and Out-of-Hospital Do Not Resuscitation (DNR) orders were updated in SEA 204, which became effective on July 1, 2021. The updated act can be reviewed at: http://www.iga.in.gov/legislative/2021/bills/senate/204 .

Unlike most traditional living wills, the POST program alters the kind of treatments people receive near the end of life so that it is consistent with their preferences. Unlike traditional code status orders, which narrowly focus on decisions about resuscitation, POST permits individualization of treatment goals to better reflect the myriad decisions people face in the last year of life. (http://www.indianapost.org)

Contents:

Frequently Asked Questions (FAQs):

1. ***What advance care planning forms do we have in Indiana?***
    a. ***POST***
    b. ***Out of Hospital DNR***
    c. ***Health care representative appointment***
    d. ***Statement of Preferences***
2. ***What is POST?***
    a. ***Sections of the POST form explained***
3. ***How is a POST form different from an Out-of-Hospital DNR order?***
4. ***How is a POST form different from an advance directive?***
5. ***How might POST affect care for an individual?***
6. ***Who should honor a POST form?***
7. ***When might I start seeing POST forms?***
8. ***What makes a POST form valid?***
9. ***What if the patient has multiple POST forms?***
10. ***Am I protected, legally, if for some reason I do not follow the POST form?***

1. *What advance care planning forms do we have in Indiana?*

Advance care planning forms are legal documents that spell out what care you would like to receive if you experience a life-altering event. There are numerous types of legally recognized advance directives in Indiana. Advance directives discussed in this packet are:

a. POST

b. Out of Hospital DNR

c. Health Care Representative Appointment

d. Statement of Preferences

2. What is POST?

The Indiana POST is a form that is used to document an individual's treatment preferences in the form of medical orders. The POST form is designed to transfer with an individual throughout the healthcare system to ensure treatment preferences are honored across all care settings. (http://www.indianapost.org) It is designed for persons with advance chronic progressive disease, frailty, or terminal conditions. These are persons for whom the medical provider would not be surprised if they died within the next 1 to 2 years because of their advanced disease. Persons with these life-limiting conditions experience diminished benefits from treatments and increased burden as their condition progresses. They are also more likely to experience life-threatening complications. The centerpiece of the program

a. Sections of the POST form explained:

EMS will utilize Sections A, B and reference E and H

Section A on the POST form focuses on the Code Status - specifically whether a full resuscitation attempt should be initiated or should not be initiated.

Section B deals with the level of medical interventions a patient desires. This can range from comfort measures only (pain medications and comfort but allow a natural death) to minimal interventions (IV, Intubation decision, fluids and cardiac interventions) to a choice for full treatment.

Sections C and D focus on antibiotics and artificial nutrition respectively. These are for facility use but should be noted as being on the same POST form, as there are not separate forms for separate agencies.

Section E documents that a discussion occurred with the patient or the patient's representative with the appropriate signatures.

Section H is for the signature of the physician, advanced practice registered nurse, or physician assistant.

3. How is a POST form different from an OHDNR?

- An Out of Hospital DNR (OHDNR) form and a POST form both include orders about cardiopulmonary resuscitation (CPR).
- An OHDNR is for a person who is “terminally ill” or would not be expected to recover well from CPR and, therefore, resuscitation efforts should be withheld. POST is used with this same patient population.
- The OHDNR is used to document a DNR order. The POST can be used to document either are DNR or Full Code order.
- POST can also be used to document orders for medical interventions including intubation (Section B), antibiotics (Section C) and artificial nutrition (Section D).

4. How is a POST form different from an advance directive?

- POST contains medical orders that are valid throughout the health care setting. In contrast, an advance directive contains a person's preferences for care at the end of life and/or identifies who is authorized to speak on their behalf if they lack decisional capacity.
- Health care providers are required to honor POST orders. However, healthcare providers are not required to honor preferences expressed in an advance directives.
- ***EMS is required to honor POST orders. However, preferences in an advance directive (or "living will") are not traditionally honored by Indiana Emergency Medical Services*** but are used in hospital situations. If a living will is to be honored by EMS Providers in any form, Medical Direction involvement is required.
- Any adult can complete an advance directive. However, a POST form is *only* for those already experiencing advanced disease that is life limiting or terminal. The POST specifically outlines treatments that a person would like to receive or not receive. The difference is that this form is only for those with advanced chronic progressive disease, frailty, or terminal conditions that can expect to face decisions regarding life-prolonging procedures in the near future. It requires a physician, advanced practice registered nurse, or physician assistant's signature and is a medical order.

5. *How might POST affect care for an individual?*

An individual with a POST form should expect that the orders on the form will be honored across all healthcare settings. EMS Providers (with Medical Control consultation or Standing Orders), Extended Care Facilities, Hospitals and Hospice Care are required to follow POST orders. This uniformity of care will work to insure that all will follow the individual's decisions for care. The care will be guided and directed by decisions agreed upon by the individual, physician, advanced practice registered nurse, or physician assistant and preferably also the family.

In contrast, an advance directive is used by an individual to state who is legally authorized to speak on their behalf and what they believe they would like to have, or not have, done **IF** they are suddenly unable to choose due to an acute situation. An advance directive is not a medical order. A person who documents treatment preferences in an advance directive can expect that their preferences will be honored in the Hospitals, but not by Emergency Medical Services. The inability to honor treatment preferences recorded in an advance directive can cause conflicts in care.

6. *Who should honor a POST form?*

All healthcare providers are legally required to honor the POST form.

If the patient has the capacity to make decisions for their own care when responding to a call, you should discuss POST orders with the patient and reaffirm their decisions as outlined on the POST. However the patient or legal representative of the patient can revoke the POST at any time or request alternative treatment and may do so during the call.

EMS personnel should have standing orders delineating how their Medical Director would like them to treat a person with a POST form or have the ability to contact Medical Control for orders in isolated situations. The POST form can be addressed just as the DNR form is currently addressed.

7. When might I start seeing POST forms?

The Indiana POST form became available on the Indiana State Department of Health website by July 1, 2013. It is used in extended care facilities across the state.

EMS personnel should look for POST forms: in the patient's medical record at extended care facilities; or in with the patient's medications or on their refrigerator at home. If you do not see one, ask!

A push is being made for the POST to be printed on bright pink paper; however that is not required by statute. The POST is the property of the patient and should accompany the patient at the time of transfer.

8. What makes a POST form valid?

A POST form does not have to be completely filled out in order to be valid. Sections left empty imply full consent to receive that treatment.

The only requirements are that the POST form include the following:

- The name of the individual (patient);
- Code status orders in Section A (attempt resuscitation/Full Code or Do Not Attempt Resuscitation/DNR) ;

- Dated signature of the treating physician, advanced practice registered nurse, or physician assistant;
- Dated signature of the qualified individual or the legally authorized Representatives); and
- The form should be in English.

Copies of the POST are as valid as the original. The POST form may be printed on any color paper including white. The original remains the property of the individual and not a specific institution or medical provider.

Out of state POST forms may be honored. Forms that are substantially similar to the Indiana POST form are valid in Indiana and may be honored. The form must be the other state's official form and it must be signed by the physician, advance practice nurse, or physician assistant along with the signature of a qualified patient or representative. The form must also be in English. To verify if the form is the official state version, visit www.polst.org .

9. *What if the patient has multiple POST forms?*

In a situation where an individual has multiple POST forms, the most recent or updated version should be the version that is followed. If there is a question regarding validity, then the physician, advanced practice registered nurse, or physician assistant should be contacted in order to obtain verification.

10. *Am I protected, legally, if for some reason I do not follow POST?*

Maybe. The POST statute includes a conscience clause that protects healthcare providers when they act in good faith to honor the POST orders. In addition, a healthcare provider may choose not to honor the POST orders if the provider believes:

- the form is invalid;
- the form has been revoked;
- the declarant or his/her representative have requested alternative treatment;
- the POST orders would be medically inappropriate for the patient; or
- the POST orders conflict with the care provider's religious or moral beliefs.

Family members may ask you to provide different care than the POST form reflects. The POST form, however, cannot be modified by anyone other than the patient or a legally appointed representative. Just remember that the POST form reflects the patient's wishes and you are protected when you honor the POST form in good faith.

CASE EXAMPLES

You are called to the scene of an automobile collision and find a 68 year old male who is unresponsive and has sustained life-threatening injuries. His son, the driver of the vehicle, advises you that his father has a POST and presents the form to you. He states that he would like the POST followed. You note that in Section A the patient has chosen to be a DNR and in Section B the patient has chosen comfort measures only. What do you do? The trauma is obviously not the reason for the POST form, can you honor it?

POST orders do not mean that you withhold care from your patient. In trauma situations, it is best to treat and transport according to your Standing Orders. The POST orders will be used at the hospital to determine how aggressively to manage the patient's injuries. However, you should also contact Medical Direction as soon as possible so that they can adjust orders if needed, especially if the patient experiences cardiac arrest. It is crucial that every EMS system and Medical Director foresee these types of situations and address them in their protocol, and that EMS professionals be familiar with that protocol and Indiana law.

You are called to a local restaurant for a 58 year old female who is choking. When you arrive, her friend states that the patient has a POST form in her purse. She is now in respiratory arrest. The friend is able to produce the POST form and hand it to you. She is indeed in possession of her POST with Section A stating that she is a DNR and Section B stating that she would like to receive comfort measures. What do you do?

The POST does not require you to withhold normal treatment for situations that could be completely reversible. You should treat the choking and refer to local Standing Orders or Medical Direction. It is likely that when the obstruction is cleared, the patient can continue to make verbal choices for herself. If the patient goes into cardiac arrest, refer to local Standing Orders or Medical Direction regarding the treatment of this patient. They may decide to honor POST or have you transport the patient due to the public location of the arrest. **Medical Direction is the key to the intricate and individual situations that cannot be predicted.**

You are called to the home of Mr. Johnson, a 72 year old male who has fallen out of bed. He is non-responsive and has agonal breathing. His wife tells you he has terminal cancer and shows you his POST form that indicates he wants Comfort Measures Only. She asks you to lift the patient back in bed. She does not want him transported to the hospital. What do you do?

With POST, the ideal would be to act within your Standing Orders, or contact Medical Control, to obtain orders for pain medications in order to make Mr. Johnson more comfortable and lift him back into bed.

Treatment may be provided when there is a reason to believe the POST is not valid, revoked or if it conflicts with the care provider's moral or religious beliefs to uphold POST. However, POST is in place precisely for situations like this where the patient and family have decided what care they are choosing for themselves or their loved ones.

You have responded to Mrs. Smith's residence, an 84 year old female patient with advanced MS and diabetes. Her daughter advises you that she has a POST form for her mother with her listed as the Power of Attorney. Mrs. Smith's POST indicates that she is a DNR as well as having marked Limited Additional Interventions in Section B, allowing for IV, fluids, cardiac monitoring when necessary and transport to the hospital if she cannot be stabilized. She has asked that no other invasive procedures take place. Mrs. Smith has been lethargic but with numerous bouts of vomiting today. The daughter is concerned that her mother may require some fluids and treatment due to the hypovolemia as well as her history of diabetes. What do you do?

Limited Additional Interventions allows for IV as well as IV fluids and medications necessary to stabilize her immediate condition. You should consult your local Standing Orders, or Medical Direction, for treatment and whether the patient requires transport to the hospital for further stabilization. Even if you possess the Standing Orders that would allow for a fluid bolus and medication administration, Medical Direction is always a good back up when faced with confusing and difficult comorbidities with this patient.

Useful Resources

IPPC - Indiana Patient Preferences Coalition

www.indianapost.org

www.inadvancedirectives.org

Indiana Department of Homeland Security

https://www.in.gov/dhs/3818.htm

1-800-666-7784

Indiana State Department of Health

https://www.in.gov/isdh/25880.htm

1-317-233-1325

Physician Orders for Life-Sustaining Treatment Paradigm

www.polst.org

- Advance Care Planning NIH (National Institute on Aging)
- End-of-Life Decisions (National Hospice and Palliative Care Organization) - PDF
- Living Wills and Advance Directives for Medical Decisions (Mayo Foundation for Medical Education and Research)
- Put It in Writing: Questions and Answers on Advance Directives (American Hospital Association) - PDF
- Healthcare Agents: Being One (National Hospice and Palliative Care Organization)
- Making Medical Decisions for a Loved One at the End of Life (American College of Physicians) - PDF
- Medical Issues to Be Considered in Advance Care Planning (American Hospice Foundation)
- Advance Care Planning: Preferences for Care at the End of Life (Agency for Healthcare Research and Quality)
- Surrogate Decision Makers' Interpretation of Prognostic Information (American College of Physicians) - PDF
- Download Your State's Advance Directives (National Hospice and Palliative Care Organization) - PDF
- Advance care directives
- Also available in Spanish
- Deciding about treatments that prolong life
- Also available in Spanish
- Health care agents
- Also available in Spanish

POST FORM BREAK DOWN

A – Cardiopulmonary Resuscitation

These orders apply only to the circumstance in which the person has no pulse and is not breathing. This section does not apply to any other medical circumstances. If a patient is in respiratory distress but is still breathing or has low blood pressure with an irregular pulse, a first responder should refer to section B for corresponding orders.

If the person wants cardiopulmonary resuscitation (CPR), and CPR is ordered, then the "Attempt Resuscitation (CPR)" box should be checked. Full CPR measures should be carried out and 9-1-1 should be called in an emergency situation. Providing full CPR typically requires intubation, mechanical ventilation, shocks to the heart when indicated and transfer to the ICU. Once CPR is initiated, patients must be transferred to a hospital setting for further evaluation and treatment.

If a person has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the "Do Not Attempt Resuscitation/DNR" box should be checked. The person should understand that comfort measures will always be provided and that CPR will not be attempted.

B – Medical Interventions

Section B orders apply to emergency medical circumstances for a person who has a pulse but may or may not be breathing. This section provides orders for situations that are not covered in section A. These orders were developed in accordance with EMS protocol. Interventions to promote comfort should always be provided regardless of ordered level of treatment. Other orders may also be specified.

Comfort Measures – This box is checked for patients who desire only those interventions that allow a natural death with the goal of providing comfort. Use medication by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Do not transfer to a hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. The overall treatment goal is to maximize comfort through symptom management.

Limited Additional Interventions – In addition to the comfort measures noted above, include IV fluids (hydration) and cardiac monitoring as indicated to stabilize the medical condition. This may involve the use of basic airway management techniques and non-invasive positive-airway pressure. Intubation, advance airway interventions, and mechanical ventilation are not used. Transferring the patient to a hospital may be indicated to manage and stabilize medical needs or to enhance comfort, but use of intensive care is avoided.

Full Interventions – Include all care noted above with no limitation of medically indicated treatment. All support measures needed to maintain and extend life are utilized. Use intubation, advance airway interventions, mechanical ventilation, and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

If full treatment by EMS is indicated and desired, the "Full Interventions" box is checked. In medical emergencies, health care personnel or family should call 9-1-1. If the person and physician determine that some limitation is preferred, then one of the other boxes is checked. Health care professionals should first administer the level of emergency medical services ordered and then contact the physician.

C&D - Antibiotics and Artificially Administered Nutrition

C *Check One*	**ANTIBIOTICS:** ☐ Use antibiotics for infection only if comfort cannot be achieved fully through other means. ☐ Use antibiotics consistent with treatment goals.
D *Check One*	**ARTIFICIALLY ADMINISTERED NUTRITION:** Always offer food and fluid by mouth if feasible. ☐ No artificial nutrition. ☐ Defined trial period of artificial nutrition by tube. (Length of trial: _____ Goal: _____) ☐ Long-term artificial nutrition.

These sections are of no concern to EMS, but they do spell out the patient's wishes regarding antibiotics as well as artificial nutrition.

E -- Documentation of Discussion

G	**DOCUMENTATION OF DISCUSSION: Orders discussed with *(check one)*:** ☐ Patient (patient has capacity) ☐ Health Care Representative ☐ Legal Guardian ☐ Parent of Minor ☐ Health Care Power of Attorney

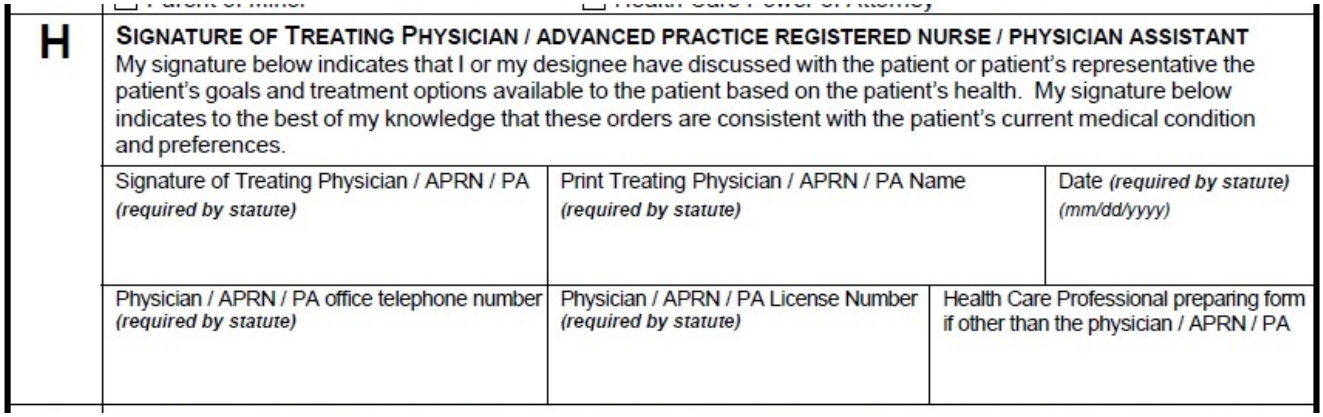
Upon completion of the discussion during which the POST is being activated, the health care professional checks the box indicating with whom the orders were discussed. More than one box may be checked in this section depending on who participated in the discussion.

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)*

The patient or his/her legally authorized representative must sign the form in this section, as well. For situations when the patient loses or has lost decision-making capacity, the name, address, and phone number of the patient's legally authorized representative is to be listed in the "Contact Information" section on the back of the form.

H – SIGNATURE OF PHYSICIAN, ADVANCE PRACTICE NURSE, OR PHYSICIAN ASSISTANT



H	SIGNATURE OF TREATING PHYSICIAN / ADVANCED PRACTICE REGISTERED NURSE / PHYSICIAN ASSISTANT 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 / APRN / PA *(required by statute)*	Print Treating Physician / APRN / PA Name *(required by statute)*	Date *(required by statute)* *(mm/dd/yyyy)*
	Physician / APRN / PA office telephone number *(required by statute)*	Physician / APRN / PA License Number *(required by statute)*	Health Care Professional preparing form if other than the physician / APRN / PA

The medical provider must sign the form in this section. **BOTH the patient's or representative's signature in section E and the physician, advanced practice registered nurse, or physician assistant's signature in this section H are mandatory. A form lacking these signatures is NOT valid.** The medical provider then prints his/her name, phone number, and the date and time the orders were written.

Out of Hospital DNR

The Out of Hospital DNR (OHDNR) is a medical order that allows a person outside an acute care hospital or health facility to indicate that he or she does not wish to be resuscitated if and when cardiac or pulmonary failure occur. Any person who is 18 or older, is of sound mind, and has been certified by his or her physician as having a terminal condition or a condition in which survival of cardiac/pulmonary failure is unlikely, may execute an Out of Hospital DNR. However, the OHDNR has no effect if the patient is pregnant.

The OHDNR can be recognized by EMS. In fact, the statute clearly states that a health care provider "shall" withhold or discontinue CPR when the criteria outlined in the statute are met. The health care provider's specific duties under the statute are listed below.

SECTION 56. IC 16-36-5-19 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 19.

(a) A health care provider shall withhold or discontinue CPR to a patient in an out of hospital location if the health care provider has actual knowledge of:

(1) an original or a copy of a signed out of hospital DNR declaration and order executed by the patient; or

(2) an out of hospital DNR identification device worn by the patient or in the patient's possession.

(b) A health care provider shall disregard an out of hospital DNR declaration and order and perform CPR if:

(1) the declarant is conscious and states a desire for resuscitative measures;

(2) the health care provider believes in good faith that the out of hospital DNR declaration and order has been revoked;

(3) the health care provider is ordered by the attending physician, advanced practice registered nurse, or physician assistant to disregard the out of hospital DNR declaration and order; or

(4) the health care provider believes in good faith that the out of hospital DNR declaration and order must be disregarded to avoid verbal or physical confrontation at the scene.

(c) A health care provider transporting a declarant shall document on the transport form:

(1) the presence of an out of hospital DNR declaration and order;

(2) the attending physician's, advanced practice registered SEA 204 24 nurse's, or physician assistant's name; and

(3) the date the out of hospital DNR declaration and order was signed.

(d) An out of hospital DNR identification device must accompany a declarant whenever the declarant is transported.

The OHDNR statute (IC 16-36-5) specifies the exact form that must be used. The form must be signed by two witnesses as well as the individual and his or her physician, advance practice registered nurse, or physician assistant. A copy of the form is sufficient evidence of the existence of the directive (the original need not be presented to EMS). The individual may also revoke the OHDNR at any time in writing, verbally, or by destroying the document. A health care representative my revoke the OHDNR only if the declarant is incompetent to do so. The statute provides liability protection as long as a health care provider acts in good faith and in accordance with "reasonable medical standards."