

USING THE INDIANA POST* FORM

**Guidance for Health Care
Professionals**

2018 Edition

***Physician Orders for Scope of Treatment**

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NOTE:

The Indiana Patient Preferences Coalition recommends that the Indiana POST form be printed on **Astrobright's Pulsar Pink 65lb paper.**

The use of pink paper is completely optional. There is no legal requirement that the POST form be pink or any other color.

Faxed, electronic, and photocopies of the form are all legally valid.

Using the POST Form

Guidance for Health care Professionals

Introduction

According to the ethical principle of respect for patient autonomy and the legal principle of patient self-determination, individuals have the right to make their own health care decisions. Advance directives can help people express their treatment preferences for situations when they cannot communicate themselves. Unfortunately, the wishes expressed in a living will or medical power of attorney may not be honored because the completed forms may be unavailable or the wording on them may be vague, making it difficult to convert the language in the documents into treatment orders for specific conditions. As a result, health care professionals may in good faith act contrary to a patient's wishes when initiating or withholding treatments.

To help the health care community address this problem, a multi-disciplinary group convened in 2010 to form the Indiana Patient Preferences Coalition (IPPC). The IPPC's goal was to develop an Indiana version of the "Physician Orders for Scope of Treatment" (POST) Program and pursue the necessary legislative action to permit its use in Indiana. The centerpiece of the POST Program is the POST form. This document is designed to help health care professionals know and honor the treatment wishes of their patients. This approach is modeled after successful programs used in numerous other states (www.polst.org). The POST form helps physicians, physician assistants, nurses, long-term care facilities, hospices, home health agencies, emergency medical services, and hospitals:

- promote patient autonomy by documenting treatment preferences and converting them into a medical order;
- clarify treatment intentions and minimize confusion regarding a person's treatment preferences; and
- facilitate appropriate treatment by emergency medical services personnel.

The POST form is intended to enhance the quality of a person's care and to complement the advance care planning process. The POST form is a short summary of treatment preferences documented as medical orders for treatment in an emergency situation. The POST form does not replace a living will or medical power of attorney form. The POST form puts the advance directive into action by translating the patient's treatment wishes into a medical order, centralizing information, facilitating record keeping, and ensuring transfer of appropriate information among health care professionals and across care settings. For the purposes of this document, "treating practitioner" will be used to refer to health care professionals who are authorized to sign POST orders (physicians, advance practice nurses, and physician assistants).

The Indiana POST program was created through an act of the Indiana State Legislature. House Bill (HB) 1182 outlines the legal requirements for the program, including who is eligible to have a POST form and how it is to be used (see IC 16-36-6). HB 1182 was signed into law on May 7, 2013, and became effective on July 1, 2013. The official Indiana POST form can be accessed online from the Indiana State Department of Health website at <http://www.in.gov/isdh/25880.htm>.

Use of the Indiana POST form is voluntary. The document is legally valid throughout the entire state of Indiana. It may not be legally recognized in other states. However, facilities in other states may be willing to record the treating practitioner's orders in the medical chart and work with Indiana facilities to make sure that they honor a patient's wishes.

Overview: How to Implement the POST Form

The POST form is a double-sided form printed on bright pink paper. There are three basic steps to properly using the POST form:

- 1) **Identify whether a patient is eligible for a POST form.** It is appropriate to offer a POST form to a patient whose treating practitioner would not be surprised if the patient died within a year. The patient population qualified for a POST form is described in more detail in the following section, "Who Can Choose to Complete a POST form?" It is important to remember that only qualified persons may have a POST form.
- 2) **Have a discussion about the patient's goals of care.** The POST form should be completed after a discussion with the patient or, if the patient is incapacitated, the patient's legally authorized representative (i.e., power of attorney for health care, health care representative, or guardian) about treatment preferences, treatment options, and goals of care. Physicians or other healthcare professionals, such as nurses and social workers, who have knowledge of end-of-life care issues may have this discussion and fill out the POST form.
- 3) **Activate the POST form.** A legally valid POST form must be signed by a licensed physician, advanced practice nurse, or physician assistant who has determined that the individual is a qualified person and that the medical orders are reasonable and medically appropriate for the patient. The treating practitioner signing the form assumes full responsibility for the appropriateness of the orders. The patient or their representative should sign the form in section E.

Who Can Choose to Complete a POST Form?

The POST form can be completed for individuals with the following conditions:

- 1) An advanced chronic progressive illness (such as advanced COPD or CHF, end stage organ failure, metastatic cancer, advanced neurological conditions, etc.);
- 2) An advanced chronic progressive frailty (diagnosed by a treating practitioner);
- 3) 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; or
- 4) A medical condition that leaves the patient unable or unlikely to benefit from resuscitation in the event of cardiac or pulmonary failure.

The "surprise" question ("Would I be surprised if this patient died in the next 12 months?") is helpful to identify qualified patients to whom POST form completion should be recommended. The POST form is also highly recommended for hospitalized patients being discharged to nursing homes, home

with hospice or home health care, and for nursing home residents either at the time of admission to the nursing home or during quarterly care planning.

A POST form can be completed by qualified patients over age 18 or qualified patients under age 18 who are either emancipated or mature minors under IC 16-36-1-3(a)(2). Under Indiana's law, parents are also permitted to complete the form on behalf of qualified minor children, as are judicially appointed guardians and representatives. In the event that an adult patient lacks decisional capacity, a form can be completed by a "legally authorized representative": a) A judicially appointed guardian or representative; b) A formally appointed health care power of attorney; or c) a formally appointed health care representative.

When a POST form is completed on behalf of a qualified patient who lacks decisional capacity, the legally authorized representative should act in good faith and in accordance with the patient's wishes, if known. If the wishes of the patient are unknown, the legally authorized representative should base his/her decision on what he or she thinks is in the patient's best interest.

If the qualified patient with decisional capacity is unable to physically sign the POST form, he or she may direct another person to sign the form on his or her behalf.

When NOT to Complete a POST Form

A POST form should not be completed in the following instances:

1. The patient lacks decisional capacity but there is no legally authorized representative. Next of kin are not authorized to fill out a POST unless they are a guardian, health care representative, or health care power of attorney.
2. The patient requests contradictory treatment. For example, the patient wants CPR in Section A but wants only comfort measures in section B.
3. The patient has already refused to complete a POST form. Use of the POST form is voluntary. If a qualified person or his/her representative declines to complete a POST form, the refusal must be documented in the patient's medical records. The individual may not be asked to complete a POST form again unless this is required by any of the following: state law or regulation; federal law or regulation; national accrediting entity standards. An individual may be re-approached about completing a POST form if there is a significant change in the patient's condition and this has been documented in the patient's medical record.
4. The patient is pregnant.

Pediatric Considerations

The Indiana POST can be completed on behalf of a qualified child by their parent or legally appointed guardian. Since arrest in most children is primarily respiratory, a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse, the child should be treated as directed under Section B.

Title and Person Identification

The POST form provides documentation of a person's treatment preferences and provides orders for treatment which reflect these preferences. The form is the legal property of the patient but because it is a clinical communication tool, the POST form should be the first document in the paper clinical record in institutional settings (hospitals and nursing homes), unless otherwise specified in the facility policy. A copy of the form should be located in a prominent location in the electronic medical record. In the patient's home, it is recommended that the form be kept with the patient's medications or on the outside of the kitchen refrigerator with a magnet. For those persons in institutional settings, the form should accompany the person upon transfer from one setting to another. For those at home, the form should accompany the patient to a health care setting. A copy of the form may be sent rather than the original if it is anticipated that the patient will return. For photocopying instructions please refer to the section below titled "Photocopying the POST Form." HIPAA permits disclosure of POST information to other health care professionals across treatment settings.

Printing and Photocopying the POST Form

The Indiana POST form can be accessed online from the Indiana State Department of Health website (<http://www.in.gov/isdh/25880.htm>). **It is strongly recommended that the POST form be printed on Astrobright's Pulsar Pink 65lb paper. (Available through Office Depot, Office Max, Staples, and other paper suppliers).** Organizations and institutions are advised to make this form available on this color paper to help ensure the form is immediately recognizable and quickly found in an emergency. This practice is consistent with national guidelines. The use of pink paper is optional and there is no legal requirement that the form be pink.

A copy or facsimile of the form is legally valid. A photocopy of the POST form can be made to accompany the patient when he or she is transferred from one health care setting to another (e.g., being admitted from a nursing home to a hospital). When you photocopy the POST form, it is recommended that you set the copies to the photo/picture setting (not all copies have this setting).

Section by Section Review of the POST Form

Physician Orders

The four different medical treatments or services include: A-Cardiopulmonary Resuscitation, B-Medical Interventions, C-Antibiotics, and D-Artificially Administered Nutrition. Section E includes who discussed the orders with the health care provider, and a section for the mandatory signature of the patient or his/her legally authorized representative. Section F is reserved for the physician, advanced practice nurse, or physician assistant's mandatory signature and should include both the treating practitioner's license number and phone number.

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 or 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. The overall treatment goal is to maximize comfort through symptom management. 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.

Limited Additional Interventions – The treatment goal is to stabilize the patient’s medical condition. In addition to the comfort measures noted above, use medical treatment for stabilization, IV fluids (hydration) and cardiac monitoring as indicated. This may involve the use of basic airway management techniques and non-invasive positive-airway pressure. Intubation, advanced 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 – The treatment goal is full interventions including life support measures. 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, advanced 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 treating practitioner 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 treating practitioner.

Acceptable and Contradictory POST Form Orders

Other states using the POST program have found that a small number of the documents (about 5%) have contradictory orders or instructions that may confuse health care providers and prevent patients from receiving the care that they desire at the end of their lives. Below is a summary of acceptable and contradictory options on the POST form. If a POST form contains contradictory orders, the highest level of treatment available should be provided in an emergency. Forms should be reviewed and further discussed with the patient or representative to resolve contradictions.

Acceptable options for POST forms

1. Section A is marked CPR and Section B is marked Full Intervention (all treatments)
2. Section A is marked DNR and Section B is marked Full Intervention (all treatments short of CPR)
3. Section A is marked DNR and Section B is marked Limited Additional Interventions
4. Section A is marked DNR and Section B is marked Comfort Measures

Contradictory POST form orders

A POST form is contradictory if . . .

1. Section A is marked CPR and Section B is marked Comfort Measures
2. Section A is marked CPR and Section B is marked Limited Additional Interventions

C – Antibiotics

These orders help stimulate conversations about the goals of antibiotic use. Antibiotics often are life-sustaining treatments. Advance care planning in the use of antibiotics can help clarify goals of care for the person and caregivers. Many families of patients with advanced dementia may prefer to have antibiotics withheld and want other measures instead, such as antipyretics (drugs that prevent or reduce fever by lowering the body temperature) and opioids, to treat symptoms of infection and maintain comfort. In the advanced stages of dementia when patients are bedridden and no longer recognize family or know who or where they are, families may report that the patient would not have wanted life prolonged in this condition. In these situations, legally authorized representatives sometimes request antibiotics for comfort measures only to honor their understanding of the patients’ wishes. Antibiotics may still be used in some situations. For example, antibiotics may be the best choice to treat a symptomatic urinary tract infection and thus enhance comfort. If antibiotics are desired with the intent to prolong life, the physician or other health care professional checks the “Use antibiotics consistent with treatment goals” box.

D – Artificially Administered Nutrition

These orders pertain to a person who cannot take food by mouth. Oral fluids and nutrition should always be offered to a patient as tolerated (i.e. the patient is alert and able to swallow). Section D of the POST form allows choice of one of three levels of orders for tube feedings.

No Artificial Nutrition – No artificial nutrition is provided via feeding tube to the patient.

Defined Trial Period of Artificial Nutrition by Tube – A patient or legally authorized representative may decide on a defined trial period of artificial nutrition by tube to allow time to determine the course of an illness or allow the patient an opportunity to clarify goals of care. Sometimes tube feedings are given for a few weeks to a month to see how much recovery a patient may experience after a massive stroke. The recommended trial period is 30 days unless the patient is developing burdensome side effects such as vomiting or diarrhea, in which case the trial may be stopped sooner. Document the preferred length of trial and overall goal next to this choice.

Long-Term Artificial Nutrition – Patients (or their legally authorized representatives) may decide long-term artificial nutrition is an option they want to pursue.

E – Documentation of Discussion

Upon completion of the discussion, 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.

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.

F – Treating Practitioner's Signature

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

Common Questions Regarding the Indiana POST Program

What is the POST form?

The Indiana POST form is a standardized form containing medical orders by a treating physician, advance practice nurse, or physician assistant based on a patient's preferences for end-of-life care. The form provides medical orders regarding CPR-code or no code status; level of medical intervention (comfort measures, limited additional interventions, or full intervention); use of antibiotics (for comfort only or full treatment); and use of medically administered nutrition. The comfort measures level stipulates: "Patient prefers no transfer to the hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location." Use of this form should lead to better identification and respect of patients' preferences for treatment at life's end. The Indiana POST form is based on the POLST (Physician Orders for Life-Sustaining Treatment) Paradigm Program (www.polst.org).

Who should have a POST form?

Unlike an advance directive, which is appropriate for all adults, the POST form is specifically intended for seriously ill persons with advanced chronic progressive illness, advanced chronic progressive frailty, or terminal conditions. It is also appropriate for patients who are unlikely to benefit from cardiopulmonary resuscitation. Use of the POST form is typically not appropriate for persons with early stage progressive illness or functionally disabling problems who have many years of life expectancy.

Is a POST form required for all patients?

Completion of the POST form is voluntary, but it is encouraged for seriously ill patients so that all participating in a patient's care can readily know the medical treatment the patient wishes to undergo at the end of life. Individuals are encouraged to complete a POST form when their clinician would not be surprised if the patient died within a year. Completion of POST forms 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 highly recommended for nursing home residents either at the time of admission to nursing homes or during quarterly care planning. However, the use of a POST form is always voluntary.

Which form should the patient complete? The POST form? The Living Will? The Health Care Power of Attorney form?

Each form has a different purpose. The Indiana Living Will Act contains both a Living Will and a Life Prolonging Procedures Declaration. These forms are the most restrictive and only go into effect if the patient has lost decision-making capacity and a physician certifies that death will occur within a "short time." If the patient wants to be clear about the type of treatment he or she will receive under these limited conditions, then the patient should complete either a Living Will or a Life Prolonging Procedures declaration. These declarations can be found at IC 16-36-4.

The Indiana Power of Attorney form contains the legal paperwork to appoint an attorney in fact for health care. This individual is given legal authority to make decisions for the patient when he or she has lost decision-making capacity. All patients are strongly encouraged to complete a power of attorney for health care form. More information about this form can be found at IC 30-5-4 and IC 30-5-5-16 and 17. Anyone can have a Living Will or a Power of Attorney, regardless of health status.

The Indiana POST form is recommended for patients who are seriously ill and whose death within a year would not be a surprise to the patient's treating practitioner. Because the POST form is a medical order, of the three forms, the POST form is the one that is most likely to ensure that the patient receives the treatment that he or she wants. For patients with advanced chronic progressive illness, advanced frailty, or terminal conditions, it would be entirely appropriate for the patient to complete all three forms: a living will, power of attorney for health care, and a POST form. The completion of these forms maximizes the possibility that the patient will have his or her end-of-life treatment preferences known and respected. In addition to completing the forms, the patient needs to be sure to discuss his/her preferences for end-of-life treatment with the person that he or she designated as his/her legally authorized representative.

Does the patient need a DNR order if he or she has a POST form?

No, the patient does not need a separate DNR order. The Indiana POST Act establishes the Indiana POST form as a legally recognized means of "Do Not Resuscitate" identification. In Section A, the POST form includes either a full resuscitation or Do Not Attempt Resuscitation (DNR) order. Because the POST form remains with the patient, a POST form will suffice as a DNR order for patients who are confined and who always have the POST form readily available. However, the Indiana Out-of-Hospital DNR Order form (CODE) is still legally valid.

Does a treating practitioner need to sign the POST form?

Yes. The POST form is a medical order and must be reviewed and signed by a licensed physician, advanced practice nurse, or physician assistant.

What if the treating practitioner does not want to sign a POST form but the patient or incapacitated patient's legal representative wants one?

Some treating practitioners may be reluctant to sign a POST form because they are unfamiliar with the patient and/or with the ethical and legal issues addressed by the form. There are several options in this situation: 1) other health care professionals can educate the treating practitioner regarding the legal protection the form provides to the patient, legal agent, treating practitioner and health care facility when validly completed; 2) Indiana law allows any treating physician, advanced practice nurse, or physician assistant to sign a POST form; or 3) the patient or patient's legal agent can transfer the patient's care to another treating practitioner who is willing to complete a POST form for the patient.

Can a social worker, nurse or other health care professional prepare the POST form?

Yes. Social workers, nurses, chaplains, and other health care professionals designated by the treating practitioner can prepare the form with patients or their legally appointed representatives. The person preparing the form should sign his/her name in the space provided for the preparer on the back of the form. To activate the form, a physician, advanced practice nurse or physician assistant must review it to confirm the orders are reasonable and medically appropriate for the individual before signing it.

What parts of the form are required for it to be valid?

The Indiana POST form must include the following to be valid: Patient name; code status order; treating practitioner signature with date; and patient or legal representative signature with date. The form must also be in English.

Should the POST form be completed or voided without a conversation with the patient or his/her representative?

No. The POST form should not be completed, changed, or voided unless there is a conversation with either the patient or, if the patient lacks capacity, his/her legally authorized representative. The purpose of the form is to ensure that the patient's wishes for care at the end of life are followed so a conversation must take place.

When does the POST form need to be reviewed?

The POST form should be reviewed when the patient is transferred from one health care facility to another or when there is a change in his or her medical condition.

What if a patient or legally authorized representative changes his/her mind about the preferences documented on the POST form?

Requests for alternative treatment should be honored as a patient can change his or her mind at any time. The representative can revoke the POST form only if the patient lacks decisional capacity. If a patient or representative wishes to revoke the POST form, this can be done writing these wishes down with a signature and date, physical cancellation or destruction of the form, or a verbal expression of the intent to revoke. If this happens, the change takes effect when it is communicated to the health care provider. The health care provider is responsible for notifying the treating physician, advanced practice nurse or physician assistant who must then document information about the revocation including the time, date, and place of revocation and when they first learned of the revocation in the patient's medical record. The POST form should be canceled by making a note in the patient's medical record. The patient's health care providers and the treating practitioner who initially signed the POST should be notified as well.

Can the legally authorized representative change the POST form?

Yes. The legally authorized representative may change a patient's POST form. The law requires that the legally authorized representative A Representative may only revoke/revise a patient's POST if the Representative acts in good faith and in accordance with the patient's known or implied intentions. If the patient's intentions are unknown, the representative may revoke the POST if acting in the patient's best interest.

Should the POST form be used to guide daily care decisions?

Yes. For example, the completed POST form should be used to guide decisions regarding the placement of feeding tubes, the use of antibiotics to treat pneumonia, and the provision of other treatments for the patient. The POST form is not just for patients in cardiac arrest.

Are POST forms valid in my setting?

According to the Indiana POST Act, the medical orders documented on a POST form are effective in ALL health care settings. This includes hospital emergency departments, even if the treating practitioner who signed the form lacks admitting privileges to that hospital.

Are health care providers required to comply with the orders on the POST form?

Yes. The POST form is based on the patient's preferences or on the decisions of the patient's legally

authorized representative. The legally authorized representative should make decisions that reflect the qualified patient's preferences (if known) or the best interest of the patient if preferences are unknown. A health care provider shall comply with a declarant's POST form that is apparent and immediately available to the provider. However, a health care provider is not required to comply with a patient's POST form if the provider:

- a) believes the POST form was not validly executed under Indiana law;
- b) believes in good faith that the POST form has been revoked by the patient or their legally authorized representative;
- c) believes in good faith that the patient or their legally authorized representative has made a request for alternative treatment;
- d) believes it would be medically inappropriate to provide the intervention on the patient's POST form; or
- e) has religious or moral beliefs that conflict with the POST form orders. If the health care provider is unable to implement or carry out the orders because of their own personal religious or moral beliefs, they are required to coordinate the transfer of care for the patient to another health care provider who is able to carry out the orders. If this is not possible, further direction is provided in the Indiana POST Act regarding the appropriate next steps.

The Indiana POST Act provides legal protection for health care providers who comply with the orders on POST forms. In the law, health care providers are not subject to civil or criminal liability for good faith compliance with or reliance upon POST forms.

What about Persons with Significant Physical and/ or Developmental Disabilities?

The POST form is intended for patients nearing the end of life. It can be used for persons with significant physical and/or developmental disabilities if the patient has an advanced chronic progressive disease, advanced chronic progressive frailty, a terminal condition, or is unlikely to benefit from cardiopulmonary resuscitation. Persons with physical and/or developmental disabilities generally have stable conditions that, while chronic, may not be terminal. These individuals should not have a POST form.

When should a POST form be considered for Persons with Significant Physical and/ or Developmental Disabilities?

- The person has a disease process (not just a stable disability) that is terminal
- The person is experiencing a significant decline in health (such as frequent aspiration pneumonias)
- The person is in a palliative care or hospice program
- The person's level of functioning has become severely impaired as a result of a deteriorating health condition when intervention will not significantly impact the process of decline

Where should the original POST form be kept?

The POST form is the personal property for the patient. In most circumstances, the original POST

form should be kept with the patient. If the patient resides at home, the POST form should be kept with the patient's medication or on the refrigerator. Family members and caregivers should know where the form is located. Health care facilities should keep the POST form as the first page in a person's medical record unless otherwise specified in the health care facility's policies and procedures. If the patient is a nursing home resident, the nursing home may choose to keep the original when the patient is transferred to a hospital for admission and send a copy of the original POST form with the patient.

Are copies of the POST form valid?

Yes. Both photocopies and facsimile are legally valid, as are black and white originals. However, it is strongly recommended that the POST form be printed on Astrobright's Pulsar Pink 65lb paper. (Available through Office Depot, Office Max, Staples, and other paper suppliers). Organizations and institutions are advised to make this form available on this color paper to help ensure the form is immediately recognizable and quickly found in an emergency. This practice is consistent with national guidelines. There is no legal requirement, however, that the form be on pink paper.

Are out of state POST forms valid in Indiana?

Yes, 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.

Is the Indiana POST form valid in other states?

This is state dependent. Visit www.polst.org and check with the state program. Reciprocity is not common so it is generally recommended that the patient visit a treating practitioner in order to obtain a valid form for that state.

This guidance book was adapted with permission from the West Virginia POST Guidance for Healthcare Professionals. It was developed to help support use of the Indiana POST Program by the Indiana Patient Preferences Coalition, a stakeholder group with representation from hospitals, nursing homes, hospices, senior services, and home care agencies. For more information, visit <http://www.iupui.edu/~irespect/POST.html>.

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