

USING THE INDIANA POST* FORM

**Guidance for Health Care
Professionals**

2023 Edition

***Physician Orders for Scope of Treatment**

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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 for themselves.

But legal and lay wording may be unclear, or the whole document not available. So how does a health care professional convert the language into treatment orders for specific conditions? As a result, health care professionals may sometimes in good faith act contrary to a patient's wishes.

POST is designed to help health care professionals discover, 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, advanced practice registered nurses, physician assistants, long-term care facilities, hospices, home health agencies, emergency medical services, and hospitals:

- **promote patient autonomy** by documenting treatment preferences as **actionable medical orders**;
- 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 Advance Directive 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.

To help the health care community address this problem, the multi-disciplinary group, the Indiana Patient Preferences Coalition (IPPC) convened in 2010. The IPPC worked to develop an Indiana version of the "Physician Orders for Scope of Treatment" (POST) Program. The result became the POST form and law (see IC 16-36-6). It 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 medical provider'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 use 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 medical provider 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. For instance, it is **not for healthy** persons.
- 2) **Discuss with the patient his or her 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 or proxy (if there is no legal representative) about treatment preferences, treatment options, and goals of care. Physicians, advanced practice registered nurses, physician assistants 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.** To make it legally valid, the POST form must be signed by a licensed physician, advanced practice registered 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 medical provider 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 medical provider);
- 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 1-2 years?”) 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. In the event that an adult patient lacks decisional capacity, a form can be completed by an "authorized representative": a) A legally appointed health care representative or power of attorney; b) A court appointed guardian of the patient; or c) a relative or friend who is listed in the statute as a "proxy" and who has priority.

When a POST form is completed on behalf of a qualified patient who lacks decisional capacity, the health care representative or proxy should act in good faith and in accordance with the patient's wishes, if known. If the wishes of the patient are unknown, the health care representative or proxy should base his/her decision on what he/she thinks is in the patient's best interest. The health care representative or proxy must attempt to comply with the instructions, desires, and preferences stated by the patient or in the POST signed by the patient.

When NOT to Complete a POST Form

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

1. The patient lacks decisional capacity and there is no health care representative or proxy available.
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 is refusing 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 again* to complete a POST form 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, "Medical Interventions."

Where POST is physically kept

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 at home, the form should accompany the patient to a health care setting.

For those persons in institutional settings, the form should accompany the person upon transfer from one setting to another. 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 "Getting, Printing and Photocopying the POST Form."

HIPAA **permits disclosure** of POST information to other health care professionals across treatment settings.

Getting, 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.

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/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 copiers have this setting).

Section by Section Review of the POST Form

Designation of Patient's Preferences (Physician Orders)

A – Cardiopulmonary Resuscitation

These orders will 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. 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 medical provider 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 medical provider.

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, antibiotics may be requested 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 – It may make sense to define the length of a 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 –This option indicates a preference for long-term artificial nutrition.

E – Signature of Patient, Health Care Representative, or Proxy

Upon completion of the discussion, the health care professional checks the box indicating with whom the orders were discussed.

The patient, his/her health care representative or proxy (highest priority) must sign the form in this section, as well.

F – Contact Information for Representative or Proxy

For situations when the patient loses or has lost decision-making capacity, the name, address, and phone number of the patient’s health care representative is to be listed in the “F Contact Information” section on the back of the form. Put “Representative” in the first box, if it was the health care representative. If it was the proxy, enter the relation of the person to the patient.

G – Documentation of Discussion

More than one box may be checked in this section depending on who participated in the discussion.

H – Medical Provider’s Signature

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

I – Appointment of Health Care Representative

Patients will have health care needs beyond the ones covered in the POST. They should be encouraged to complete an Advance Directive to give more complete indication of their wishes for care. There is nothing to complete for this on the POST form.

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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