



USING THE POST FORM

GUIDANCE FOR HEALTHCARE PROFESSIONALS

2016 Edition

Understanding Your Choices - Making Them Known

WV Center for End-of-Life Care
Phone: 877-209-8086
www.wvendoflife.org



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The WV e-Directive Registry, through the WV Health Information Network, makes advance directives and physicians'/advance practice registered nurses' (APRN) medical orders available 24/7 to healthcare providers ensuring that patients' wishes will be respected throughout the continuum of healthcare settings. The POST form requires completion of demographic information necessary for the form to be included in the Registry.

1) The POST form has demographic information on page 1 (see illustration below) and the patient's name on the top of page 2 to ensure that patients will be accurately identified in the Registry. The Center wants to avoid a patient's POST form being confused with another's because there was not sufficient information about the patient to distinguish one from another. The demographic information requested on the POST form includes the patient's full name, address, date of birth, gender, and last four digits of the patient's social security number.

Last Name	First	Middle
Mailing Address		
City/State/Zip		
Date of Birth (mm/dd/yyyy)	Last 4 SSN	Gender
____/____/____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

2) The POST form also contains a Registry Opt-In Box (see illustration below) so that the patient, or their medical power of attorney representative or surrogate decision-maker, can direct the patient's health care providers to submit a copy of his/her POST form, once completed, to the West Virginia e-Directive Registry.

Registry Opt-In <input type="checkbox"/>	INITIAL BOX if you agree to have your POST form, do not resuscitate card, living will and medical power of attorney form (if completed) submitted to the WV e-Directive Registry and released to treating health care providers. REGISTRY FAX - 844-616-1415
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Prior to 2010 advance directives and POST forms did not require patients to give their address or last four digits of their social security number. On the following page you will find a sign-up form that includes the additional demographic information needed and the Registry Opt-In box to submit forms completed by patients before 2010. The sign-up form should be submitted with advance directives and POST forms that do not have the additional demographic information and the Registry Opt-In box.

Call the WV Center for End-of-Life Care for questions or to receive forms.

www.wvendlife.org

Toll-free number

877-209-8086

REGISTRY FAX: 844-616-1415

West Virginia e-Directive Registry Sign-Up Form with Additional Required Demographic Information

In October 2010, West Virginia advance directive and medical order forms (DNR and POST) were changed to include more demographic information. West Virginia advance directives (Living Wills and Medical Powers of Attorney) and physician orders (DNR cards and POST forms) that do not include demographic information at the top of the form must have additional identifying information submitted in order to be added to the e-Directive Registry. With the patient's permission (or the medical power of attorney representative/surrogate's permission if the patient lacks capacity), fill in the information below and FAX or mail this form with a copy of **BOTH** sides of the advance directive and/or DNR card and/or POST form.

☐ **OPT-IN** Initial in the box to the left if you give permission as the person or as the guardian, medical power of attorney representative, or surrogate decision maker of the person to have the attached or previously submitted Living Will, Medical Power of Attorney, POST form, and/or DNR card (if completed) included in the WV e-Directive registry and released to treating health care providers.

Please provide the following required information:

(Last Name/First/Middle Initial)

(Date of Birth)

(Address)

(City, State, Zip Code)

Gender (check one): ☐ (Male) ☐ (Female)

Last 4 numbers of your Social Security number:

Updating Demographic Information:

Please initial box below if only updating demographic information. Please fax or mail a completed copy of this revised form.

☐ Demographic updates for previously submitted advance directive forms to e-Directive Registry.

WV e-Directive Registry
1195 Health Sciences North
P O Box 9022
Morgantown, WV 26506-9022
Phone: 877-209-8086
FAX: 844-616-1415

Using the POST Form

Guidance for Healthcare 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 healthcare 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, healthcare professionals may in good faith act contrary to a patient's wishes when initiating or withholding treatments.

The "Physician Orders for Scope of Treatment" (POST) form is a document designed to help healthcare professionals know and honor the treatment wishes of their patients. In 2001 a multi-disciplinary task force convened by the West Virginia Initiative to Improve End-of-Life Care developed the form, modeling it after one that had been successfully used in Oregon. The POST form helps physicians, 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 clinician's orders;
- clarify treatment intentions and minimize confusion regarding a person's treatment preferences;
- facilitate appropriate treatment by emergency medical services personnel; and
- enhance the HIPAA compliant transfer of patients' records between healthcare professionals and healthcare settings.

The POST form is intended to enhance the quality of a person's care and to enhance the advance care planning process. The POST form is a short summary of treatment preferences and a clear clinician's order for care in an emergency situation. The POST form is not intended to 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 healthcare professionals and across care settings.

In 2002 the POST form was incorporated into the West Virginia Health Care Decisions Act, which was enacted to "ensure that a patient's right to self-determination in healthcare decisions be communicated and protected" (§16-30-2). Incorporation into the West Virginia Health Care Decisions Act gives physicians/APRNs the assurance that following the directives on a POST form provides them with legal protection [§16-30-10(c).]

West Virginia's POST program has been able to ensure quality and effectiveness by centralizing administration. The POST form is copyrighted by the West Virginia Center for End-of-Life Care and cannot be modified or reproduced without the express consent of the Center. Use of the West Virginia POST form is voluntary and conforms with the West Virginia Health Care Decisions Act (§16-30-1 et seq.) – <http://wvendlife.org/media/1015/health-care-decisions-act.pdf>. The document is recognized in all 55 of West Virginia's counties. It may or may not be legally recognized in bordering

states. However, facilities in bordering states may be willing to record the POST orders in the medical chart and work with West Virginia facilities to make sure they honor a patient's wishes.

Overview: How to Implement the POST Form

The POST form should be completed after discussion with the patient or incapacitated patient's medical power of attorney representative or surrogate decision-maker regarding treatment preferences. The document may be completed by healthcare professionals such as nurses and social workers who have knowledge of end-of-life care issues and have been trained to conduct these discussions. However, the form must be signed by a licensed physician or APRN (beginning mid-June 2016 per HB 4334) who has examined the patient. The physician or APRN signing the form assumes full responsibility for the orders. The physician or APRN signing the form can be the patient's attending physician, another physician, or APRN involved in the patient's care.

The POST form is a double-sided bright pink form. One side of the form contains the orders (Sections A – C); who these decisions were discussed with; "Authorization" box giving the MPOA representative/surrogate permission to make decisions and complete a new form; "Opt-In" box to the WV e-Directive Registry, patient/representative signature; and physician's/APRN's signature (Section D.) The other side of the form includes an area for documentation of advance directives, name and signature of person preparing the form (Section E), and a section for periodic review of the POST form (Section F).

Who Can Choose to Complete a POST Form?

The intended audience for use of POST forms is patients for whom the physician's/APRN's response to the surprise question- "Would I be surprised if this patient died in the next 12 months?"- is "No, I would not be surprised."

These include:

- (1) seriously ill patients with life-limiting progressive advanced illness; and
- (2) patients with advanced frailty.

Completion of POST forms is highly recommended for hospitalized patients who meet one of these criteria who are being discharged to nursing homes or home with hospice or to an inpatient hospice house. Completion of POST forms is also highly recommended for nursing home residents who meet one of these criteria either at the time of admission to nursing homes or during quarterly care planning.

When NOT to Complete a POST Form

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

1. The patient indicates that he/she wants to be a full code in Section A and the patient is not willing to initial the box in Section D allowing their medical power of attorney representative/healthcare surrogate to change the form should the patient's medical condition change.

2. The patient indicates he/she wants full intervention in Section B and is not willing to initial the box in Section D allowing his/her medical power of attorney representative/healthcare surrogate to change the form should the patient's medical condition change.
3. The patient requests contradictory orders. For example, the patient wants CPR in Section A but wants only limited additional interventions in Section B. The performance of CPR requires full intervention. If the patient does not want full intervention including intubation and mechanical ventilation in an ICU, then the patient should not receive CPR. Patients and families sometimes misunderstand CPR and think it is a simple procedure that involves a thump on the chest or one shock to the heart. The Center has a free video, "Understanding CPR," or a booklet, *Hard Choices for Loving People*, that can be used to explain CPR to patients and families. Visit the Center website, www.wvendoflife.org to view the video or call 877-209-8086 for a copy of the booklet.

The reason for not completing a POST form in instances 1 and 2 above is because the patient's condition may change and the patient may lose decision-making capacity. If the patient's condition changes so that CPR or full interventions would not benefit the patient, under state law in instances 1 and 2 healthcare professionals would still be required to perform these treatments even if the patient's doctors and family do not think they should be done.

Mature and Emancipated Minors

According to the West Virginia Healthcare Decisions Act (§16-30-3(b)), mature and emancipated minors are considered adults and therefore have the right to make their own healthcare decisions including the right to complete a POST form. The West Virginia Health Care Decisions Act defines a mature minor as "a person less than eighteen years of age who has been determined by a qualified physician, a qualified psychologist or an advanced nurse practitioner to have the capacity to make healthcare decisions." According to the West Virginia Supreme Court case, *Belcher vs. CAMC*, the factors to be considered when determining if a minor is mature and has decision-making capacity include:

1. Age
2. Ability
3. Experience
4. Education and/or training
5. Degree of maturity and/or judgment exhibited
6. Conduct and demeanor
7. Capacity to appreciate the nature, risks, and consequences of a procedure

According to WV Code 49-7-27 at 16 years of age, a person may petition for emancipation. When over 16 and married, the person is automatically considered to be emancipated. Pregnancy does not automatically emancipate a minor.

Pediatric Considerations

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, which reflect these preferences. In institutional settings, the POST form should be the first document in the clinical record unless otherwise specified in the facility policy. In the patient's home, it is recommended that the form be kept on the outside of the kitchen refrigerator with a magnet. For those persons in institutional settings (hospitals, nursing homes, and inpatient hospice houses), the form by law must accompany the person upon transfer from one setting to another. For those at home, the form by law must accompany the patient to a healthcare setting. A copy of the form on the same color pink paper may be sent rather than the original. For photocopying instructions please refer to the section below titled "Photocopying the POST Form." HIPAA permits disclosure of POST information to other healthcare professionals across treatment settings.

Photocopying the POST Form

A photocopy of the POST form can be made to accompany the patient when he/she is transferred from one healthcare setting to another (e.g., being admitted from a nursing home to a hospital). The steps for copying the POST form are as follows:

1. Set your photocopier to the photo/picture setting (not all copiers have this setting).
2. Make a double-sided copy on **HOT** pink paper.
3. If your copy is too light or dark, adjust contrast on the photocopier until you achieve the clearest copy possible.

A copy of the form on the bright pink paper is legally valid. The reason to send a copy and retain the original is to prevent the original from being lost in a patient's transfer from one healthcare setting to another. It is strongly recommended that the patient's POST form be submitted to the Registry so that even if the original and paper copies are lost, there will be an electronic record of the form.

Section by Section Review of the POST Form

Physician/APRN Orders

The four different medical treatments or services include: A – Cardiopulmonary Resuscitation, B-Medical Interventions, and C-Medically Administered Fluids and Nutrition. Section D includes who discussed the orders with the healthcare provider, an Authorization box giving the MPOA representative or surrogate permission to make decisions and complete a new form if necessary, an Opt-In box giving permission for the form to be sent to the WV e-Directive Registry, and a section for the patient's and physician's/APRN's mandatory signature and with the physician's/APRN's contact information.

A – Cardiopulmonary Resuscitation

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

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 Sections B, and C 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.

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. If the patient is confined to their place of residence, i.e. nursing home or home, they do not need a DNR card AND POST form to indicate code status. Because the POST form is more comprehensive with more orders reflecting patients’ wishes, the POST form is the preferred of the two.

B – Medical Interventions

B <i>Check One</i>	MEDICAL INTERVENTIONS: Person has pulse and is breathing.
	<input type="checkbox"/> Comfort Measures Treat with dignity and respect. Keep clean, warm, and dry. Use medications by any route, positioning, wound care and other measures to relieve pain and suffering and promote comfort. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management.
	<input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care unit. Treatment Plan: Hospitalize for routine medical treatment.
	<input type="checkbox"/> Full Interventions Includes care above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care unit. Treatment Plan: Provide all medically indicated treatment including mechanical ventilation. Additional Orders: _____

Section B orders apply to emergency medical circumstances for a person who has a pulse and is breathing. This section provides orders for situations that are not covered in Section A. These orders were developed in accordance with EMS protocol. If full treatment by EMS is indicated and desired, the “Full Interventions” box is checked. In medical emergencies, healthcare personnel or family should call 9-1-1. If the person and physician/APRN determine that some limitation is preferred, then one of the other boxes is checked. Healthcare professionals should first administer the level of emergency medical services ordered and then contact the physician/APRN.

Care to promote comfort should always be provided regardless of ordered level of treatment. Other orders may also be specified.

Comfort indicates a desire for only those interventions that enhance comfort. Use medications 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, in addition to the comfort measures noted above, include IV fluids and cardiac monitoring as indicated. Intubation, advanced airway interventions, and mechanical ventilation are not used. Transfer to hospital may be indicated, but use of intensive care is avoided.

Full Interventions includes 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.

Acceptable and Contradictory POST Form Orders

The WV Center for End-of-Life Care has noticed that a small number of the documents (about 5%) have contradictory orders or instructions that may confuse healthcare 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.

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 – Medically Administered Fluids and Nutrition

C Check One Box Only in Each Column	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Oral fluids and nutrition must be offered as tolerated.	
	<input type="checkbox"/> No IV fluids (provide other measures to assure comfort)	<input type="checkbox"/> No feeding tube
	<input type="checkbox"/> IV fluids for a trial period of no longer than _____	<input type="checkbox"/> Feeding tube long-term
Additional Orders: _____		

These orders pertain to a person who cannot take fluids and food by mouth. The West Virginia Health Care Decisions Act gives a person the right to decide whether he/she would want medically administered fluids and nutrition under certain medical circumstances. In addition, the West Virginia Health Care Decisions Act gives a medical power of attorney representative or healthcare surrogate the authority to make a decision to withhold or withdraw medically administered fluids and nutrition based on either the patient's wishes or the patient's best interest. Section C of the POST form allows choice of one of two levels of orders for both IV fluids and tube feedings.

No IV Fluids – No IV fluids are provided to a patient who chooses this option (or his representative/surrogate chooses this option). IV fluids may cause swelling, shortness of breath, and the need for frequent urination. At the end of life they can also cause excessive secretions.

No Feeding Tube – No feeding tube is provided to a patient who chooses this option (or his representative/surrogate chooses this option).

IV Fluids for a Trial Period of No Longer Than – A patient or representative/surrogate may decide on a defined trial period of fluids to see if this treatment benefits the patient (for example correcting

dehydration from a viral gastroenteritis). The recommended trial period is between 2 and 5 days. Document length of trial under Other Orders for this choice.

Feeding Tube Long-Term – Patients (or their representative/surrogate) may decide long-term nutrition is an option they want to pursue.

Oral fluids and nutrition should always be offered to a patient as tolerated (i.e. the patient is alert and able to swallow).

D – Authorization/Registry Opt-In/Physician’s Signature

D	Discussed with:	
	<input type="checkbox"/> Patient/Resident <input type="checkbox"/> Health care surrogate <input type="checkbox"/> MPOA representative <input type="checkbox"/> Spouse <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Other: _____ (Specify)	
	Authorization	INITIAL BOX if you agree with the following statement: If I lose decision making capacity and my condition significantly deteriorates, I give permission to my MPOA representative/surrogate to make decisions and to complete a new form with my MD/DO/APRN in accordance with my expressed wishes for such a condition or, if these wishes are unknown or not reasonably ascertainable, my best interests.
	Registry Opt-In	INITIAL BOX if you agree to have your POST form, do not resuscitate card, living will and medical power of attorney form (if completed) submitted to the WV e-Directive Registry and released to treating health care providers. REGISTRY FAX - 844-616-1415
	Signature of Patient/Resident, Parent of Minor, or Guardian/MPOA Representative/Surrogate (Mandatory)	
	Date	
	Signature of MD/DO/APRN	
MD/DO/APRN Name (Print Full Name)		
MD/DO/APRN Phone Number		
MD/DO/APRN Signature (Mandatory)		
Date and Time		

Upon completion of the orders, the healthcare professional checks the box indicating with whom the orders were discussed, (patient, MPOA representative, healthcare surrogate, etc) according to who authorized the completion of the POST form.

This section includes a statement which can only be authorized by the person with decision-making capacity that gives a MPOA representative/surrogate authority to make decisions and to complete a new form with the physician/APRN in accordance with the expressed wishes of the patient for such a condition or, if these wishes are unknown or not reasonably ascertainable, the patient’s best interest.

This section contains a Registry Opt-In box so that the patient, or their MPOA representative or surrogate decision maker, can direct the patient’s healthcare providers to submit a copy of their POST form, once completed, to the West Virginia e-Directive Registry.

The patient or representative/surrogate and physician/APRN must sign the form in this section. These signatures are mandatory. A form lacking these signature is NOT valid. The physician/APRN then prints his/her name, phone number, and the date and time the orders were written. The bottom of the form contains a written reminder that the form should accompany the patient/resident when transferred or discharged. It allows receiving healthcare professionals to have the same information regarding the person’s preferences for life-sustaining treatment and increases the likelihood that these orders will be respected in the new care setting.

E – Patient Preferences as a Guide for the POST Form

E	Patient/Resident (Parent for Minor Child) Preferences as a Guide for this POST Form		
	Advance Directive (Living Will or MPOA)	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Attach copy of documentation
	Organ and Tissue Document of Gift	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Attach copy of documentation
	Court-appointed Guardian	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Attach copy of documentation
	Health Care Surrogate Selection	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Attach copy of documentation
MPOA/Surrogate/Court-appointed Guardian/Parent of Minor Contact Information			
Name	Address	Phone	

This section includes a list of documents including advance directives to which the person completing the form may have referred for guidance. They include a living will, medical power of attorney form, organ and tissue document of gift, court-appointed guardian, and healthcare surrogate selection form. For situations when the person loses or has lost decision-making capacity, the name, address, and phone number of the person legally authorized to make healthcare decisions for the incapacitated person are to be listed on the lines marked “Name/Address/Phone.” Healthcare providers are to review a patient’s advance directives at the time of POST completion. Revise advance directives as necessary for consistency with POST orders.

<p align="center">West Virginia Physician Orders for Scope of Treatment (POST)</p> <p>By state law, these medical orders must be followed until changed. Any section not completed indicates full treatment for that section.</p> <p align="center">REVISE ADVANCE DIRECTIVES AS NEEDED FOR CONSISTENCY WITH POST ORDERS.</p>

The person preparing the form also signs in this section. A form lacking the signature of the person preparing the form is invalid.

F – Review of the POST Form

F	Review of this POST Form				
	Date of Review	Reviewer	MD/DO/APRN Signature	Location of Review	Outcome of Review
					<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
					<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
					<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
					<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
					<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
					<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form

This section provides for up to six reviews of this form when the patient changes healthcare settings (e.g., being admitted from home or a nursing home to the hospital or discharged from the hospital back to nursing home) or after changes in the patient’s status. Some long-term care facilities also do a periodic review of the POST form to ensure the orders listed on the POST form are in agreement with the patient’s current wishes according to his/her current healthcare status and advance

directives. There are columns for the date of the review, the reviewer's signature, the physician's/APRN's signature, location of review, and the outcome of the review. Possible outcomes include no change, form voided with a new one completed, and form voided without a new one completed. There is no requirement that the form be reviewed during a set time period (e.g., quarterly) when the patient remains in the same healthcare facility. Nursing homes who choose to review the form quarterly, even when the patient has not been hospitalized, may want to document the review in the patient's care conference notes or social services notes so that Section F is not completely filled in with "No Change" outcomes requiring a new form to be completed.

No Change – This box is checked after the POST form has been reviewed and there were no changes made to the POST form, whether after a change of setting or periodic review of the form.

FORM VOIDED, new form completed – This box should be checked if for any reason the POST form was voided after review and a new form was completed. After checking this box, the word

"VOID" should be written in large letters across both the front and back of the POST form, the date the form was voided written under the word "VOID", and a new form should be completed. The old voided form should still be kept in the patient's medical records, whether in the current file or in an archived file, depending on how your facility maintains patient records. The newly completed POST form should then be kept in the front of the patient's current medical records file. The voided form and the new form if one is completed should be submitted to the Registry so that the orders for the patient in the Registry are the current orders desired by the patient.

FORM VOIDED, no new form – This box should be checked if the POST form was voided after review and the decision was made that a new POST form was not to be completed. After checking this box, the word "VOID" should be written in large letters across both the front and back of the POST form and the date written under the word "VOID". The old voided form should be kept in the patient's medical records, whether in the current file or in an archived file, depending on how the facility maintains patient records. The Registry should be notified if the patient's form is voided so that the form can be removed from the Registry active listing.

Additional Available Resources

Brochures for Patients and Families

The WV Center for End-of-Life Care has a one-page flyer for patients and families that describes the POST form and the types of treatments that are addressed on the form. Healthcare providers can download brochures from the Center's website at <http://wvendlife.org/for-providers/resource-library>.

Hard Choices for Loving People Booklet

Hard Choices for Loving People clarifies issues surrounding end-of-life issues in an easy-to-read format in language that is easily understood. Patients and healthcare providers can purchase copies at www.hankdunn.com/purchase/hard-choices-for-loving-people.

Common Questions Regarding the POST Form

What is the POST form?

Under the West Virginia Health Care Decisions Act, the POST form is a standardized “hot pink” form containing orders by a physician/APRN who has personally examined a patient regarding that patient’s preferences for end-of-life care. The form provides physician/APRN orders regarding CPR-code or no code status; level of intervention (comfort measures, limited additional interventions, or full interventions); and use or withholding of medically administered fluids and nutrition. The comfort measures level stipulates, “Do not transfer to 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.

For whom should a POST form be completed?

The form should be completed for any individual with a chronic illness for whom a life-sustaining treatment in the future might be considered. Completion of POST forms is highly recommended for hospitalized patients being discharged to nursing homes or 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.

Is a POST form required on 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 does and does not want at the end of life.

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

Each form has a different purpose. The living will form is the most restrictive and only goes into effect if the patient has lost decision-making capacity and is either terminally ill or in a persistent vegetative state. If the patient wants to be clear about the type of treatment he/she will receive in a vegetative state or when terminally ill, then the patient should complete a living will. Authorities on end-of-life care strongly encourage all patients to complete a medical power of attorney form. This form allows a patient to designate someone he/she trusts to make decisions for him/her in any circumstance when the patient has lost decision-making capacity. The POST form is recommended for patients who are seriously ill and whose death within a year would not be a surprise. 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/she wants at the end of life. For seriously ill patients, it would be entirely appropriate for the patient to complete a combined living will and medical power of attorney form and a POST form. The completion of these forms maximizes the possibility that the patient will have his/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/she designated as his/her medical power of attorney representative and to submit or have his/her advance directives and POST form submitted to the Registry.

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

In Section A, the POST form includes either a full resuscitation or Do Not Attempt Resuscitation (DNR) order. The West Virginia Health Care Decisions and Do Not Resuscitate Acts establish the POST form as a legally recognized means of West Virginia Do Not Resuscitate identification. 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, if a patient is mobile enough to leave his/her home for reasons such as shopping or other activity, it is recommended that the more portable orange WV DNR card (wallet size) also be completed because the patient may not always have the POST form in his/her possession.

If the patient has completed several end-of-life forms, which one takes precedence?

The West Virginia Health Care Decisions Act [§16-30-5(c)], reads, “In the event that there is a conflict between two advance directives executed by the person, the one most recently completed takes precedence only to the extent to resolve the inconsistencies.” For example, a patient did a living will in 2001 and wrote under the special directives, “I want a feeding tube,” and then completed a medical power of attorney in 2005 and wrote under special directives, “I do not want a feeding tube.” Under state law, because the medical power of attorney form is the most recently completed, the directive not to insert a feeding tube in the medical power of attorney form should be followed. If there is a conflict between an advance directive and a POST form signed by the patient, then the advance directive should be followed since by law it represents the expressed wishes of the patient. See section 5 of the West Virginia Health Care Decisions Act or call the Center for further explanation.

Who needs to sign the POST form?

The POST form is a physician’s/APRN’s order and must be reviewed and signed in Section D by a licensed physician APRN who has examined the patient. The physician/APRN must also sign the form in Section F after review of the form upon change in care setting of the patient or substantial change in the patient’s condition.

What if the attending physician/APRN does not want to sign a POST form but the patient or incapacitated patient’s legal agent wants one?

Some physicians/APRNs 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 healthcare professionals can educate the physician/APRN regarding the legal protection the form provides to the patient, legal agent, physician/APRN, and healthcare facility when validly completed; 2) West Virginia law allows a qualified physician/APRN who is not the attending physician/APRN to sign a POST form (A qualified physician is a physician licensed to practice medicine who has personally examined the patient; consultant physicians are often willing to sign a POST form for their patient); or 3) the patient or patient’s legal agent can transfer the patient’s care to another attending physician/APRN who is willing to complete a POST form for the patient.

Can a social worker, nurse or other healthcare professional fill out the POST form?

Yes. Social workers, nurses, and other healthcare professionals can fill out the form with patients or their representatives/surrogates. The person preparing the form should sign his/ her name in Section F in the space provided for the preparer. To activate the form, a physician/APRN must review it and sign it.

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

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 representative/surrogate. 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 have to be reviewed?

According to the West Virginia Health Care Decisions Act in §16-30-13(d), the POST form is to be reviewed when the patient is transferred from one healthcare facility to another. As long as the patient remains in the same healthcare facility, there is not a need to review the form when the patient is transferred from one floor to another.

What if a patient or representative/surrogate changes his/her mind about the wishes documented on the POST form?

The form should be voided and a new form completed. The voided form should be placed in the permanent medical record in the "Correspondence" or equivalent appropriate section.

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 and the provision of other treatments for the patient. The POST form is not just for patients in cardiac arrest.

Are healthcare professionals required to comply with the orders on the POST form?

Yes. The POST form is based on the patient's directives as expressed orally or in a living will or medical power of attorney or on the decisions of the patient's medical power of attorney representative/surrogate acting in the patient's best interest. The West Virginia Health Care Decisions Act stipulates that healthcare providers are subject to disciplinary action by their licensing board for failure to honor a patient's advance directives or the decisions of the representative/surrogate, provided the healthcare provider had actual knowledge of the directives or decisions. The West Virginia Health Care Decisions Act provides legal protection for healthcare providers who comply with the orders on the POST forms. In the law, healthcare providers are not subject to civil or criminal liability for good faith compliance with or reliance upon POST forms.

What are the requirements when a patient with a POST form is transferred from one healthcare facility to another?

The West Virginia Health Care Decisions Act at §16-30-21(d) requires that the facility initiating the transfer communicate the existence of the POST form to the receiving facility prior to the transfer. The POST form orders shall remain in effect in the receiving facility. After admission, the attending physician/APRN is required to review the POST form and take one of three actions: 1) continue the form without change; 2) void the form and issue a new one; or 3) void the form without issuing a new one.

Where should the original POST form be kept?

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 on the refrigerator. Family members and caregivers should know where the form is located. Healthcare facilities are required to keep the POST form as the first page in a person's medical record unless otherwise specified in the healthcare 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 bright pink copy of the original POST form with the patient. The original should be submitted to the Registry so that an electronic version of the form is available to treating health care providers even if the original has been misplaced or is not available.

Developed by the POST Task Force of the West Virginia Center for End-of-Life Care
with representation from hospitals, nursing homes, hospices, home care agencies, and the Office of Health Facility
Licensure and Certification of the West Virginia Department of Health and Human Resources

Revised June 2016