

Virginia Physician Orders for Scope of Treatment (POST)

This is a Physician Order Sheet based on the patient's current medical condition and wishes. Any section not completed creates no presumption about the patient's preferences for treatment.

Name Last / First / M.I.

Address

City / State / Zip

Date of Birth (mm/dd/yyyy)

Last 4 Digits of SSN

--	--	--	--

A	<p>CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing.</p> <p><input type="checkbox"/> Attempt Resuscitation <input type="checkbox"/> Do Not Attempt Resuscitation (DDNR/DNR/No CPR)</p> <p><i>If "Do Not Attempt Resuscitation" is checked, this is a DDNR order. See Page 2 for instructions for use.</i></p> <p style="text-align: center;"><small>If a previous Durable Do Not Resuscitate form or POST form indicating Do Not Attempt Resuscitation was signed by the patient, only the patient can consent to reversing such a Durable DNR Order.</small></p>
----------	---

When not in cardiopulmonary arrest, follow orders in B & C

B	<p>MEDICAL INTERVENTIONS: Patient has pulse and / or is breathing.</p> <p><input type="checkbox"/> Comfort Measures: Treat with dignity and respect. Keep warm and dry. 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. Transfer to hospital <u>only</u> if comfort needs cannot be met in current location. Also see "Other Orders" if indicated below.</p> <p><input type="checkbox"/> Limited Additional Interventions: Includes comfort measures described above. Do not use intubation or mechanical ventilation. May consider less invasive airway support (e.g., CPAP or BiPAP). Use additional medical treatment, antibiotics, and cardiac monitoring as indicated. Hospital transfer if indicated. Avoid intensive care unit if possible. Also see "Other Orders" if indicated below.</p> <p><input type="checkbox"/> Full Interventions: In addition to Comfort Measures above, use intubation, mechanical ventilation, cardioversion as indicated. Transfer to hospital if indicated. Include intensive care unit. Also see "Other Orders" if indicated below.</p> <p>Other Orders: _____</p>
----------	--

C	<p>ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and fluids by mouth if feasible.</p> <p><input type="checkbox"/> NO feeding tube (Not consistent with patient's goals given current medical condition)</p> <p><input type="checkbox"/> Feeding tube for a defined trial period (specific goal to be determined in consultation with treating physician)</p> <p><input type="checkbox"/> Feeding tube long-term if indicated</p> <p>Other Orders: _____</p>
----------	---

D	<p>PROVIDER SIGNATURE: My signature below indicates that I have discussed the decisions documented herein with the patient or the person legally authorized to consent on the patient's behalf and have considered the patient's goals for treatment to the best of my knowledge.</p> <p>DISCUSSED WITH (Required):</p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Agent named on Advance Directive <input type="checkbox"/> Other person legally authorized <input type="checkbox"/> Court appointed guardian</p> <p>SIGNATURE (REQUIRED): _____ DATE (REQUIRED): _____</p> <p>PROVIDER NAME (REQUIRED): _____ PHONE: _____</p>
----------	--

Signature of Patient or Authorized Person (Required)

Signature: _____ **Date:** _____

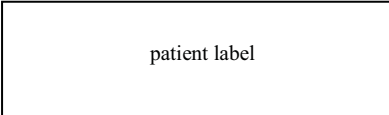
If the patient signs and Do Not Attempt Resuscitation is checked in Section A, only the patient can revoke consent for the Do Not Resuscitate Order.

Print Name: _____

If patient lacks capacity, describe authority to consent on the patient's behalf: _____

If the patient has no Advance Directive, the following persons may consent for the patient in this order: Guardian, Spouse, Adult Children, Parents, Adult Siblings, Other Relative in descending order of blood relationship (Code of Virginia §54.1-2986)

FORM SHALL ACCOMPANY PATIENT WHEN TRANSFERRED OR DISCHARGED



NAME: _____ **Date of Birth:** _____

CARE SETTING WHERE POST WAS COMPLETED

Long-Term Care Hospital Home Hospice Facility Outpatient Practice Other _____

Name of Care Setting: _____

Name of Healthcare Professional Preparing Form:

Print Name: _____ Date: _____ Organization: _____

This form is meant to reflect decisions for treatment based on the patient's current medical condition. It should be reviewed periodically and updated as needed with changes in condition, patient preferences, or setting.

Instructions for Use of This Form

Completing POST

- POST is not valid until signed by a physician, nurse practitioner or physician assistant who has a bona fide relationship with the patient. Nurse practitioners and physician assistants are authorized to sign POST forms under the Code of Virginia §54.1-2957.02 and §54.1-2952.2 respectively. Health care organizations may have policies that impose limitations on this authority based on the provider's individual scope of practice.
- Use of the original form is encouraged. A photocopy, fax or electronic version should be honored as if it were an original.

Using POST

- Patients may choose Full Interventions to authorize ventilation/intubation as a treatment for respiratory distress and still choose Do Not Attempt Resuscitation in the event of a full cardio-pulmonary arrest.
- When comfort cannot be achieved in the current setting, the patient, including someone who has chosen "Comfort Measures," should be transferred to a setting able to provide comfort (e.g. treatment of a hip fracture).
- Review POST periodically and update if needed with changes in condition, patient preferences or setting.

Revoking/Making Changes to Section A

- Administrative Code of Virginia §12VAC5-66-10 states "Durable DNR order shall also include a Physician Orders for Scope of Treatment (POST) form." Therefore, provisions under Code of Virginia §54.1-2987.1 apply to POST Section A.
- If "Do Not Attempt Resuscitation" is checked in Section A, and Section D is completed, and the patient has signed this form, no one has the authority to revoke consent for the DDNR order other than the patient as stated in the Code of Virginia §54.1-2987.1.
- If "Attempt Resuscitation" is checked in Section A, a legally authorized decision maker may make changes to carry out the patient's preferences in light of the patient's changing condition.

Making Changes to Sections B and C

- To change any orders in these sections, the current POST form must be voided and a new POST form completed.
- If the POST is revoked and no new POST form is completed, full treatment and resuscitation may be initiated.
- If a patient tells a healthcare professional that they wish to revoke their consent to POST or change POST, the healthcare professional caring for the patient should draw a line through the front of the form and write "VOID" on the original, date and sign, and notify the patient's physician. A new POST form then may be completed if desired by the patient.
- If not in a healthcare facility, the patient (or person authorized to make decisions on the patient's behalf, in keeping with the patient's goals for treatment) may revoke consent for POST orders by voiding the form as described above and informing a healthcare professional. The healthcare professional must then notify the patient's physician so that appropriate orders may be written and a new POST form created if desired by the patient.
- If the patient signs this form and becomes unable to make healthcare decisions, a legally authorized decision maker may continue carrying out the patient's preferences in light of the patient's changing condition, and in consultation with the treating physician, may sign, revoke consent to, or request changes to the POST orders (except in Section A as noted above).

FORM SHALL ACCOMPANY PATIENT WHEN TRANSFERRED OR DISCHARGED

POST forms are available to medical providers and organizations that have agreed to the standards set forth by the Virginia POST Collaborative. Contact: program.coordinator@virginiapost.org