

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

This presentation is the work product of the Indiana Fire Chiefs Association EMS Division and the Indiana Patient Preferences Coalition and is approved by the Indiana Department of Homeland Security.

Objectives

At the completion of this unit of instruction, the participant shall be able to:

- Formulate a treatment plan to include receiving Advance Directive forms in the pre-hospital setting, which may or may not result in transporting a patient - in conjunction with Medical Direction or Standing Orders.

Objectives

- Identify the following for Advance Directives, as they relate to the scope of practice:
 - What is an Advance Directive
 - Who qualifies as an Authorized Representative
 - Identify a living will and determine its pre-hospital use(s)
 - Identify an Out-of-Hospital Do Not Resuscitate (DNR) and determine its pre-hospital use(s)
 - Identify Physician Orders for Scope of Treatment (POST) and determine its pre-hospital use(s)
 - Understand the situations when you might not honor an Advance Directive
 - Understand the role of Medical Direction in Advance Directives
 - Competently utilize all of the Advance Directives in scenario situations
 - Understand what is required for each Advance Directive to be valid

What are Advance Directives?

- Legal documents
- Allow person to express their wishes for health care
- Numerous types of legally recognized advance directives in Indiana
- Advance directives of particular interest to EMS are:
 - Living Will
 - Life Prolonging Procedures Will
 - Out of Hospital DNR
 - POST

Living Will and Life Prolonging Procedures – IC 16-36-4

- The Living Will (LW) and Life Prolonging Procedures Will (LPP) are used to express wishes for care in the event the person develops an “incurable injury, disease, or illness determined to be a terminal condition” and is unable to express directions for his or her care.
- The person must be at least 18 years of age and of sound mind in order to execute the LW or LPP.
- These documents are often created with an attorney when a will is created.

Living Will and Life Prolonging Procedures – IC 16-36-4

- Indiana law dictates the content of these documents. They must be signed by the person and two witnesses.
- The Living Will has no effect if the patient is pregnant.
- The Living Will statute does not require a physician to act, but is considered an expression of the patient's desires.
- The statute does require a physician to use life prolonging procedures as requested within a Life Prolonging Procedures Will.

Living Will and Life Prolonging Procedures – IC 16-36-4

- Many EMS systems do not allow their EMS personnel to acknowledge the Living Will or Life Prolonging Procedures Will. However, it is the EMS professional's responsibility to know how local protocol addresses all forms of advance directives.
- The LW and LPP can only be revoked by the patient, who may revoke the will orally, in writing, or by destruction of the document.
- The statute provides immunity to health care providers who withhold care pursuant to the wishes of the patient as expressed in these documents. Always consult medical control if uncertain on how to proceed.

Problems with Living Wills

- Poor use (historically)
- Difficulty predicting future wishes
- Lack of clarity
- Difficult to interpret
- Difficulty determining who should make decisions
- Limited application (terminal and death imminent)
- Unable to locate
- Do not work (with a few exceptions)

Out of Hospital DNR – IC 16-36-5

- Still a valid option for patients.
- Allows a person outside an acute care hospital or health facility to indicate that he or she does not wish to be resuscitated if and when cardiac or pulmonary failure occur.
- Any person who is 18 or older, is of sound mind, and has been certified by his or her physician as having a terminal condition or a condition in which survival of cardiac/pulmonary failure is unlikely, may execute an Out of Hospital DNR.
- Has no effect if the patient is pregnant.
- Can and should be honored by EMS.

Out of Hospital DNR – IC 16-36-5

- The form **must** meet statutory requirements and EMS should be familiar with those requirements. A sample can be found on the IDHS website. Hospital based forms are not acceptable.
- A copy of the form will suffice (the original need not be presented to EMS).
- The individual may also revoke the OHDNR at any time in writing, verbally, or by destroying the document.
- A health care representative may revoke the OHDNR **only if** the patient is incompetent to do so.
- The statute provides liability protection as long as a health care provider acts in good faith and in accordance with “reasonable medical standards.”

Problems with DNR

- Addresses resuscitation only
- Simplification
- Over-generalized to reflect preferences for other treatments

Physician Orders for Scope of Treatment (POST)

- House Bill 1182
- Passed by the Indiana legislature in May 2013
- Became effective July 1, 2013
- <http://www.in.gov/legislative/bills/2013/HE/HE1182.1.html>

POST Overview

- Designed for persons with advanced chronic progressive disease, frailty, or terminal conditions.
- These are persons for whom the physician would not be surprised if they died within the next 12 months because of their advance disease.
- Persons with these life-limiting conditions experience diminished benefits from treatments and increased burden as their condition progresses.

POST Overview

- Addresses not only code status, but a variety of other treatment categories
- Allows patients to determine their healthcare plan
- Converts treatment preferences into immediately actionable medical orders
- Transfers across treatment settings with patient, including pre-hospital
- Recognizable, standardized form

POST Form

- Documents an individual's treatment preferences in the form of **medical orders** that are easily understood by healthcare providers.
- Transfers with an individual throughout the healthcare system to ensure treatment preferences are **honored across all care settings.**
- Focuses on the here and now.
- Sections not completed imply full consent to receive that care.

Sections of the POST form

- EMS will
 - Use sections A and B to guide treatment decisions
 - Reference sections E and F to confirm form is valid

Section A – Cardiopulmonary Resuscitation

- Focuses on Code Status
 - Whether a full resuscitation attempt should be initiated or should not be initiated

Section A – Cardiopulmonary Resuscitation

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

- Only applies when patient has no pulse **AND** is not breathing

Section A – Cardiopulmonary Resuscitation

- If not in full cardiac arrest (such as respiratory arrest only, respiratory distress, low blood pressure with an irregular pulse), refer to section B for orders.
- **“Attempt Resuscitation (CPR)” box is checked**
 - Full resuscitative measures should be initiated, including intubation, mechanical ventilation, defibrillation and transfer to the ICU.
- **“Do Not Attempt Resuscitation/DNR” box is checked**
 - Do not initiate CPR/resuscitative measures. Provide comfort measures for the patient.

Section B – Medical Interventions

- Deals with the level of medical interventions a patient desires.
- Options include:
 - **Comfort measures only** (pain medications and comfort but allow a natural death)
 - **Limited Additional interventions** (IV, intubation decision, fluids and cardiac interventions)
 - **Full treatment**

Section B – Medical Interventions

B

Check
One

MEDICAL INTERVENTIONS: *If patient has pulse AND is breathing OR has pulse and is NOT breathing.*

- Comfort Measures (Allow Natural Death): Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location.
- Limited Additional Interventions: Treatment Goal: Stabilization of medical condition. In addition to care described in Comfort Measures above, use medical treatment for stabilization, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.
- Full Intervention: Treatment Goal: Full interventions including life support measures in the intensive care unit. In addition to care described in Comfort Measures and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.

Section B – Medical Interventions

- Provides orders for situations that are not covered in section A.
- Interventions to promote comfort should always be provided regardless of ordered level of treatment.
- Other orders may also be specified.

Comfort Measures

- The overall treatment goal is to maximize comfort through symptom management.
- Patient desires only those interventions that allow a natural death with the goal of providing comfort.
- Use medication by any route, positioning, wound care, and other measures to relieve pain and suffering.
- Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort.
- Transfer to a hospital **only if** comfort needs cannot be met in current location.

Limited Additional Interventions

- The overall treatment goal is to stabilize the medical condition.
- In addition to the comfort measures, you may provide, as indicated:
 - IV fluids (hydration)
 - Cardiac monitoring
 - Basic airway management techniques and non-invasive positive-airway pressure
 - Intubation, advanced airway interventions, and mechanical ventilation are not used
- Transfer to a hospital if needed to manage and stabilize medical needs or to enhance comfort, but use of intensive care is avoided.

Full Interventions

- Overall treatment goal is to maintain and life with all available measures.
- Use intubation, advanced airway interventions, mechanical ventilation, and electrical cardioversion as indicated.
 - Standard care
- Transfer to hospital and use intensive care as medically indicated.

Sections C and D

- Focuses on antibiotics and artificial nutrition
- Primarily for facility use

Sections C and D

C <i>Check One</i>	ANTIBIOTICS: <input type="checkbox"/> Use antibiotics for infection only if comfort cannot be achieved fully through other means. <input type="checkbox"/> Use antibiotics consistent with treatment goals.
D <i>Check One</i>	ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and fluid by mouth if feasible. <input type="checkbox"/> No artificial nutrition. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. (Length of trial: <input type="text"/> Goal: <input type="text"/>) <input type="checkbox"/> Long-term artificial nutrition.

Section E

- Documents that a discussion occurred with the patient or the patient's representative. More than one box may be checked in this section depending on who participated in the discussion.
- Patient/Representative signature.
- The name, address, and phone number of the patient's legally authorized representative is listed in the "Contact Information" section on the back of the form.

Section F

- The physician prints his/her name, phone number, and the date and time the orders were written.
- The physician must sign the form in this section.
- **BOTH the patient's/representative's signature in section E and the physician's signature in this section F are mandatory. A form lacking these signatures is NOT valid.**

Sections E and F

E	DOCUMENTATION OF DISCUSSION: Orders discussed with (<i>check one</i>): <input type="checkbox"/> Patient (patient has capacity) <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Legal Guardian / Parent of Minor <input type="checkbox"/> Health Care Power of Attorney		
	SIGNATURE OF PATIENT OR LEGALLY APPOINTED REPRESENTATIVE My signature below indicates that my physician discussed with me the above orders and the selected orders correctly represent my wishes. If signature is other than patient's, add contact information for representative on reverse side.		
	Signature (<u>required by statute</u>)	Print Name (<u>required by statute</u>)	Date (<u>required by statute</u>) (mm/dd/yyyy)
F	SIGNATURE OF PHYSICIAN My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.		
	Print Signing Physician Name (<u>required by statute</u>)	Physician Office Telephone Number (<u>required by statute</u>) () - -	License Number (<u>required by statute</u>)
	Physician Signature (<u>required by statute</u>)	Date (<u>required by statute</u>) (mm/dd/yyyy)	Office Use Only

How is a POST form different from an Out-of-Hospital DNR?

- Both the POST and the Out-of-Hospital DNR involve the physician in the execution process, but the POST statute actually requires the doctor and patient (or representative) to discuss the patient's situation.
- Both the POST and the Out-of-Hospital DNR allow the patient to choose whether or not resuscitation attempts should be made, but the POST also allows the patient to choose his or her preferences for care in non-cardiac arrest situations.
- In order to execute the Out-of-Hospital DNR, the person must be certified by his or her physician as having a terminal condition or a condition in which survival of cardiac/pulmonary failure is unlikely.
- In order to execute a POST, the person must have an advanced chronic progressive disease, frailty, or terminal condition, or a condition in which survival of cardiac/pulmonary failure is unlikely.

How is POST different from a living will?

- Both the POST and the Living Will can be executed by persons over the age of 18 and of sound mind.
- The Living Will can be executed by healthy individuals and then used should a situation arise in which a person cannot speak for himself or herself, but the POST can only be executed by persons with advanced chronic progressive disease, frailty, or terminal condition.
- The Living Will expresses the care a person wants to receive or does not want to receive but there is no obligation on the part of the physician to follow those preferences. The POST, however, once executed, carries the weight of physician orders for that patient.
- The Living Will does not require a physician signature, whereas the POST does.

How might POST affect care for an individual?

- POST is the most comprehensive advance care planning tool available in Indiana.
 - Expands the group of people able to use the document
 - Expands the types of treatment covered
 - Expands the settings in which it can be honored
 - Focuses on the patient's present health status
 - Converts patient wishes into medical orders

Who should honor a POST form?

- **All** healthcare providers are legally required to honor the POST form.
- If, when responding to this call, the patient has the capacity to make decisions for his or her own care at that time, you should discuss the POST orders with the patient and reaffirm their decisions as outlined on the POST. The patient can verbally revoke the POST at any time and may do so during the call.
- EMS personnel should have standing orders delineating how their Medical Director would like them to treat a person with a POST form or have the ability to contact Medical Control for orders in isolated situations. The POST form can be addressed just as the DNR form is currently addressed.

When might I start seeing POST forms?

- The Indiana POST form is available on the Indiana State Department of Health website.
- Now that the form is available, EMS personnel should look for POST forms:
 - Patient's medical record at extended care facilities
 - With the patient's medications
 - On their refrigerator at home
 - In other locations as promoted by local systems
- IPPC recommends that the POST be printed on bright pink paper, but this is not required. POST might be any color.
- The POST should accompany the patient at the time of transfer.
- Copies of the form are legally valid and should be honored.

What if the patient has multiple Advance Directives?

- Patients will still be encouraged to execute a healthcare power of attorney and living will.
- The Out of Hospital DNR is still a valid option and you may still see them.
- Where multiple advance directives have been executed, the most recent or updated version should be the version that is followed.

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

- The POST statute:
 - Protects healthcare providers when they act in good faith to honor the POST orders.
 - Allows a healthcare provider to choose not to honor the POST orders if the provider believes:
 - the form is invalid;
 - the form has been revoked;
 - the patient or his/her representative have requested alternative treatment;
 - the POST orders would be medically inappropriate for the patient; or
 - the POST orders conflict with the care provider's religious or moral beliefs.

What if there is a request for alternate treatment?

- A patient or representative can always request alternate treatment.
- If possible, confirm that the patient or representative understands they are requesting alternate treatment and that this is their intention.
- Always inform the attending physician (ER physician for EMS) when alternate treatment is requested and document it in your report.

How is a POST revoked?

- A patient may revoke the POST at any time in writing, verbally, or by destroying the POST form.
- The patient's representative may revoke the POST in the same manner, but **ONLY IF** the patient is incapable of making healthcare decisions.
- If a patient/representative indicates they want to revoke the POST form, you are required to notify the treating physician at the Emergency Department that the POST form has been revoked. You should also document that the POST was revoked and that you informed the ED physician.

Scenario 1

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

Scenario 1

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

Scenario 2

- You are called to the scene of an automobile collision and find a 68 year old male who is unresponsive and has sustained life-threatening injuries. His son, the driver of the vehicle, advises you that his father has a POST and presents the form to you. He states that he would like the POST followed. You note that in Section A the patient has chosen to be a DNR and in Section B the patient has chosen comfort measures only.
- What do you do?

Scenario 2

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

Scenario 3

- You are called to a local restaurant for a 58 year old female who is choking. When you arrive, her friend states that the patient has a POST form in her purse. She is now in respiratory arrest. The friend finds the POST form and hands it to you. The patient has chosen DNR and comfort measures only.
- What do you do?

Scenario 3

- You should treat the choking.
- The POST is not intended to withhold normal treatment for situations that could be completely reversible. Perhaps with the obstruction cleared the patient can continue to make verbal choices for herself.
- If the patient should go into cardiac arrest then you would refer to local Standing Orders or Medical Direction regarding the treatment of this patient.
- EMS Systems must also be prepared to deal with DNR situations in a public setting.

Scenario 4

- You have responded to Mrs. Smith's residence, an 84 year old female patient with advanced MS and diabetes. Her daughter advises you that she has a POST form for her mother with her listed as the Representative. Mrs. Smith's POST indicates that she is a DNR and wants limited additional interventions . Mrs. Smith has been lethargic and has had numerous bouts of vomiting today. The daughter is concerned that her mother may require some fluids and treatment due to the hypovolemia and history of diabetes.
- What do you do?

Scenario 4

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

Scenario 5

- 52 year old male has stopped breathing and has a heart rate of 40. He has a history of emphysema and executed a POST choosing DNR in Section A and Comfort Measures in Section B.
- What do you do?

Scenario 5

- The patient is not in cardiac arrest, so Section A does not apply.... Yet.
- The orders under Comfort Measures allow for oxygen and pain management and transport only if unable to make the patient comfortable in his current setting.
- Apply oxygen, monitor the patient, and contact medical control for further guidance.
- If the patient ultimately codes, you would honor the DNR.
- Since the patient is not able to speak for himself, the qualified representative, if on the scene, would be able to revoke the POST and request alternative treatment.

Useful Contacts

- **Indiana Patient Preferences Coalition - IPPC - <http://www.iupui.edu/~irespect/POST.html>**
- **Indiana Department of Homeland Security - IDHS - 1-800-666-7784**
- **Indiana State Department of Health (ISDH) - 1-317-233-1325**
- **National POLST organization – www.polst.org**
- Advance Care Planning (National Institute on Aging)
- End-of-Life Decisions (National Hospice and Palliative Care Organization) - PDF
- Living Wills and Advance Directives for Medical Decisions (Mayo Foundation for Medical Education and Research)

Useful Contacts

- Put It in Writing: Questions and Answers on Advance Directives (American Hospital Association) - PDF
- Healthcare Agents: Being One (National Hospice and Palliative Care Organization)
- Making Medical Decisions for a Loved One at the End of Life (American College of Physicians) - PDF
- Medical Issues to Be Considered in Advance Care Planning (American Hospice Foundation)
- Advance Care Planning: Preferences for Care at the End of Life (Agency for Healthcare Research and Quality)
- Surrogate Decision Makers' Interpretation of Prognostic Information (American College of Physicians) - PDF
- Download Your State's Advance Directives (National Hospice and Palliative Care Organization) - PDF