

POST and Advance Directives Study Guide for EMS

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40. 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?

41. 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?
42. 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?
43. 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?
44. 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?

POST and Advance Directives Study Guide for EMS Answers

1. What are Advance Directives?
 - Legal documents
 - Allow person to express their wishes for health care
 - Numerous types of legally recognized advance directives in Indiana
2. When would a living will be used to guide 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
3. What are the requirements for executing a living will?
 - The declarant must be at least 18 years of age and of sound mind
4. Does an advance directive have effect if the patient is pregnant?
 - No
5. What is required in order for the living will to be valid?
 - Form meets statutory requirements, signed by declarant and two witnesses
6. Can EMS acknowledge a living will or life prolonging procedure document?
 - Essentially no, but it is your responsibility to be familiar with local protocol
7. How can a living will be revoked?
 - can only be revoked by the declarant, who may revoke the will orally, in writing, or by destruction of the document
8. Does the living will statute protect healthcare workers?
 - The statute provides immunity to health care providers who withhold care pursuant to the wishes of the patient as expressed in these documents.
9. Did the POST legislation make the Out of Hospital DNR invalid?
 - No, the OHDNR is still a valid option for Indiana citizens.
10. When would an Out of Hospital DNR be used to guide care?
 - When a person outside an acute care hospital or health facility experiences cardiac or pulmonary failure
11. What are the requirements for executing an Out of Hospital DNR?
 - 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
12. Can EMS acknowledge an Out of Hospital DNR?
 - Yes, EMS can and should honor the OHDNR.
13. What is required in order for the Out of Hospital DNR to be valid?
 - The form must meet statutory requirements and EMS should be familiar with those requirements.
14. Is the original Out of Hospital DNR required?
 - A copy of the form will suffice (the original need not be presented to EMS).
15. How can an Out of Hospital DNR be revoked?
 - The individual may revoke the OHDNR at any time in writing, verbally, or by destroying the document
16. When can a health care representative revoke an Out of Hospital DNR?
 - A health care representative may revoke the OHDNR **only if** the declarant is incompetent to do so
17. Does the Out of Hospital DNR statute protect healthcare workers?
 - The statute provides liability protection as long as a health care provider acts in good faith and in accordance with “reasonable medical standards.”
18. What does POST stand for?
 - Physician Orders for Scope of Treatment
19. When would a POST form be used to guide care?
 - From the moment the POST is documented it will guide care for the patient

20. What are the requirements for executing a POST?
- Person has an advanced chronic progressive disease, frailty, or terminal condition
21. List five distinct features that makes POST so useful.
- 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
22. What sections of the POST will EMS use to guide care?
- A and B
23. What sections of the POST will EMS use to confirm the form is valid?
- E and F
24. What does section A focus on and when does it apply?
- Focuses on Code Status - Whether a full resuscitation attempt should be initiated or should not be initiated
 - Only applies when patient has no pulse **AND** is not breathing
25. What should you do if section A does not apply?
- Refer to section B
26. What does section B focus on?
- Deals with the level of medical interventions a patient desires.
27. List and explain the options in section B.
- **Comfort measures only** –
 - 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 treatment** -
 - Overall treatment goal is to maintain and life with all available measures.
 - Use intubation, advanced airway interventions, mechanical ventilation, and electrical cardioversion as indicated.
 - Transfer to hospital and use intensive care as medically indicated.
28. What will you look for in sections E and F?
- Section E: Documentation of the discussion with the patient or representative and patient or representative signatures.
 - Section F: Physician signature and contact information
29. What is the significance of sections E and F to EMS?
- 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.

30. Where might you find the name and contact information for the authorized representative, if the information is provided?
- 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.
31. How is a POST revoked?
- A declarant may revoke the POST at any time in writing, verbally, or by destroying the POST form.
 - The declarant's representative may revoke the POST in the same manner, but ONLY IF the declarant is incapable of making healthcare decisions.
 - Only the declarant or the representative, legally, can revoke the POST.
32. 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.
33. 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, carry the weight of physician orders for that patient.
 - The Living Will does not require a physician signature, whereas the POST does require a physician's signature.
34. 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

35. 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.

36. When might I start seeing POST forms?

- The Indiana POST form became available on the Indiana State Department of Health website by July 1, 2013.
- Now that the form is legally 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
- The POST should accompany the patient at the time of transfer.
- Copies of the form are also legal documents and should be honored in the same fashion as the original.

37. 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.

38. 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 declarant 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.

39. What if the patient requests alternate treatment?

- A patient can always request alternate treatment.
- If a patient 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.

40. 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?
 - 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.

41. 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?
 - 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.

42. 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?
 - 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.

43. 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?
 - 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.

44. 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?
 - 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.