**POST Form** (Physician Orders for Scope of Treatment)

The POST form is a medical order form intended for people with serious health conditions. It is issued by your healthcare provider to inform other providers about your treatment wishes. Almost everyone wants their treatment wishes respected, especially at the end of life. The POST form is a way you can ensure that those treating you will know and respect your wishes. You should discuss the various treatments on the form with your doctor and then review it before signing it to be certain that it orders the treatment that you want. Your healthcare provider must also sign it for the form to be valid. The form must accompany you to any medical facility where care may be given. Any section left incomplete will tell providers to administer full treatment.

**Section A**
This section provides orders regarding cardiopulmonary resuscitation (CPR). People who prefer a natural death request their doctors to check the Do Not Attempt Resuscitation box.

**Section B**
This section provides choices regarding how aggressive you want your medical treatment to be. **Full Intervention** involves all measures to keep you alive including use of CPR and a breathing machine in an intensive care unit. **Limited additional interventions** include intravenous fluids and heart monitoring but not intensive care. Patients will not receive CPR with this order. **Comfort measures** include treatments to preserve patient dignity without the use of machines. Patients with a comfort measures order will usually be kept comfortable at home or in a nursing home. They will not be transferred to the hospital unless they cannot be kept comfortable where they live.

**Section C**
This section provides choices regarding medically administered fluids and nutrition through an intravenous line or tube. It gives the choices of no fluids or nutrition at all through a tube, fluids only for a period of time, or nutrition for the rest of your life.

**Section D**
This section includes a box which you can initial to give the person you have chosen to make medical decisions for you the authority to make all medical decisions for you in accordance with your wishes if you become unable to make them yourself. This section also includes a box to initial if you wish to have this form submitted to the e-Directive Registry. There is a space for you to sign the form.

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If you would like a POST form, ask your healthcare provider for one at your next appointment.
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The POST form is used to inform medical providers about your treatment wishes. Your healthcare provider can issue a POST form to you. They must complete and sign Section D for the form to be valid. The form must accompany you to any medical facility where care may be given. Any section left incomplete will tell providers to administer full treatment.

If you live at home, the POST form should be kept on your refrigerator with a magnet. Rescue squads have been instructed to look on the refrigerator for the form. If you live in a nursing home or personal care home, your POST form will be kept in the front of your medical chart. If you are a patient in the hospital, take the form with you and the nurse will put the form in your chart while you are in the hospital. Be sure to take it home with you when you leave.

For questions about this form or anything else concerning advance directives or DNR cards call: 877-209-8086

WV e-Directive Registry
FAX 844-616-1415

www.wvendoflife.org