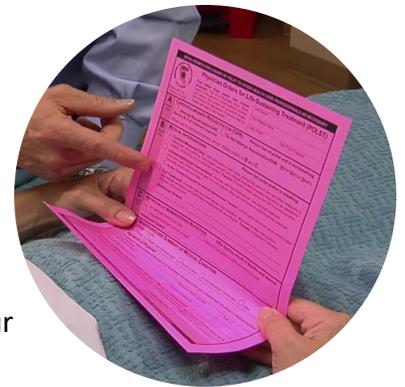


West Virginia POST

A Participating Program of National POLST



What is the WV POST program?

- **A process** – part of your advance care plan to document your wishes
- **A conversation** – talk with your health care provider about your wishes and medical condition
- **A portable medical order form** – the form puts your wishes into medical orders so that health care providers know and respect them when you cannot speak for yourself

What should be discussed in the POST conversation?

- **Your diagnosis.** What illness(es) or medical conditions do you have?
- **Your prognosis.** What is the likely to happen over time with your medical condition? How serious is it? How long might you have to live?
- **Treatment options.** Given your condition and how serious it is, what are your treatment choices? How would they help? What are the side effects?
- **Goals of care.** What is important to you? What makes life worth living for you? What would you NOT want?

What is a POST form? The POST form is a medical order that helps health care providers know and honor the treatment wishes of individuals who are considered to be at risk for a life-threatening event.

The POST form tells them what you want such as:

- “Take me to the hospital” or “I want to stay here”
- “Yes, attempt CPR” or “No, don’t attempt CPR”
- “These are the medical treatments I want”
- “This is the care plan I want followed”

Who can honor a POST form as a health care provider? The POST form can be honored by **all** health care providers including the rescue squad (EMS) and the emergency department.

How is a POST form different from an advance directive or do-not-resuscitate (DNR) card? A POST form provides specific treatment directions and is completed with a health care provider. The POST form is more specific than advance directives and has more options than a DNR card.

During emergencies, EMS and emergency department providers can only follow medical orders such as a POST form. If someone does not have a medical order, EMS providers will attempt everything possible to keep you alive, including CPR.

Who should get a POST form? Anyone who has a serious life-limiting medical condition which may include advanced frailty. WV POST is for the **seriously ill or very frail.**





West Virginia POST
 HIPAA PERMITS DISCLOSURE OF POST ORDERS TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

West Virginia POST Form
 Adapted from the National POLST form and in compliance with WV Code §16-20-1 et seq.

Health care providers should complete this form only after a conversation with the patient or the patient's Medical Power of Attorney (MPOA) representative or surrogate. The WEST decision-making process is for patients who are at risk for all or a limited range of critical care interventions. If you are the patient and you are not sure, you may want to ask your provider for more information.

Patient Information: Having a POST form is always voluntary.

THIS IS A MEDICAL ORDER, NOT AN ADVANCE DIRECTIVE. Health care providers are not required to be compliant with POST.

Printed Full Name: _____ Middle Initial: _____
 Last Name: _____ Suffix (Jr, Sr, etc.): _____
 Preferred Name: _____ DOB (mm/dd/yyyy): _____
 Last 4 Social Security Number: xxxxx Gender (circle one): M F X
 Address: _____ Zip code: _____

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion. (May choose any option in Section B)
 NO CPR: Do Not Attempt Resuscitation. (May choose any option in Section B)

B. Initial Treatment Orders. Follow these orders if patient has a pulse and is breathing.

Full Treatments (required if choose CPR in Section A). Goal: Achieve a goal that is a medically effective means. Provide appropriate medical and nursing services as indicated to attend to ongoing life-sustaining systems.
 Selective Treatments. Goal: Achieve a goal that is in alignment with the patient's goals and values. May use non-invasive cooling, pain, pressure, antibiotics and fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.
 Comfort-focused Treatments. Goal: Minimize suffering through appropriate management of pain, oxygen, fluids, and other medical treatments of choice that are supported by the patient. Avoid treatments used to prolong life, or other treatments unless consistent with patient goal. Transfer to hospital only if care for comfort is required in a different setting.

C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis). EMS protocols may limit emergency responder ability to act on orders in this section.

D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe, and tolerated)

Provide feeding through nasogastric or orogastric tubes. No artificial means of nutrition desired (Discussed but no decision made (provide standard of care))
 Time-limited trial of _____

E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian (e-Signed documents are valid)

Authorization Indicate in this box if you agree with the following statement: I have decision-making capacity and my condition significantly deteriorates. I give permission to my MPOA representative/surrogate to make decisions and to complete a new POST form in accordance with my expressed wishes for such a condition or if these wishes are unknown or not reasonably ascertainable, my best interests.
 Opt-In Indicate in this box if you agree to have your POST and other forms submitted to the WV e-Directive Registry and released to treating health care providers to ensure your wishes are known. FAX 844-616-1415
 I understand that my MPOA representative/surrogate, the health care provider, and I are all responsible for ensuring that the patient's expressed wishes are followed. I have read and understand the instructions.

Patient/Patient MPOA representative/surrogate signature (required) _____ Date (mm/dd/yyyy) _____
 The most recently completed, valid POST form supersedes all previously completed POST forms.

F. SIGNATURE: Health Care Provider (e-Signed documents are valid) Virtual orders may require the following information:
 I have discussed this order with the patient or the patient's MPOA representative/surrogate. The order reflects the patient's best interests, to the best of my knowledge. (Note: Only applicable with MPOA, DNR, or PA forms; may apply to other forms.)

MPOA/PA/PA/PA signature (required) _____ Date (mm/dd/yyyy) (required) _____ Phone #: _____
 Printed Full Name: _____ License/Cert. #: _____

Send original form with patient. A copied, faxed, or electronic version of this form is a valid medical order. This form does not expire.
 WV Center for End-of-Life Care: 877-209-8086 WV e-Directive Registry 844-616-1415 2023

Why should I complete a POST form? The WV POST form provides more information and choices than advance directives and a DNR order alone. The WV POST form can be honored by EMS providers in the event of an emergency. Without a medical order, EMS providers cannot honor wishes not to be resuscitated if your heart stops beating.

When should a POST form be completed? The WV POST form should be completed after a conversation with your health care provider and only if you are seriously ill or very frail.

How do I get a POST form? Because the POST form is a medical order and must be completed with a health care provider, you should contact your health care provider to complete a POST form. Under the law, you and your health care provider must both sign the POST form.

You should discuss the various treatments on the form with your health care provider and then review it before signing it to make sure the orders are what you want.

Where do I keep my POST form? When you go to the doctor or hospital, take the POST form with you. If you live at home, you should keep the POST form on your refrigerator. If you live in a nursing home or personal care home, your form will be kept in the front of your medical chart. If you are a patient in the hospital, your form will be kept in your medical chart during your stay. Make sure you take your POST form home with you when you are discharged from the hospital or nursing home.

Send your POST form to the WV e-Directive Registry so that your wishes will be known and available in emergencies. Learn more: <http://wvendoflife.org/wv-e-directive-registry/>

If I complete a POST form and later change my mind, can I change my wishes on the POST form? Absolutely! The POST form can be updated whenever there is a change in your medical condition or if you change your wishes for medical care. Your health care provider should also review your POST form with you any time you get sick and are admitted to the hospital. You can cancel your POST form by writing "VOID" across it and informing your health care provider and WV e-Directive Registry of the change.

