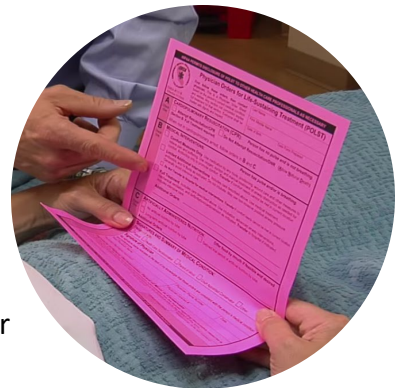


West Virginia POST

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 Model form and in compliance with WV Code §16-30-1 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 POST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. *(This POST form does not supersede any advance directives on file.)*

Patient Information: Having a POST form is always voluntary.

THIS IS A MEDICAL ORDER, NOT AN ADVANCE DIRECTIVE. Review and revise advance directives to be consistent with POST.

Patient First Name: _____ Middle Initial: _____
Last Name: _____ Suffix (jr, Sr, etc.): _____
Preferred Name: _____ DOB (mm/dd/yyyy): _____
Last 4 Social Security Number: xxx-xx-xxxx 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.

Pick 1: ☐ YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and chest compression. (Requires choosing Full Treatments 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.
Reassess and discuss interventions with patient or MPOA representative/surrogate regularly to ensure treatments are meeting patient's care goals. Consider a time-limited trial of intervention based on goals.

Pick 1: ☐ Full Treatments (required if choose CPR in Section A). Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.
☐ Selective Treatments. Goal: Attempt to restore function while avoiding intensive care if possible (e.g., ventilator, defibrillation). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Transfer to hospital if treatment needs cannot be met in current location.
☐ Comfort-focused Treatments. Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction, and manual treatment of airway obstruction and medications for comfort as needed. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current 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)

Pick 1: ☐ Provide nutrition through new or existing feeding tube ☐ No nutrition desired
☐ Time-limited trial of _____ days of medically assisted nutrition ☐ Discussed but no decision made (provide standard of care)

E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian
DO NOT 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 this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's MPOA representative/surrogate, the treatments are consistent with the patient's expressed wishes or, if unknown, their best interests.

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

If patient/MPOA representative/surrogate/guardian physical signature is not obtainable, two witness signatures are required for verbal consent.

Witness to Verbal Consent: _____ Date: _____
Witness to Verbal Consent: _____ Date: _____

F. SIGNATURE: Health Care Provider Verbal orders are acceptable with follow up signature.
I have discussed this order with the patient or the patient's MPOA representative/surrogate. The orders reflect the patient's known wishes, to the best of my knowledge. (Note: Only providers with MD, DO, APRN, or PA license may sign this order.)

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

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: 1-204-293-0695 WV e-Directive Registry FAX: 844-616-1415 2006

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.



West Virginia Center for
End-of-Life Care

e-Directive Registry

FAX 844-616-1415

www.wvendoflife.org

Phone: 304.293.0695

