



USING THE POST FORM

GUIDANCE FOR HEALTH CARE PROFESSIONALS

for the 2026 POST Form



WV Center for End-of-Life Care Phone: (304) 293-0695

www.wvendoflife.org

Disclaimer: The contents of this manual are intended for general informational purposes only and should not be construed as legal advice or legal opinion. For legal advice, please consult your organization's attorney.

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Frequently asked questions regarding the POST form

What is the POST form?

Under the West Virginia Health Care Decisions Act, the POST form is a standardized “hot pink” form containing orders by a MD/DO/APRN/PA who has personally examined a patient regarding that patient’s preferences for end-of-life care. The form provides MD/DO/APRN/PA orders regarding CPR-code or no code status; level of intervention (full treatments, selective treatments, or comfort-focused treatments); and use or withholding of medically administered fluids and nutrition.

For whom should a POST form be completed?

The form should be completed for any individual considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition which may include advanced frailty AND who wants some treatment limitations. Completion of POST forms is highly recommended for hospitalized patients being discharged to nursing homes or home with hospice or home health care and nursing home residents who prefer selective treatments or comfort-focused care. (See the [Intended Population and Guidance for Health Care Professionals](#) from National POLST.)

Is a POST form required on all patients?

Completion of the POST form is always voluntary, but it is encouraged for seriously ill patients so that all health care professionals involved in a patient’s care can readily know the medical treatment the patient does and does not want at the end of life.

Which form should the patient complete? The POST form? The Living Will? The Medical Power of Attorney form?

Each form has a different purpose:

- The living will form is the most restrictive and only goes into effect if the patient has lost decision-making capacity and is terminally ill. If the patient wants to be clear about the type of treatment they wish to receive when terminally ill, then the patient should complete a living will. This is a type of advance directive called an instruction directive.
- Clinicians and health policy groups strongly encourage all patients to complete a medical power of attorney form. This form allows a patient to designate someone they trust to make decisions for them when the patient has lost decision-making capacity. This is a type of advance directive called a proxy directive. The POST form is recommended for patients who are seriously ill and whose death within one to two years would not be a surprise. The POST form is a medical order recognized in state code; it is not an advance directive. By state law, health care professionals are required to honor the POST form. It provides direction to Emergency Medical Services (EMS), Emergency Department clinicians, intensive care unit clinicians, hospital, nursing home, and hospice clinicians, and social workers. It is more likely to ensure that the patient receives their desired treatment at the end of life compared to advance directives which are not addressed in EMS protocols. Please note that EMS can only follow orders to not attempt resuscitation (DNR) through medical orders.

For those who are seriously ill or who have severe frailty, it would be entirely appropriate if desired by the patient to complete a combined living will and medical power of attorney form and a POST form. Completion of both maximizes the possibility that the patient will have their end-of-life treatment preferences known and respected. The patient needs to be sure to discuss their preferences for end-of-life treatment with the person(s) they designated as their Medical Power of Attorney representatives. All these forms should be submitted to the West Virginia e-Registry.

Does the patient need a DNR Card if they have a POST form?

The West Virginia Health Care Decisions and Do Not Resuscitate Acts establish the POST form as a legally recognized means of West Virginia Do Not Resuscitate identification. Because the POST form remains with the patient, a POST form will suffice as a DNR order for patients who are confined and who always have the POST form readily available. However, if a patient is mobile enough to leave their home, it is recommended that the more portable orange WV DNR card (wallet size) also be completed if the patient might not always have the POST form in their possession.

If the patient has completed several end-of-life forms, which one takes precedence?

The West Virginia Health Care Decisions Act §16-30-5(c)], reads, “In the event that there is a conflict between two advance directives executed by the person, the one most recently completed takes precedence only to the extent to resolve the inconsistencies.”

For example, a patient completed a living will in 2001 and wrote “I want a feeding tube” in the special directives and then completed a medical power of attorney in 2005 and wrote “I do NOT want a feeding tube” in the special directives. The directive not to insert a feeding tube in the more recently completed medical power of attorney form should be followed. If there is a conflict between an advance directive and a POST form signed by the patient, the advance directive should be honored based on state law because it represents the expressed wishes of the patient. See section 5 of the West Virginia Health Care Decisions Act or call the Center for further explanation.

When participating in the POST process, make sure to review and update as necessary the patient’s previously completed advance directives to avoid conflict between the documents and ensure consistency in the patient’s wishes.

Who needs to sign the POST form?

The POST form is a medical order. It must be signed by both the patient (or incapacitated patient’s Medical Power of Attorney representative/health care surrogate/guardian) and the licensed MD/DO/APRN/PA after completion of an appropriate POST conversation and review of the form orders.

What if the attending MD/DO/APRN/PA does not want to sign a POST form but the patient (or incapacitated patient’s Medical Power of Attorney representative or health care surrogate) wants one?

Some MDs/DOs/APRNs/PAs may be reluctant to sign a POST form because they are unfamiliar with the patient and/or with the ethical and legal issues addressed by the form. There are several options in this situation:

1. According to West Virginia health care law, a qualified MD/DO/APRN/PA who is not the attending MD/DO/APRN/PA of the patient can sign the POST form
 - a. A qualified MD/DO/APRN/PA is a licensed MD/DO/APRN/PA who has personally examined the patient
 - b. Consultant physicians are often willing to sign a POST form for their patient
2. The patient (or incapacitated patient’s Medical Power of Attorney representative or health care surrogate) may transfer the patient’s care to another attending MD/DO/APRN/PA who is willing to complete a POST form for the patient

Can a social worker, nurse, or other health care professional fill out the POST form?

Yes. Social workers, nurses, and other health care professionals can fill out the form with the patient (or incapacitated patient's Medical Power of Attorney representative/surrogate/guardian). The person preparing the form should sign their name in the space on the back of the POST form listed "Professional Assisting Health Care Provider w/Form Completion (if applicable)" just above the "Form Information and Instructions." A MD/DO/APRN/PA must still review the POST form with the patient (or incapacitated patient's Medical Power of Attorney representative/surrogate/guardian) and sign it.

Can the POST form be completed or voided without a conversation with the patient (incapacitated patient's legal health care representative)?

No. The POST form should not be completed, changed, or voided unless there is a conversation with the patient (or incapacitated patient's Medical Power of Attorney representative/surrogate/guardian). Because the purpose of the POST form is to ensure that the patient's wishes for treatment at the end of life are followed, a conversation to learn the patient's values and preferences must take place.

When does the POST form have to be reviewed?

According to the West Virginia Health Care Decisions Act in §16-30-13(d), the POST form is to be reviewed when the patient is transferred from one health care facility to another. National POLST also recommends review when there are changes in health status, primary health providers, or treatment preferences or goals.

What if the patient (or incapacitated patient's MPOA representative/surrogate/guardian) changes their mind about the wishes documented on the POST form?

As long as the POST form is NOT an older one in which the authorization box was NOT initialed, the form should be voided, and a new form completed. The voided form should be placed in the permanent medical record in the "Correspondence" or equivalent appropriate section. Send both the voided and new forms to the e-Directive Registry to ensure the Registry has the most up-to-date document.

Should the POST form be used to guide daily care decisions?

Yes, the POST orders are immediately actionable. For example, the completed POST form should guide decisions regarding the placement of feeding tubes and the provision of other treatments for the patient. The POST form is not just for patients in cardiac arrest.

Are health care professionals required to comply with the orders on the POST form?

Yes. The POST form is based on the patient's expressed wishes (or incapacitated patient's Medical Power of Attorney representative/surrogate/guardian acting in the patient's best interest), and by state law, POST orders must be respected by health care providers. The West Virginia Health Care Decisions Act provides legal protection for health care providers who comply with POST orders. In the law, health care providers are not subject to civil or criminal liability for good faith compliance with or reliance upon POST form orders.

What are the requirements when a patient with a POST form is transferred from one health care facility to another?

The West Virginia Health Care Decisions Act at §16-30-13(d) requires that the facility initiating the transfer communicate the existence of the POST form to the receiving facility prior to the transfer. The POST form orders shall remain in effect during the transfer and in the receiving facility. After admission, the attending MD/DO/APRN/PA is required to review the POST form and take one of three actions:

- 1) continue the form without change;
- 2) void the form and issue a new one; or
- 3) void the form without issuing a new one.

Where should the original POST form be kept?

In most circumstances, the **original POST form should be kept with the patient**. If the patient resides at home, the POST form should be kept on the refrigerator. Family members and caregivers should know where the form is located. Health care facilities are **required to keep the POST form as the first page in a person's medical record** unless otherwise specified in the health care facility's policies and procedures. If the patient is a nursing home resident, the nursing home may choose to keep the original when the patient is transferred to a hospital for admission and send a bright pink copy of the original POST form with the patient. The original should be faxed to the Registry so that an electronic version of the form is available to treating health care providers even if the original has been misplaced or is not available.

How is the 2026 version of the POST form different from the previous 2023 version?

Section	2026 Change
Section B	Added "if possible" to avoid intensive care unit for selective treatments
Section D	Changed "time trial" to "time-limited trial"
Section D	Removed the word "safe" as the patient may tolerate and want oral pleasure eating even if at risk of aspiration. Also, clarified that nutrition is to be provided through a new or existing feeding tube—the distinction is not between a NG tube and a PEG, it is whether to provide medically assisted nutrition through a tube or not
Section E and Throughout Form	The term "surrogate" is used on the National POLST model from which the West Virginia POST is adapted as it is the broader and more widely accepted legal term for an incapacitated patient's legal decision-maker.
Form Completion Information	Clergy was changed to chaplain to indicate who may assist a provider with POST preparation, since clergy refers to people ordained for religious duties, especially in the Christian Church, whereas chaplain more accurately identifies individuals who may be involved in serious illness communication and POST preparation



The WV e-Directive Registry

The WV Center for End-of-Life Care, with support from the WV Health Information Network (WVHIN), established the WV e-Directive Registry (the Registry). With the permission of patients or their legal agents, this electronic Registry houses and makes available to treating health care providers West Virginians' advance directive forms and medical orders. The Registry serves as the "single source of truth" by providing accurate, relevant information available in a medical crisis to help ensure patients' wishes are known and respected throughout the continuum of the health care system in West Virginia.

The Registry uses an opt-in system, requiring patients' consent to having their forms available on the Registry. In this "opt-in" model, forms must have the Registry opt-in box initialed/marked on the POST form to be submitted to and housed in the Registry.

Submitting forms to the e-Directive Registry

Forms can be submitted to the Registry by:

- Fax to 844-616-1415
- Mail them to PO Box 9022, 64 Medical Center Drive, Morgantown, WV 26506-9022

By submitting forms to the e-Directive Registry, patients can ensure their forms are available in the event of a health care emergency so that their treatment wishes are translated into patient care.

Searching for patient forms on the e-Directive Registry

Health care providers can search patients' e-Directive Registry forms 24/7 through [WVHIN](https://wvhin.org/services/wv-e-directive-registry/).
<https://wvhin.org/services/wv-e-directive-registry/>

If you would like to become an authorized user of WVHIN to search for your patient's forms 24/7, please email info@wvhin.org.



Introduction to WV POST

The WV POST form is a portable medical order designed to provide continuity of care and support patients transitioning between health care facilities or between home and a health care facility. It is instructive during an emergency, providing critical orders when conversation (even with an incapacitated patient's Medical Power of Attorney representative/surrogate/guardian) is impossible.

The West Virginia POST program and POST form are part of [National POLST](#). The WV POST form is a medical order form for patients with a serious illness. The POST form is completed after discussion with the patient or incapacitated patient's legal decision-maker (Medical Power of Attorney representative or surrogate or guardian) regarding treatment preferences. Once completed, to be valid, the authorized health care provider (MD, DO, APRN, or PA) and the patient (or the incapacitated patient's legal decision-maker) must sign the form. With the patient's permission, the form is submitted to the WV e- Directive Registry where it is available to treating health care providers 24 hours a day, 7 days a week.

According to the ethical principle of respect for patient autonomy and the legal principle of patient self-determination, individuals have the right to make their own health care decisions. Advance directives can help people express their treatment preferences for situations when they cannot communicate themselves. Unfortunately, the wishes expressed in these advance directives may not be honored because the completed forms may be unavailable or the wording on them may be vague, making it difficult to convert the language in the documents into treatment orders for specific conditions. Also, advance directive preferences are not followed by EMS because protocols require them to only follow medical orders. As a result, health care professionals may in good faith act contrary to a patient's wishes when initiating or withholding treatments.

The POST form is a legal document designed to help health care professionals know and honor the treatment wishes of their patients. Completing a POST form is always voluntary. In 2001, a multi-disciplinary task force convened by the West Virginia Initiative to Improve End-of-Life Care developed the form, modeling it after POLST that had been successfully used in Oregon. The POST form helps health care professionals:

- promote patient autonomy by documenting treatment preferences in the form of medical orders,
- minimize confusion regarding a person's treatment preferences,
- facilitate appropriate treatment by EMS personnel, and
- enhance the HIPAA-compliant transfer of patients' records between health care professionals and health care settings.

The POST form is intended to enhance the advance care planning process. The POST form is a summary of treatment preferences and a medical order of treatment preferences for all health situations, including emergencies. The POST form does not replace a living will or medical power of attorney form. The POST form puts the advance directive into action by translating the patient's treatment wishes into a medical order, centralizing information, facilitating record keeping, and ensuring transfer of appropriate information among health care professionals and across care settings.

In 2002, the POST form was incorporated into the West Virginia Health Care Decisions Act, which was enacted to “ensure that a patient’s right to self-determination in health care decisions be communicated and protected” (§16-30-2). Incorporation into the West Virginia Health Care Decisions Act gives MDs, DOs, APRNs, and PAs the assurance that following the directives on a POST form provides them with legal protection [§16-30-10(c).]

West Virginia’s POST program has been able to ensure quality and effectiveness by centralizing administration. The POST form is copyrighted by the West Virginia Center for End-of-Life Care and cannot be modified or reproduced. Use of the West Virginia POST form is **voluntary** and conforms with the West Virginia Health Care Decisions Act (§16-30-1 et seq.). The document is recognized in all 55 of West Virginia’s counties. It may or may not be legally recognized in bordering states. However, facilities in bordering states may be willing to record the POST orders in the medical chart and work with West Virginia facilities to make sure they honor a patient's wishes.

The following information is from the National POLST’s Appropriate POLST Form Use Policy.

Note: this policy is the national policy and therefore uses the national term of POLST; this is still applicable to the WV POST.

Appropriate POLST Form Use Policy (called POST in West Virginia)

See <https://polst.org/guidance-appropriate-patients-pdf> for more information.

Below are fundamental tenets all health care professionals should follow to ensure appropriate POLST form use:

1. **POLST form completion should always be voluntary.**
2. **Completion of a POLST form without patient or surrogate knowledge is contrary to the purpose and intent of POLST and violates patient self-determination, informed consent and principles of person and family-centered care.** Patients have a right to participate in medical decision-making regarding their treatment plan.
3. **Conversation is the cornerstone of POLST: the POLST form is only as good as the conversation(s) preceding it.** The POLST form is a step in a process that includes—and in fact, depends upon—a goals of care conversation. The form is designed to document treatment decisions made after shared decision-making conversations between a patient and his/her health care professional. completion of a POLST form—or it may be a first step in the care planning process.
4. **Skilled advance care planning facilitation is essential for completion of a POLST form.** This includes:
 - a. understanding how to elicit patients’ goals of care considering their current medical condition;
 - b. aligning the patients’ treatment preferences with their expressed goals;
 - c. accurately documenting patient treatment preferences as medical orders on a POLST form; and
 - d. understanding —and being able to explain to patients and families— POLST forms and advance directives, including their differences and benefits.
5. **POLST forms should be used within the intended population.** The POLST decision-making process and resulting medical orders are intended 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 is regardless of patient age or what facility, organization, or other entity a patient is in. For example, most 65-year-olds are too healthy to have POLST orders and not all residents in a nursing home may be appropriate for a POLST form. Generally, patients who do not meet these criteria are not appropriate to

have a POLST form. In WV, we recommend utilizing the surprise question to help guide the appropriateness of POST form completion – “Would I be surprised if this patient died in the next 12 months?” If the answer is, “No, I would not be surprised,” completion of a POST form *may* be appropriate.

Examples of medical conditions for which POLST would be appropriate (NOT an exhaustive list)

- Severe Heart Disease
- Metastatic Cancer or Malignant Brain Tumor
- Advanced Lung Disease
- Advanced Renal Disease
- Advanced Liver Disease
- Advanced Frailty with a combination of advanced chronic disease and/or advanced age with significant weight loss and functional decline
- Advanced Neurodegenerative Disease (i.e., Dementia, Parkinson’s Disease, ALS)

6. **Health care professionals should complete the POLST form.** Since POLST forms are medical orders completed by health care professionals to communicate treatment decisions to other health care professionals, it is never appropriate to provide a POLST form to a patient, surrogate, or family member to complete.
7. **A POLST form is not a “one-and-done” document.** National POLST recognizes that things change over time, including a patient’s goals of care, prognosis, health status, treatment options, and preferences for treatments. It is well known that some patients change their mind about treatment options over the trajectory of their illness or want their surrogate to be able to consider their values when their condition or prognosis changes. The POLST form is intended to be dynamic, reflecting a patient’s current preferences about the medical treatments they want to receive. This dynamic process is achieved through ongoing conversations when a POLST form review is completed: upon changes in patient’s goals of care, medical condition, level of care, or location.
8. **Completing only Section A (Cardiopulmonary Resuscitation options) can be a disservice to patients.** The POLST form is intended to provide emergency personnel more than just code status information. Understanding the importance of Section B on a POLST form is very important—it is the heart of POLST. The literature indicates not all people who complete a DNR order want the same level of treatment; half of patients with only Section A of a POLST form completed or only a DNR order may receive treatment they did not want. If a patient wants to have a POLST form, both Sections A and B should be completed in order to fully document and protect patients’ treatment wishes.

Mature and Emancipated Minors

According to the West Virginia Health care Decisions Act (§16-30-3(b)), mature and emancipated minors are considered adults and therefore have the right to make their own health care decisions including the right to complete a POST form. The West Virginia Health Care Decisions Act defines a mature minor as “a person less than eighteen years of age who has been determined by a qualified physician, a qualified psychologist or an advanced nurse practitioner to have the capacity to make health care decisions.” According to the West Virginia Supreme Court case, *Belcher vs. CAMC*, the factors to be considered when determining if a minor is mature and has decision-making capacity include:

1. Age
2. Ability
3. Experience
4. Education and/or training
5. Degree of maturity and/or judgment exhibited

6. Conduct and demeanor
7. Capacity to appreciate the nature, risks, and consequences of a procedure

According to WV Code §49-7-27 at 16 years of age, a person may petition for emancipation. When over 16 and married, the person is automatically considered to be emancipated. Pregnancy does not automatically emancipate a minor.

Pediatric Considerations

Parents or legal guardians may complete POST forms for their children. Since arrest in most children is primarily respiratory, a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse, the child should be treated as directed under Section B. Pediatric considerations with POLST forms (POST WV) from other states can be found from National POLST's [pediatric map](#),



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. <https://polst.org/guidance-appropriate-patients-pdf>

Patient Information.		Having a POST form is always voluntary.	
THIS IS A MEDICAL ORDER, NOT AN ADVANCE DIRECTIVE. <small>Review and revise advance directives to be consistent with POST.</small>	Patient First Name: _____	Middle Initial: _____	
	Last Name: _____	Suffix (Jr, Sr, etc): _____	
	Preferred Name: _____	DOB (mm/dd/yyyy): ____/____/____	
	Last 4 Social Security Number: xxx-xx-____	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	<input type="checkbox"/> YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and chest compression. <small>(Requires choosing Full Treatments in Section B)</small>		<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation. <small>(May choose any option in Section B)</small>
B. Initial Treatment Orders. Follow these orders if patient has a pulse and is breathing.			
<small>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 interventions based on goals.</small>			
Pick 1	<input type="checkbox"/> Full Treatments (required if choose CPR in Section A). Goal: <u>Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.		
	<input type="checkbox"/> Selective Treatments. Goal: <u>Attempt to restore function while avoiding intensive care if possible (e.g., ventilator, defibrillation).</u> 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.		
	<input type="checkbox"/> Comfort-focused Treatments. Goal: <u>Maximize comfort through symptom management; allow natural death.</u> 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). <small>EMS protocols may limit emergency responder ability to act on orders in this section.</small>			
D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe, and tolerated)			
Pick 1	<input type="checkbox"/> Provide nutrition through new or existing feeding tube <input type="checkbox"/> No nutrition desired <input type="checkbox"/> Time-limited trial of ____ days of medically assisted nutrition <input type="checkbox"/> Discussed but no decision made (provide standard of care)		
E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian			
Opt-In <input type="checkbox"/>	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		
<small>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.</small>			
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.	
<small>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]</small>			
MD/DO/APRN/PA signature (required)	Date (mm/dd/yyyy): Required ____/____/____	Phone # : _____	
Printed Full Name: required			License/Cert. #: _____

WV Center for End-of-Life Care: 1-304-293-0695

A copied, faxed, or electronic version of this form is a valid medical order.
WV e-Directive Registry FAX: 844-616-1415

This form does not expire.
2026

Request POST forms for your office at: <https://wvendlife.org/clinicians/request-forms/>

WV POST form: A Portable Medical Order

Consistent with the National POLST form and in compliance with WV Code §16-30-1 *et seq.*

Patient Full Name:		
Patient's Emergency Contact. (Note: Listing a person here does not grant them authority to be a legal representative.)		
Full Name:	<input type="checkbox"/> MPOA Representative/surrogate <input type="checkbox"/> Other emergency contact	Phone #:
Primary Care Provider Name:		Phone: ()
<input type="checkbox"/> Patient is enrolled in hospice	Name of Agency: Agency Phone: ()	
Reviewed patient's advance directive to confirm no conflict with POST orders: (A POST form does not replace an advance directive or living will)	<input type="checkbox"/> Yes; date of the advance directive and POST reviewed: _____ <input type="checkbox"/> Conflict exists, notified patient (if patient lacks capacity, noted in chart) <input type="checkbox"/> Advance directive not available <input type="checkbox"/> No advance directive exists	
Check everyone who participated in discussion:	<input type="checkbox"/> Patient with decision-making capacity <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Parent of Minor <input type="checkbox"/> MPOA representative/surrogate <input type="checkbox"/> Other: _____	
Professional Assisting Health Care Provider w/ Form Completion (if applicable): Full Name:	Date (mm/dd/yyyy): / /	Phone #: ()
This individual is the patient's: <input type="checkbox"/> Social Worker <input type="checkbox"/> Nurse <input type="checkbox"/> Clergy <input type="checkbox"/> Other:		
Form Information & Instructions		
<ul style="list-style-type: none"> • Completing a POST form: <ul style="list-style-type: none"> - Provider should document basis for this form in the patient's medical record notes. - MPOA representative/surrogate may be able to execute or void this POST form only if the patient lacks decision-making capacity. - Original (if available) is given to patient; provider keeps a copy in medical record. - If a translated POST form is used during conversation, attach the translation to the signed English form. - FAX completed form to the WV e-Directive Registry at 844-616-1415 so it may be available to health care providers in emergencies. • Using a POST form: <ul style="list-style-type: none"> - Any incomplete section of POST creates no presumption about patient's preferences for treatment. Provide standard of care. - No defibrillator (including automated external defibrillators) or chest compressions should be used if "No CPR" is chosen. - For all options, use medication by any appropriate route, positioning, wound care, and other measures to relieve pain and suffering. • Reviewing a POST form: This form does not expire but should be reviewed whenever the patient: <ul style="list-style-type: none"> (1) is transferred from one care setting or level to another; (2) has a substantial change in health status; (3) changes primary provider; or (4) changes their treatment preferences or goals of care. • Modifying a POST form: This form cannot be modified. If changes are needed, void form (see below) and complete a new POST form. FAX new POST form to the WV e-Directive Registry at 844-616-1415 so it may be available to health care providers in emergencies. • Voiding a POST form: <ul style="list-style-type: none"> - If a patient or MPOA representative/surrogate (for patients lacking capacity) wants to void the form: destroy paper form and contact patient's health care provider and the WV e-Directive Registry to void orders in patient's medical record and the Registry. - For health care providers: destroy copy (if possible), note in patient record form is voided and notify the WV e-Directive Registry. - <i>If no new form is completed, note that full treatment and resuscitation may be provided.</i> • Additional Forms. Can be obtained by going to www.wvendoflife.org/ or by calling 304-293-0695. • As permitted by law, this form may be added to a secure electronic registry so health care providers can find it. • Submitting a POST form (or any form) to the WV e-Directive Registry (if Opt-In Box is initialed) <ul style="list-style-type: none"> - With the permission of patients or their legal agents, the WV e-Directive Registry houses and makes available to treating health care providers advance directive forms, do not resuscitate (DNR) cards, Portable Orders for Scope of Treatment (POST) forms, etc. The Registry makes patients' treatment wishes known to their providers so that they can be respected. By submitting forms to the e-Directive Registry, the patient can ensure their forms are available in the event of a health care emergency in order for medical wishes to be translated into patient care. More information is available at www.wvendoflife.org/wv-e-directive-registry. FAX a copy of the POST form to the WV e-Directive Registry at 844-616-1415. Ensure the form is readable prior to faxing the form to the Registry. For questions, call 304-293-0695. 		

A copied, faxed, or electronic version of this form is a valid medical order.

WV Center for End-of-Life Care: 1-304-293-0695.

Request POST forms for your office at: <https://wvendoflife.org/clinicians/request-forms/>

Completing the POST Form

The first section of the WV POST form is an informational section. For any questions, refer to www.wvendoflife.org, www.polst.org, or call (303) 293-0695 for more information.



The image shows the top portion of the West Virginia POST form. It features the 'West Virginia POST' logo on the left, which includes a circular arrow icon. To the right of the logo, the text reads: 'HIPAA PERMITS DISCLOSURE OF POST ORDERS TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED'. Below this, the title 'West Virginia POST Form' is centered. Underneath the title, it states 'Adapted from the National POLST Model form and in compliance with WV Code §16-30-1 et seq.'. At the bottom, a disclaimer box contains the text: '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. <https://polst.org/guidance-appropriate-patients-pdf>'.

Patient Information section.

The POST form has demographic information on page 1 and the patient's name on the top of page 2 to ensure that patients will be accurately identified in the West Virginia e-Directive Registry. The West Virginia Health Information Network (WVHIN) also requires all this demographic information for the form to be integrated on their Unified Landing Page to be accessible 24/7.

Complete all sections in the demographic information section with the patient's information. If the form is being completed with the patient's Medical Power of Attorney representative or health care surrogate (due to patient incapacity), the demographic information should still be that of the patient's – not the representative's information. The information listed in this section is for whom the form is being completed.



The image shows the 'Patient Information' section of the POST form. It is titled 'Patient Information.' and includes the statement 'Having a POST form is always voluntary.' on the right. On the left, a box contains the text: 'THIS IS A MEDICAL ORDER, NOT AN ADVANCE DIRECTIVE. Review and revise advance directives to be consistent with POST.' The form fields are as follows: Patient First Name: _____, Middle Initial: _____, Last Name: _____, Suffix (Jr, Sr, etc): _____, Preferred Name: _____, DOB (mm/dd/yyyy): ____/____/____, Last 4 Social Security Number: xxx-xx-_____, Gender (circle one): M F X, Address: _____, Zip code: _____.

Section A.

Section A of the POST form identifies whether the patient would want to have cardiopulmonary resuscitation (CPR) performed or not (i.e., “Do not attempt resuscitation”) in the event that the patient has no pulse and is not breathing. Discuss these two options and the potential health outcomes of each with the patient (or incapacitated patient's Medical Power of Attorney representative or health care surrogate) as it relates to the patient's health care status. Choose only one option in section A.

If a patient is in respiratory distress but is still breathing, a first responder should refer to Sections B, and C for corresponding orders. If the person wants cardiopulmonary resuscitation (CPR), and CPR is ordered, then the “YES CPR” box should be checked. Full CPR measures should be carried out, and 9-1-1 should be called in an emergency.

If a person has indicated that they do not want CPR in the event of no pulse and no breathing, then the “NO CPR: Do Not Attempt Resuscitation” box should be checked. The person should understand that CPR will not be attempted. If the patient is confined to their place of residence, (i.e., nursing home or home), they do not need a DNR card and a POST form to indicate code status. Because the POST form is more comprehensive with more orders reflecting patients' wishes, the POST form is the preferred of the two. *If*

“CPR” is selected in section A, “Full Treatments” **must** be selected in section B.

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.		
Pick 1	<input type="checkbox"/> YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and chest compression. (Requires choosing Full Treatments in Section B)	<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation. (May choose any option in Section B)

Section B.

Section B of the POST form identifies the level of medical intervention the patient would want to have if the patient has a pulse and is breathing. Discuss the three options and potential health outcomes of each with the patient or the incapacitated patient’s legal decision-maker. Choose only one option in section B. If “CPR” was chosen in section A, “Full Treatments” must be selected in section B.

Full Treatments: include all care noted above with no limitation of medically indicated treatment. All support measures needed to maintain and extend life are utilized. Use intubation, advanced airway interventions, mechanical ventilation, and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

Selective Treatments: previously called “Limited Additional Interventions” include IV fluids, antibiotics, and cardiac monitoring as indicated. Intubation, advanced airway interventions, and mechanical ventilation are **not** used. Transfer to hospital as indicated, but use of intensive care is avoided if possible.

Comfort-Focused Treatments: previously called “Comfort Measures” include interventions that enhance comfort. Use medications 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. Do not transfer to a hospital for life-sustaining treatment. Transfer only if the patient cannot be kept comfortable in the current location.

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 interventions based on goals.	
Pick 1	<input type="checkbox"/> 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.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> 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.

Acceptable and Contradictory POST form orders:

Contradictory orders and instructions may confuse health care providers and prevent patients from receiving the care that they desire at the end of their lives. Below is a summary of acceptable and contradictory options on the POST form.

Acceptable options for POST forms

1. Section A is marked YES CPR and Section B is marked Full Treatments
2. Section A is marked NO CPR and Section B is marked Full Treatments
3. Section A is marked NO CPR and Section B is marked Selective Treatments
4. Section A is marked NO CPR and Section B is marked Comfort-Focused Treatments

Contradictory POST form orders

A POST form is contradictory if . . .

1. Section A is marked YES CPR and Section B is marked Comfort-Focused Treatments
2. Section A is marked YES CPR and Section B is marked Selective Treatments

Section C. Additional Orders or Instructions.

This section of the POST form is to allow the patient or the incapacitated patient's legal decision-maker to expand on any wishes by the patient that are not covered in the POST form or to clarify sections that are covered in the POST form. For example, a "no dialysis" or "no transfusions" order would be appropriate here if the patient does not want the treatment.

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

Section D. Medically Assisted Nutrition.

This section of the POST form offers four different options related to medically assisted nutrition (i.e., "tube feeding"). These orders pertain to a person who cannot take fluids and food by mouth without a risk of aspiration. The West Virginia Health Care Decisions Act gives a person the right to decide whether they would want medically assisted nutrition. In addition, it gives a Medical Power of Attorney representative or health care surrogate the authority to decide to withhold or withdraw medically assisted nutrition based on either the patient's expressed wishes or best interest. Discuss the four options and potential health outcomes of each with the patient or incapacitated patient's legal decision-maker as they relate to the patient's prior expressed wishes and health care status. Choose only one option in section D. If the option "time-limited trial of ___days of medically assisted nutrition" is chosen, define the number of days desired for the time-limited trial. Typically, if the patient is near the end of life and it is uncertain if tube feedings will benefit the patient, the trial could be 7 days up to one month.

D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe, and tolerated)		
Pick 1	<input type="checkbox"/> Provide nutrition through new or existing feeding tube	<input type="checkbox"/> No nutrition desired
	<input type="checkbox"/> Time-limited trial of _____ days of medically assisted nutrition	<input type="checkbox"/> Discussed but no decision made (provide standard of care)

Provide nutrition through a new or existing feeding tube – A feeding tube is provided to a patient who chooses this option or by the patient's legal decision-maker for them. Fluids through a feeding tube may cause swelling, shortness of breath, and the need for frequent urination. At the end of life, they can also cause excessive secretions. Nonetheless, patients or an incapacitated patient's legal decision-maker may decide they want long-term nutrition.

Time-limited trial of medically assisted nutrition – A patient or an incapacitated patient's legal decision-maker may decide on a defined trial period of medically assisted nutrition to see if this treatment benefits the patient. The recommended trial period is typically 7 days, but it could be months. Document length of trial under this choice.

No nutrition through a feeding tube – No feeding tube is provided to a patient who chooses this option or the incapacitated patient's legal decision-maker for them.

Not discussed or no decision made (provide standard of care) – Used when a patient or an incapacitated patient's legal decision-maker did not make a decision related to tube feedings. This should be revisited at each admission to the hospital and during emergency care. For this selection, the standard of care will be administered.

Oral fluids and nutrition should always be offered to a patient as tolerated (i.e. the patient is alert and

able to swallow).

Section E. Signature.

This section contains two separate parts: the opt-in section and the signature section.

E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian		
Opt-In <input type="checkbox"/>	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: _____

The **opt-in section**, when selected by the patient, authorizes the patient's POST form and any other forms to be submitted to the WV e-Directive Registry and released to treating health care providers. **This section is optional.** *If this option is not selected or there is not an attached Registry sign up form, the POST form cannot be made available from the Registry.*

The **signature section** provides a declaration on behalf of the patient (or incapacitated patient's Medical Power of Attorney (MPOA) representative/surrogate/guardian) related to their voluntary participation in the completion of the POST form and agreement with the orders on the form. The patient or incapacitated patient's MPOA representative or health care surrogate or guardian must sign and date this section for the form to be legally valid. If the incapacitated patient's MPOA representative or health care surrogate or guardian is physically unavailable to sign in person at the time of form completion, this section can be signed by two witnesses for verbal confirmation of agreement from the patient's MPOA representative or health care surrogate or guardian. The form should be signed at the earliest available opportunity by the patient's legal decision-maker.

Section F. Signature: Health Care Provider.

This section provides a pre-determined declaration on behalf of the health care provider completing the form with the patient or incapacitated patient's Medical Power of Attorney representative or health care surrogate or guardian related to confirmation of the appropriate POST conversation and form completion in accordance with the patient's wishes. The health care provider completing this form (MD, DO, APRN, or PA) must print their name, sign, and date this section for the form to be legally valid. Failure to print their name or provide a license number may result in the WV e-Directive Registry being unable to verify the provider's information, thus preventing the form from being available through the Registry. Failure to provide a contact number may result in the inability to contact the provider regarding any errors in the form completion that need to be addressed.

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 : required		License/Cert. # :

The WV POST form can be honored with completion of the front page only. However, it is recommended that the back page of the POST form be completed as well to provide the most accurate information related to the patient. This information can be highly beneficial in the continuum of patient care.

Back of the POST form

The back of the POST form provides additional patient information. When completing the back of the POST form, the patient's name at a minimum needs to be printed in the top box as it appears on the front of the POST form.

Patient Full Name:

The next section identifies the **emergency contact** for the patient. The POST form cannot grant an individual the authority to be a Medical Power of Attorney representative. Only an advance directive can grant that authority.

Patient's Emergency Contact. (Note: Listing a person here does <u>not</u> grant them authority to be a legal representative.)		
Full Name:	<input type="checkbox"/> MPOA Representative/surrogate <input type="checkbox"/> Other emergency contact	Phone #:

The next section identifies the patient's primary care provider and contact number as well as any pertinent hospice information for the patient.

Primary Care Provider Name:		Phone:
		()
<input type="checkbox"/> Patient is enrolled in hospice	Name of Agency: Agency Phone: ()	

The next section confirms the POST form's compliance with the patient's advance directives and wishes. Revise advance directives as necessary to be consistent with the POST form. According to WV health care law, advance directives supersede medical orders when there are discrepancies between the documents.

Reviewed patient's advance directive to confirm no conflict with POST orders: (A POST form does not replace an advance directive or living will)	<input type="checkbox"/> Yes; date of the advance directive and POST reviewed: _____ <input type="checkbox"/> Conflict exists, notified patient (if patient lacks capacity, noted in chart) <input type="checkbox"/> Advance directive not available <input type="checkbox"/> No advance directive exists
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The final section with completion options indicates all individuals who have participated in the POST form completion. If health care facility staff (for example, a social worker or chaplain) completed the form but is not a licensed MD/DO/APRN/PA and therefore cannot sign the form on the front page in the signature section, they should list their information in this section so that they may be contacted in the event that there are questions about the form or patient's wishes.

Check everyone who participated in discussion:	<input type="checkbox"/> Patient with decision-making capacity <input type="checkbox"/> MPOA representative/Surrogate	<input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other:	<input type="checkbox"/> Parent of Minor
Professional Assisting Health Care Provider w/ Form Completion (if applicable): Full Name:	Date (mm/dd/yyyy): / /	Phone #: ()	
This individual is the patient's: <input type="checkbox"/> Social Worker <input type="checkbox"/> Nurse <input type="checkbox"/> Clergy <input type="checkbox"/> Other:			

Information Section.

The last part of the POST form provides more information and instructions for the POST form. For additional information not covered on the POST form or in this guide, please contact the WV Center for End-of-Life Care at (304) 293-0695.

Form Information & Instructions
<ul style="list-style-type: none">• Completing a POST form:<ul style="list-style-type: none">- Provider should document basis for this form in the patient's medical record notes.- MPOA representative/surrogate may be able to execute or void this POST form only if the patient lacks decision-making capacity.- Original (if available) is given to patient; provider keeps a copy in medical record.- If a translated POST form is used during conversation, attach the translation to the signed English form.- FAX completed form to the WV e-Directive Registry at 844-616-1415 so it may be available to health care providers in emergencies.• Using a POST form:<ul style="list-style-type: none">- Any incomplete section of POST creates no presumption about patient's preferences for treatment. Provide standard of care.- No defibrillator (including automated external defibrillators) or chest compressions should be used if "No CPR" is chosen.- For all options, use medication by any appropriate route, positioning, wound care, and other measures to relieve pain and suffering.• Reviewing a POST form: This form does not expire but should be reviewed whenever the patient:<ul style="list-style-type: none">(1) is transferred from one care setting or level to another;(2) has a substantial change in health status;(3) changes primary provider; or(4) changes their treatment preferences or goals of care.• Modifying a POST form: This form cannot be modified. If changes are needed, void form (see below) and complete a new POST form. FAX new POST form to the WV e-Directive Registry at 844-616-1415 so it may be available to health care providers in emergencies.• Voiding a POST form:<ul style="list-style-type: none">- If a patient or MPOA representative/surrogate (for patients lacking capacity) wants to void the form: destroy paper form and contact patient's health care provider and the WV e-Directive Registry to void orders in patient's medical record and the Registry.- For health care providers: destroy copy (if possible), note in patient record form is voided and notify the WV e-Directive Registry.- <i>If no new form is completed, note that full treatment and resuscitation may be provided.</i>• Additional Forms. Can be obtained by going to www.wvendoflife.org/ or by calling 304-293-0695.• As permitted by law, this form may be added to a secure electronic registry so health care providers can find it.• Submitting a POST form (or any form) to the WV e-Directive Registry (if Opt-In Box is initialed)<ul style="list-style-type: none">- With the permission of patients or their legal agents, the WV e-Directive Registry houses and makes available to treating health care providers advance directive forms, do not resuscitate (DNR) cards, Portable Orders for Scope of Treatment (POST) forms, etc. The Registry makes patients' treatment wishes known to their providers so that they can be respected. By submitting forms to the e-Directive Registry, the patient can ensure their forms are available in the event of a health care emergency in order for medical wishes to be translated into patient care. More information is available at www.wvendoflife.org/wv-e-directive-registry. FAX a copy of the POST form to the WV e-Directive Registry at 844-616-1415. Ensure the form is readable prior to faxing the form to the Registry. For questions, call 304-293-0695.

POST form location and transferability

Where to keep the POST form:

- In institutional settings, the POST form should be the first document in the clinical record unless otherwise specified in the facility policy.
- In the patient's home, it is recommended that the form be kept on the outside of the kitchen refrigerator with a magnet.

By law, the form must accompany the person upon transfer from one setting to another. A copy of the form on the same color pink paper may be sent rather than the original. HIPAA permits disclosure of POST information to other treating health care professionals across treatment settings.

Photocopying the POST form

A photocopy of the POST form can be made to accompany the patient when they are transferred from one health care setting to another (i.e., being admitted from a nursing home to a hospital). A copy of the form on the bright pink paper is legally valid. The steps for copying the POST form are as follows:

1. Set your photocopier to the photo/picture setting (not all copiers have this setting).
2. Make a double-sided copy on **HOT** pink paper.
3. If your copy is too light or dark, adjust contrast on the photocopier until you achieve the clearest copy possible.
 - Selecting “full color” and letting the printer print the hot pink color on plain white paper can help with this.

The reason to send a copy and retain the original is to prevent the original from being lost in a patient’s transfer from one health care setting to another. It is strongly recommended that the patient’s POST form be submitted to the Registry so that even if the original and paper copies are lost, there will be an electronic record of the form in the Registry.

Reviewing the POST form

The POST form (and all advance directives and medical orders) should be reviewed regularly including when the patient changes health care settings (i.e., being admitted from home or a nursing home to the hospital or discharged from the hospital back to nursing home) or after changes in the patient’s status. Some long-term care facilities also do a periodic review of the POST form to ensure the orders listed on the POST form agree with the patient’s current wishes according to their current health care status and advance directives.

Possible outcomes from review include no change, form voided with a new one completed, and form voided without a new one completed. There is no requirement that the form be reviewed during a set time when the patient remains in the same health care facility. Reviews may be documented in the patient’s care notes or other charting methods.

NO CHANGE – This determination is when POST forms have been reviewed and no changes were made to the form.

FORM VOIDED, new form completed – This occurs if for any reason the POST form was voided after review and a new form was completed. The word “**VOID**” should be written in large letters across both the front and back of the POST form, the date the form was voided written under the word “**VOID**,” and a new form should be completed. The old, voided form should still be kept in the patient’s medical records, whether in the current file or in an archived file, depending on how the facility maintains patient records. The newly completed POST form should then be kept in the front of the patient’s current medical records file. The voided form and the new form should be submitted to the Registry so that the orders for the patient in the Registry are the current orders desired by the patient.

FORM VOIDED, no new form – This occurs if the POST form was voided after review, and the decision was made that a new POST form was not to be completed. The word “**VOID**” should be written in large letters across both the front and back of the POST form and the date written under the word “**VOID**.” The old, voided form should be kept in the patient’s medical records, whether in the current file or in an archived file, depending on how the facility maintains patient records. The voided form should be submitted to the Registry so that the form can be removed from the Registry’s active listing.

Additional Available Resources

Brochures for Patients and Families

The WV Center for End-of-Life Care has a one-page flyer for patients and families that describes the POST form and the types of treatments that are addressed on the form. Health care providers can download brochures from the Center's website, www.wvendoflife.org

Call the WV Center for End-of-Life Care for questions or to receive forms at 304.293.0695.

