

Directions for Healthcare professionals

Completing the POST

- Use of the form is designed for persons with advanced chronic, progressive and/or end-stage illness
- For information on how to complete the POST online go to this site <http://www.sos.idaho.gov/>, click on the "Health Care Directive Registry" link, then click on "POST Login" link, then click on the "Instructions" link
- The POST form is also available for on-line completion on the Idaho Secretary of State Health Care Registry Website: <http://www.sos.idaho.gov/general/hcdr.htm>
- In order to be valid, the POST form must be completed by a physician (physician assistant when delegated) or Advanced Practice Registered Nurse (APRN) using patient preferences and medical indications
 - If the goal is to support quality of life using only comfort measures in the last phases of life, then select number 1 in section A
 - If the goal is to support both function and quality of life then any selection in section A may be appropriate
 - If the goal is for aggressive treatment and to live as long as possible then select number 2 in section A
- The patient/surrogate should be instructed to initial the first box in Section E if they would like to request their POST be submitted to the Idaho Healthcare Directive registry
- If applicable, provide the patient with information on how to obtain a DNR POST necklace or bracelet. To do so, go to the following web address to download the order form: www.idahoendoflife.org

Using the POST

- If any section is NOT COMPLETE provide the most comprehensive treatment in that section
- An automatic external defibrillator (AED) should not be used if the patient has selected "Do not resuscitate" or "No" to "defibrillation" in section A
- Oral fluids and nutrition must always be offered if medically feasible
- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort Measures Only" should be transferred to a setting conducive to achieving comfort
- Artificially administered hydration is a measure which may prolong life or create complications. Careful consideration should be made when considering this treatment option.
- A patient with capacity or the surrogate (if patient lacks capacity) can temporarily suspend or revoke the POST at any time and request alternative treatment

Reviewing the POST

- The POST shall be reviewed:
 1. Each time the physician, PA or APRN examines the patient, or at least every seven days, for patients who are hospitalized,
OR
 2. Each time the patient is transferred from one care setting or level of care to another,
OR
 3. Each time there is substantial change in the patient health status,
OR
 4. Each time the patient's treatment preferences change

Failure to meet these review requirements does not affect the POST form's validity or enforceability. As conditions warrant, the physician or nurse practitioner may issue a superseding POST form in consultation with the patient or the patient's agent.

Information for Patients

1. Anytime you access healthcare please make your healthcare provider aware that you have a POST
2. If you have a necklace, bracelet or a Health Care Directive card, please show them your Healthcare Directive ID number. Otherwise, you may want to carry a copy of your POST with you.
3. Please inform family members and/or friends if you wish them to be aware that you have a POST
4. Your POST is honored in any healthcare setting in the State of Idaho and in some other states (check with State laws)
5. You have the right at any time to revoke or initiate a new POST to reflect your current wishes
6. Display your POST form in a prominent location in your home. On the refrigerator is most recommended.