



USING THE POST FORM

GUIDANCE FOR HEALTH CARE PROFESSIONALS

2021 Edition

West Virginia
POST

WV Center for End-of-Life Care Phone: 877-209-8086
www.wvendoflife.org



Table of Contents

Frequently asked questions regarding the POST form	2
What is the POST form?.....	2
For whom should a POST form be completed?	2
Is a POST form required on all patients?	2
Which form should the patient complete? The POST form? The Living Will? The Medical Power of Attorney form?	2
Does the patient need a DNR order if they have a POST form?	3
If the patient has completed several end-of-life forms, which one takes precedence?.....	3
Who needs to sign the POST form?	3
What if the attending MD/DO/APRN/PA does not want to sign a POST form but the patient (or incapacitated patient’s MPOA representative or surrogate) wants one?.....	3
Can a social worker, nurse, or other health care professional fill out the POST form?	4
Should the POST form be completed or voided without a conversation?.....	4
When does the POST form have to be reviewed?	4
What if the patient changes their mind about the wishes documented on the POST form?.....	4
Should the POST form be used to guide daily care decisions?	4
Are health care professionals required to comply with the orders on the POST form?	4
What are the requirements when a patient with a POST form is transferred from one health care facility to another?	5
Where should the original POST form be kept?	5
The WV e-Directive Registry	6
Submitting forms to the e-Directive Registry	6
Searching for patient forms on the e-Directive Registry	6
Introduction to WV POST	8
Appropriate POLST Form Use Policy	9
Intended Population and Guidance for Health Care Professionals	12
Mature and Emancipated Minors	13
Pediatric Considerations	13
WV POST form	14
Completing the WV POST form	16
WV POST form sections	16
Information section.....	16
Patient Information section.....	17
Section A.	17
Section B.	18
Acceptable and Contradictory POST form orders:.....	18
Acceptable options for POST forms	18
Contradictory POST form orders.....	18
Section C. Additional Orders or Instructions.	19
Section D. Medically Assisted Nutrition.....	19
Section E. Signature.	20
Section F. Signature: Health Care Provider.....	20
Back of the POST form	21
Information Section.....	22
POST form location and transferability	23
Photocopying the POST form	23
Reviewing the POST form	23
Additional Available Resources	24
Brochures for Patients and Families	24

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 (comfort-focused treatments, selective treatments, or full treatments); and use or withholding of medically administered fluids and nutrition. Use of this form should lead to better identification and respect of patients’ preferences for medical treatment.

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. Completion of POST forms is highly recommended for hospitalized patients being discharged to nursing homes or home with hospice or home health care. Completion of POST forms is also highly recommended for nursing home residents either at the time of admission to nursing homes or during quarterly care planning. (See the [Intended Population and Guidance for Health Care Professionals](#)¹ 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 either terminally ill or in a persistent vegetative state. If the patient wants to be clear about the type of treatment they wish to receive in a vegetative state or when terminally ill, then the patient should complete a living will. This is an advance directive.
- Authorities on end-of-life care 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 an advance 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. Because the POST form is a medical order, the POST form is most likely to ensure that the patient receives their desired treatment at the end of life compared to advance directives.

For patients who are seriously ill or very frail, it would be entirely appropriate to complete a combined living will and medical power of attorney form and a POST form if desired by the patient. This 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 of these forms should be submitted to the Registry.

Note: EMS can only follow orders to not attempt resuscitation (DNR) through medical orders.

¹ <https://polst.org/guidance-appropriate-patients-pdf>

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

In Section A, the POST form includes either a full resuscitation or “No CPR: Do Not Attempt Resuscitation (DNR)” order. The West Virginia Health Care Decisions and Do Not Resuscitate Acts establish the POST form as 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 in the event that 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 medical power of attorney form should be followed due to it being the most recently completed form according to state law. 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 the state law that 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 the patient’s previously completed forms and 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 or health care surrogate) 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. Other health care professionals can educate the MD/DO/APRN/PA regarding the legal protection the form provides to the patient, Medical Power of Attorney representative or health care surrogate, MD/DO/APRN/PA, and health care facility when validly completed
2. 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
3. The patient (or incapacitated patient’s Medical Power of Attorney representative or health care surrogate) can 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 patient (or incapacitated patient's Medical Power of Attorney representative or health care surrogate). 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 or health care surrogate) 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 or health care surrogate). The purpose of the POST form is to ensure that the patient's wishes for treatment at the end of life are followed, so a conversation 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 or health care surrogate) changes their mind about the wishes documented on the POST form?

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. 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 or health care surrogate acting in the patient's best interest). The West Virginia Health Care Decisions Act stipulates that health care providers are subject to disciplinary action by their licensing board for failure to honor a patient's advance directives or the decisions of the incapacitated patient's legal health care representative, provided the health care provider had actual knowledge of the directives or decisions. The West Virginia Health Care Decisions Act provides legal protection for health care providers who comply with the orders on the POST forms. In the law, health care providers are not subject to civil or criminal liability for good faith compliance with or reliance upon POST forms.

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 §16-30-21(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 submitted 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.



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.

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 either have the Registry opt in box initialed/marked or be accompanied by a separate e-Directive Registry sign-up. Sign up forms are available on our website and located on page 2 in this guide.

A short informational video (3.5 minutes) is available on our website at: <http://wvendlife.org/wv-e-directive-registry/> or through our YouTube page at: <https://youtu.be/GqzXifhYeFw>.

Submitting forms to the e-Directive Registry

Note: All forms must be opted-in to the being placed on the e-Directive Registry or must have an attached e-Directive Registry sign up/opt in form.

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
- **Secure** email to registryinfo@hsc.wvu.edu

By submitting forms to the e-Directive Registry, you can ensure your (or a patient's) forms are available in the event of a health care emergency in order for medical wishes to be 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](#). WVHIN's Unified Landing Page (ULP) contains all the relevant medical information for a patient as well as an "Advance Directives and Medical Orders" section for access to the patient's Registry forms. WVHIN members can log in to search the ULP at: <https://ulp.wvhin.org/>.

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.



West Virginia e-Directive Registry Sign-Up Form with Additional Required Demographic Information

In October 2010, West Virginia advance directive and medical order forms were changed to include more demographic information. Forms that do not include demographic information and an opt-in box at the top must include this completed sign-up form in order to be included in the WV e-Directive Registry. Please contact 877-209-8086 for more information and questions.

OPT-IN:

Complete this form and submit it to the WV e-Directive Registry if you agree with the following statement:

"I give my permission to have the attached or previously submitted forms included in the WV e-Directive Registry and released to treating health care providers."

Note: If the principal of the form lacks decision-making capacity, permission for the above statement may only be granted by the individual's authorized, legal representative.

Full Legal Name

Address

City, State, Zip Code

____/____/____

Date of Birth

____-____-____

Last 4 SSN

Male Female
Sex
(circle one)

WV e-Directive Registry
64 Medical Center Drive
PO Box 9022 Health Sciences North
Morgantown, WV 26506-9022
Phone: 877-209-8086
FAX: 844-616-1415

West Virginia POST

Introduction to WV POST

The WV POST form is a portable medical order designed to support patients transitioning between health care facilities or living in the community by communicating patient treatment preferences. It is instructive during an emergency, providing critical orders when conversation (even with an incapacitated patient's Medical Power of Attorney representative or health care surrogate) is impossible. It supports patients across the care continuum and in many facilities. The WV POST supports patient self-determination in medical decision making regarding their treatment plan, informed consent, and the principles of patient-centered care.

The West Virginia POST program and form is 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 Medical Power of Attorney representative or surrogate decision-maker regarding treatment preferences. Once completed, in order to be valid, the authorized health care provider (MD, DO, APRN, PA) and the patient (or the incapacitated patient's Medical Power of Attorney representative or health care surrogate) 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. 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 one that had been successfully used in Oregon. The POST form helps health care professionals:

- promote patient autonomy by documenting treatment preferences and converting them into medical orders,
- clarify treatment intentions and minimize confusion regarding a person's treatment preferences,
- facilitate appropriate treatment by emergency medical services 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 quality of a person's care and 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 during 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 without the expressed consent of the Center. 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 Policy² (called POST in West Virginia)

POLST form completion should always be voluntary. Incentives that require or encourage non-voluntary POLST completion are contrary to—and inconsistent with—the intent of the National POLST and WV POST.

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

1. **POLST form completion should always be voluntary.** Just as patients may choose to refuse treatment or decide to not have an advance directive, patients may refuse to have a POLST form completed on their behalf. It is inappropriate to require patients to have a POLST form because it may be forcing them into either making decisions that they may not be ready to make or participating in advance care planning, which they may not want to do.

A facility, organization, or other entity may have a policy to offer a POLST form to all appropriate patients but should never have a requirement of completion.

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.

If a patient lacks medical decisional making capacity, a patient's surrogate needs to make decisions for the patient in the context of the current diagnosis, health status and prognosis and may complete the POLST form on the patient’s behalf. Regardless of whether the surrogate is completing an original form or a revision, treatment choices should reflect what the patient would want, according to the patient’s known values and preferences—not the surrogate’s preferences—or best interest and in consideration of the patient’s current diagnosis, health status and prognosis.

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

² Information supplied by the National POLST

conversation. The form is designed to document treatment decisions made after shared decision-making conversations between a patient and his/her health care professional. The conversation should include the patient's goals of care considering their current diagnosis, prognosis, and treatment options (including risks and benefits of each). The result of the conversation may be the completion of a POLST form—or it may be a first step in the care planning process.

POLST emphasizes the need for a patient-professional conversation in two ways:

- a. National POLST encourages all states to require patient or surrogate signature, attestation, or acknowledged verbal approval for POLST form orders to be valid.
- b. Most state POLST forms include attestation statements so that, by signing a POLST form, the health care professional is acknowledging the orders contained on that POLST form are consistent with patient treatment preferences. Patient preferences cannot be known unless at least one conversation has occurred.

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 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. 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.

The intended population are the individuals with whom health care professionals can initiate specific and detailed conversations about the patient's goals of care, current diagnosis, prognosis, treatment options, and the likely effect those treatments will have on that patient (i.e., what will most likely happen if CPR is attempted). For example, the POLST form provides medical orders for what happens tonight if a medical crisis occurs given the patient's current medical condition. If conversations with this level of specificity cannot happen, or if the patient is not appropriate for a POLST form based on his/her clinical status and prognosis, then a POLST form should not be offered to, or completed for, that patient (and an advance directive should be offered instead).

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

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. Completing a POST form is always voluntary regardless of the patient's medical status.

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.

Additionally, since POLST forms use medical terms not all patients understand, it is important that health care professionals share treatment options utilizing language and tools (i.e., videos or visuals) to help patients and families understand. It is the task of the health care professional to translate the individual's goals of care, priorities, and wishes into medical orders using the language of medical professionals.

Physicians, advanced practice registered nurses, and physician assistants should be permitted to participate in POLST process and be able to sign POLST forms. Other professionals, including registered nurses, social workers and chaplains, may have roles in the process, such as helping patients identify goals of care.

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:
 - Section A (Cardiopulmonary Resuscitation options) allows a patient either to confirm they actually do want CPR attempted or that they want to refuse attempted resuscitation.
 - Section B (Medical Interventions or Treatments) provides direction about treatment preferences to emergency personnel and other health care professionals in situations other than full cardiac and respiratory arrest.

Limited information about patient treatment preferences is provided if a patient has a DNR order or only Section A on a POLST form completed. A DNR (do-not-resuscitate) order (also known as a do-not-attempt resuscitation [DNAR] order, or an order to allow natural death) only indicates that a health care professional has issued an order based on the patient's wish to forgo resuscitation in the event of a cardiac or respiratory arrest. If a patient is responsive, has a pulse, or is breathing, the question in this circumstance is no longer whether the patient wants to be resuscitated, but rather what level of treatment and what other medical interventions the patient wants—or does not want—in that medical crisis. Neither a DNR order nor a POLST form with only Section A completed provides that time-sensitive, critical 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 didn't 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.

Intended Population and Guidance for Health Care Professionals³

The POLST decision-making process and resulting medical orders are intended for patients who are 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.

Examples of appropriate patients for engagement in POLST conversations (POST in West Virginia)

Patients with serious life-limiting medical condition or advanced frailty:

- whose health care professional would not be surprised if they died within 1-2 years; or
- who are at an increased risk of experiencing a medical emergency based on their current medical condition and who wish to make clear their treatment preferences, including about CPR, mechanical ventilation, ICU; or
- who have had multiple unplanned hospital admissions in the last 12 months, typically coupled with increasing frailty, decreasing function, and/or progressive weight loss.

Examples of medical conditions (NOT an exhaustive list)

- Severe Heart Disease
- Metastatic Cancer or Malignant Brain Tumor
- Advanced Lung Disease
- Advanced Renal Disease
- Advanced Liver Disease
- Advanced Frailty
 - Indicating 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)

Note: For patients with significant disabilities, health care professionals should consider approaching a patient about a POLST conversation only if this patient's level of functioning has become severely impaired as a result of a deteriorating health condition and when intervention will not significantly impact the process of decline.

- Does the person have a disease process (not just their disability) that is an end-stage medical condition or terminal illness? If yes, they *may* be appropriate to engage with the POLST process.

Other considerations for identifying appropriate patients for engagement in POLST conversations

- The intended population is patients (or if incapacitated their Medical Power of Attorney representative or health care surrogate) with whom health care professionals can initiate specific and detailed conversations about goals of care considering current diagnosis, prognosis, and treatment options (including the risk, benefits, and alternatives of those options).
- The POLST form provides medical orders for what happens right now if a medical crisis occurs given the patient's current medical condition; the form orders are effective immediately. The standard protocol in an out-of-hospital emergency situation is for patients without medical treatment orders (i.e., DNR Or POLST indicating DNR) to receive full resuscitative measures.
- Neither age nor admission to any facility (except hospice) should serve as an automatic indication of patient appropriateness for a POLST form.
- The patient (incapacitated patient's Medical Power of Attorney representative or health care surrogate) must agree to having a POST form. **POST forms are voluntary – it is always the patient's choice whether to have one or not.**

³ Information supplied by the National POLST from: <https://polst.org/guidance-appropriate-patients-pdf>

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

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 in WV) from other states can be found from National POLST's [pediatric map](https://polst.org/pediatric-map)⁴.

⁴ <https://polst.org/pediatric-map-pdf>



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 §16-30-1 *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. 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-____	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 cardioversion. <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.			
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 and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. 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 as needed for comfort. Avoid treatments listed in full or select 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). <i>EMS protocols may limit emergency responder ability to act on orders in this section.</i>			
D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe, and tolerated)			
Pick 1	<input type="checkbox"/> Provide feeding through new or existing surgically-placed tubes	<input type="checkbox"/> No artificial means of nutrition desired	
	<input type="checkbox"/> Time-limited trial of _____ days but no surgically-placed tubes	<input type="checkbox"/> Discussed but no decision made (provide standard of care)	
E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian (eSigned documents are valid)			
Authorization	<input type="checkbox"/> Indicate in this box if you agree with the following statement: If I lose 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	<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.
F. SIGNATURE: Health Care Provider (eSigned documents are valid) 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. #:

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: 1-877-209-8086. **WV e-Directive Registry FAX: 844-616-1415** 2021

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 document 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

- **Completing a POST form:**
 - 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:**
 - 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:
 - (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:**
 - **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.
 - *If no new form is completed, note that full treatment and resuscitation may be provided.*
- **Additional Forms.** Can be obtained by going to www.wvendoflife.org/ or by calling 877-209-8086.
- 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)**
 - 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, Physician Orders for Scope of Treatment (POST) forms, etc. The Registry makes patients' treatment wishes known to their physicians 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 877-209-8086.

Completing the WV POST form

The POST form should be completed after discussion with the patient (or incapacitated patient's Medical Power of Attorney representative or health care surrogate) regarding their goals of care, current diagnosis, prognosis, treatment options, and the likely effect those treatments will have on the patient. The document may be completed by health care professionals such as nurses and social workers who have knowledge of end-of-life care issues and have been trained to conduct these discussions. However, the form must be signed by a licensed MD, DO, APRN, or PA who has examined the patient. The MD, DO, APRN, or PA signing the form assumes full responsibility for the orders. The MD, DO, APRN, or PA signing the form can be any health care professional involved in the patient's care who has personally examined the patient and knows the patient's treatment wishes.

A POST form should **not** be completed if the patient is not appropriate for the POST form (i.e., does not meet the [appropriate patients guidelines](#)) and/or when the patient requests contradictory orders. For example, the patient wants CPR in Section A but wants only limited additional interventions in Section B. The performance of CPR requires full intervention. If the patient does not want full intervention including intubation and mechanical ventilation in an ICU, then the patient should not receive CPR. Patients and families sometimes misunderstand CPR and think it is a simple procedure.

This section of the guide covers the process of completed the POST form itself. It is important to remember that the POST form is only one part of the POST program and that the form should not be completed until an appropriate discussion with the patient (or an incapacitated patient's Medical Power of Attorney representative or health care surrogate) has occurred. POST forms should only be completed in accordance with the [National POLST Appropriate POLST form Use Policy](#). See pages 10-12 of this manual for the policy.

WV POST form sections

Information section.

The first section of the WV POST form is an informational section. This provides information related to portability of the POST form, state laws pertaining to the POST form, and individuals appropriate for POST form completion. Information is provided throughout the POST form. For any questions, refer to www.wvendoflife.org, www.polst.org, or call 877-209-8086 for more information.

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 §16-30-1 *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 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 Registry. This is to avoid a patient’s form being misidentified due to lacking sufficient demographic information. WVHIN also requires all this demographic information for the form to be integrated on the 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.

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-____ _	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 or has low blood pressure with an irregular pulse, 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 situation.

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 comfort measures will always be provided and 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 cardioversion. (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 in the event that the patient has a pulse and is breathing. Discuss the three options and 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 B.

If "CPR" was chosen in section A, "Full Treatments" must be selected in section B.

Care to promote comfort should always be provided regardless of ordered level of treatment. Other orders may also be specified.

Comfort-Focused Treatments: *previously called "Comfort Measures"*

Comfort-focused treatment orders indicate a patient's desire for only those 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.

Selective Treatments: *previously called "Limited Additional Interventions"*

Selective Treatments, in addition to the comfort-focused treatment measures noted above, include IV fluids, antibiotics, and cardiac monitoring as indicated. Intubation, advanced airway interventions, and mechanical ventilation are not used. Transfer to hospital may be indicated, but use of intensive care is avoided.

Full Treatments: *previously called "Full Interventions" Required if "Yes CPR" was selected in section A*

Full Treatments includes 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.

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). <u>Goal: 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. <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.
	<input type="checkbox"/> Comfort-focused Treatments. <u>Goal: Maximize comfort through symptom management; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select 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 (incapacitated patient’s Medical Power of Attorney representative or health care surrogate) 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.

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.

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. 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 make a decision 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 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 D.** If the option “time-limited trial of ___ days but no surgically-placed tubes” 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 feeding through new or existing surgically-placed tubes | <input type="checkbox"/> No artificial means of nutrition desired |
| | <input type="checkbox"/> Time-limited trial of _____ days but no surgically-placed tubes | <input type="checkbox"/> Discussed but no decision made (provide standard of care) |

Provide feeding through new or existing surgically-placed tubes – A feeding tube is provided to a patient who chooses this option (or when the incapacitated patient’s MPOA representative or health care surrogate chooses this option). 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 incapacitated patient’s MPOA representative or health care surrogate) may decide long-term nutrition is an option they want to pursue.

Time-limited trial of _____ days but no surgically-placed tubes – A patient (or incapacitated patient’s MPOA representative or health care surrogate) may decide on a defined trial period of medically assisted nutrition to see if this treatment benefits the patient (for example correcting dehydration from a viral gastroenteritis). The recommended trial period is typically 7 days. Document length of trial under this choice.

No artificial means of nutrition desired – No feeding tube is provided to a patient who chooses this option (or the incapacitated patient’s MPOA representative or health care surrogate) chooses this option).

Discussed but no decision made (provide standard of care) – Used when a patient (or incapacitated patient’s MPOA representative or health care surrogate) 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 three separate parts: the authorization section, the opt-in section, and the signature section.

The **authorization section**, when selected by the patient, authorizes the patient’s Medical Power of Attorney representative to update the patient’s POST form (by completing a new form) in accordance with the patient’s expressed wishes and health care status in the event the patient becomes incapacitated. This box can only be authorized by the patient whilst they have decision-making capacity. **This section is optional.**

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 or health care surrogate) 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) must sign and date this section for the form to be legally valid. If the incapacitated patient’s MPOA representative or health care surrogate is unavailable 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. The form should be signed at the earliest available opportunity.

E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian (eSigned documents are valid)		
Authorization <input type="checkbox"/>	Indicate in this box if you agree with the following statement: If I lose 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 <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.

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) 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 (eSigned documents are valid)		
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 spaces and topics related to the patient’s information. When completing the back of the POST form, the patient’s name at 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. See the Medical Power of Attorney form, Combined Medical Power of Attorney and Living Will form, or the Surrogate Selection form for designation of legal authority to make decisions for an incapacitated patient.

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 #: ()

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 document 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: _____

The final section with completion options indicates all individuals who have participated in the POST form completion. If a health care provider 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 with the form or patient’s wishes.

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:		

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 877-209-8086.

Form Information & Instructions

- **Completing a POST form:**
 - 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:**
 - 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:
 - (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:**
 - **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.
 - *If no new form is completed, note that full treatment and resuscitation may be provided.*
- **Additional Forms.** Can be obtained by going to www.wvendoflife.org/ or by calling 877-209-8086.
- 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)**
 - 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, Physician Orders for Scope of Treatment (POST) forms, etc. The Registry makes patients' treatment wishes known to their physicians 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 877-209-8086.



West Virginia POST
wvendoflife.org

POST form location and transferability

The POST form provides documentation of a person's treatment preferences and provides orders, which reflect these preferences.

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 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). 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.

A copy of the form on the bright pink paper is legally valid. 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.

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 are in agreement 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 period 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 for POST forms which have been reviewed and had no changes made to the POST form, whether after a change of setting or periodic review of 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.

