Print Form

Idaho Physician Orders For Scope of Treatment (POST)

*THIS FORM MUST BE SIGNED BY A **PHYSICIAN** IN **SECTION E** TO BE VALID*

If any section is NOT COMPLETE, provide the most treatment included in that section

EMS: If questions arise, contact on-line Medical Control

Patient's Last Name:

Patient's First Name:

Date of Birth:

☐ Male ☐ Female

Section A

Select only one box

Cardiopulmonary Resuscitation: Patient does not have a pulse and/or is not breathing:

☐ **Resuscitate (Full Code)**

☐ **Do Not Resuscitate (No Code): Allow Natural Death; Patient does not want any heroic or life-saving measures.**

If patient is not in cardiopulmonary arrest, please follow the orders found in **B,** and **C**.

Section B

Medical Interventions: Patient has a pulse and/or is breathing:

☐ **Comfort Measures:** Please treat patient with dignity and respect. Reasonable measures are to be made to offer food and fluids by mouth and attention must be paid to hygiene. Medication, positioning, wound care, and other measures shall be used to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **These measures are to be used where patient lives, do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.**

☐ **Limited Additional Interventions:** In addition to the care described above, you may include cardiac monitoring and oral/IV medications. Transfer to hospital if indicated but do not use intubation or advanced airway interventions. **Do not admit to Intensive Care.**

☐ **Aggressive Interventions:** In addition to the care described above, you may include endotracheal intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. **Receiving hospital may admit to Intensive Care if indicated.**

☐ **Other Instructions:**

Section C

Artificial Fluids and Nutrition:

☐ Feeding tube ☐ No Feeding tube

☐ IV fluid ☐ No IV fluid

☐ Other Instructions:

Antibiotics and Blood Products:

☐ Antibiotics ☐ No Antibiotics

☐ Blood Products ☐ No Blood Products

☐ Other Instructions:

Section D

Advance Directives: The following documents also exist:

☐ Living Will ☐ DPA ☐ DPAHC ☐

Section E

Patient/Surrogate Signature: _____

Print Patient/Surrogate Name | Relationship | Date

Physician Signature: _____

Print Physician's Name | Idaho License Number | Date

Discussed with: ☐ Patient ☐ Spouse ☐ DPA ☐ DPAHC ☐ Other

The basis for these orders is: ☐ Patient's request ☐ Patient's known preference ☐

FORM SHALL ACCOMPANY PATIENT WHENEVER TRANSFERRED OR DISCHARGED