

# Provider Orders for Scope of Treatment (POST)

The Provider Orders for Scope of Treatment (POST) form gives medical orders about your treatment to emergency services and other health professionals in the community. It helps them honor your wishes for treatment during an emergency. Your provider can write orders for treatments you do or do not want. POST is a concise record of your choice to receive or refuse:

- Having someone try to restart your heart and breathing (cardiopulmonary resuscitation/CPR)
- Breathing support through a tube in your throat
- Treatment of other conditions that threaten your life
- Nutrition through a tube or intravenous (IV) line
- Being taken to a hospital

## Who needs a POST form?

Complete a POST form if:

- You have a serious health problem you expect to get worse.
- You are terminally ill.
- You are frail and more likely to have a life-threatening event.

## Where and why is POST used?

The form stays with you in the hospital, nursing home or your own home. It travels with you during transfers to or from any of these. POST informs caregivers what you do or do not want done during an emergency. First responders (police, EMTs, firemen, etc.) learn your care limits in seconds. If there is no POST form, all emergency treatment measures will be used. You may receive life- prolonging care you do not want.

## Do I need POST if I have an advance directive?

Yes, if you want your treatment decisions followed outside a hospital setting you should have a POST form.

Emergency medical teams called to your home or care facility can honor your wishes **only if your POST form is on the premises.**

### **Who can complete this form?**

Your doctor or nurse practitioner can complete the form with you. We also offer help from other staff trained to prepare POST forms. They can:

- Talk with you about your goals, values and wishes.
- Discuss possible medical situations and explain treatment decisions before you mark your choices.
- Help you get the form ready for your doctor or nurse practitioner to review and sign.

Call one of the numbers on p. 3 to schedule this free service.

You can complete the form for someone else if you are a named healthcare agent in his or her power of attorney for healthcare. A doctor, nurse practitioner or trained staff can prepare the form based on your knowledge of what the person wants.

### **What makes the form valid?**

The form must be signed by:

- You or your healthcare agent **and**
- A doctor or nurse practitioner

### **Where should POST be kept at home?**

A good place is in your kitchen on your refrigerator. First responders know to look there. If you do not want casual visitors asking about POST:

- Place in 8 1/2 by 11 envelope and attach to refrigerator with tape or magnet.
- Store it where it can easily be found.
- Tell family members, friends and your healthcare agent where to find it.

## For more information

Do you have other questions? Would you like meet with someone trained to help you? Ask your doctor or nurse practitioner, send a message through your MyCare account or call:

### Spiritual Care

**8 a.m. to 4:30 p.m. weekdays**

(608) 775-1347 or (800) 362-9567, ext. 51347

### Advance Care Planning Coordinator

(608) 775-6000 or (800) 362-9567, ext. 56000

## Where will POST be honored?

Emergency medical teams in shaded areas on this map will honor a valid POST form.



If you are not sure whether a shaded area includes your home, call your local first responders or ambulance service.

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This information is meant to inform and educate our patients. It supports the care you receive from your health care team. It does not replace medical evaluation, advice, diagnosis or treatment. Talk to your doctor or health care team before starting any new treatment.

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