

WHAT IF I CHANGE MY MIND?

- The IPOST can be changed or voided at any time.
- Talk with your health care provider at any time if you want to make changes to your IPOST.
- This is a process that can be reviewed and changed at any time.

WHERE DO I KEEP MY IPOST FORM?

- The IPOST form goes where you go - at home, the hospital, or long-term care facility.
- At home - **keep on refrigerator**. EMS personnel are trained to look for it there.
- At health care facilities it's kept on the medical chart. The IPOST form will travel with you.

To learn more...
Ask your health care
provider.

You can also visit

<http://www.idph.state.ia.us/IPOST/>

Or

[http://www.ihconline.org/asp/
toolkits.aspx](http://www.ihconline.org/asp/toolkits.aspx)

Or

<http://www.polst.org/>

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“The Muscatine Community Health Association is committed to serving as a positive and responsive community forum to identify, encourage, assist, advocate, educate, initiate, and facilitate discussion of health related needs, issues, concerns, and solutions that make the greater Muscatine area the healthiest community possible.”

July 2016

IPOST



Iowa Physician Orders for Scope of Treatment

A way to make your own
choices about your end
of life medical care.



IPOST: WHAT IS IT?

- IPOST stands for **Iowa Physician Orders for Scope of Treatment**. It directs your care in a medical crisis.
- IPOST is a recognizable and standardized form that gives people control over the treatments they want.

IS IT REQUIRED?

- No. Completing the IPOST is always voluntary.

WHY HAVE AN IPOST FORM?

- You can lift a burden from those you love by completing an Advance Directive and IPOST form.
- When seriously ill, an IPOST offers you and your loved ones assurance that you will receive the treatments you want.
- You can also direct what treatments you do not want to have.

HOW IS IT USED?

- In a medical situation, IPOST directs emergency staff, such as First Responders, EMTs, Paramedics, and Physicians to the type of care you do or do not want.
- IPOST orders show what treatments you want *now*, in your **current state of health**.

IPOST OVERVIEW

- IPOST form belongs to the patient.
- IPOST form is a medical order, recognized statewide.
- IPOST can be completed by any individual, regardless of age, who has a chronic or serious medical condition or who is frail and elderly.

WHO COMPLETES AND SIGNS THE IPOST FORM?

- You and your health care provider will talk about choices you have. Together, you will complete your IPOST form. A physician, nurse practitioner, or physician assistant must sign the IPOST form.
- You may discuss your wishes with a social worker, nurse or trained facilitator who will help you complete the form and then have it signed later by your health care provider.
- If you are unable to speak for yourself, your health care agent or representative can speak on your behalf.

IPOST ASKS FOR INFORMATION ABOUT:

- Your preference for CPR
- Medical conditions
- The use of antibiotics
- Artificially administered fluids and nutrition (tube feeding)

HIPAA PERMITS DISCLOSURE OF IPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Iowa Physician Orders for Scope of Treatment (IPOST)
First follow these orders, THEN contact the physician, nurse practitioner or physician's assistant. This is a medical order sheet based on the person's current medical condition and treatment preferences. Any section not completed implies full treatment for that respect. Everyone shall be treated with dignity and respect.

Last Name
First/Middle Name
Date of Birth

A Check one
CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse AND is not breathing.
 CPR/Attempt Resuscitation
 DNR/Do Not Attempt Resuscitation

B Check one
MEDICAL INTERVENTIONS: Person has a pulse AND/OR is breathing.
 COMFORT MEASURES ONLY Use medication 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. Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.
 LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, cardiac monitor, oral/IV fluids and medications as indicated. Do not use intubation or mechanical ventilation. May consider less invasive airway support (BiPAP, CPAP). May use vasopressors. Transfer to hospital if indicated, may include critical care.
 FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes critical care.
Additional Orders: _____

C Check one
ARTIFICIALLY ADMINISTERED NUTRITION Always offer food by mouth if feasible.
 No artificial nutrition by tube.
 Defined trial period of artificial nutrition by tube.
 Long-term artificial nutrition by tube.

D **MEDICAL DECISION MAKING**
Directed by: (listed in order of Iowa Code/Statute or Priority of Surrogates; check only one)
 Patient
 Durable Power of Attorney for Health Care
 Spouse
 Majority of Adult Children
 Parents
 Majority rule for nearest relative
 Other: _____

Rationale for these orders: (check all that apply)
 Advance Directives
 Patient's known preference
 Limited treatment options
 Poor prognosis
 Other: _____

Physician/ARNP/PA signature (mandatory) Print Physician/ARNP/PA Name Date Phone Number
Patient/Resident or Legal Surrogate for Health Care Signature as identified above (mandatory) Date

SEND IPOST WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
DOCUMENT THAT IPOST FORM WAS TRANSFERRED WITH PERSON