

What is IPOST?

IPOST stands for Iowa Physician Orders for Scope of Treatment. It offers choices in a medical situation. IPOST is a form that will give you control over what treatments you may have.

Is IPOST required?

- No, it is not, but many people have found it very helpful for the following reasons.
- When seriously ill, an IPOST will let you and your family know that you will receive the care you want.
- It helps in making those decisions.
- It helps you direct what care you do and do not want.

How is IPOST used?

IPOST directs health care staff on the type of care that you want during a medical situation.

How do I get an IPOST?

Talk to your primary care provider, clinic staff or nursing facility staff and they will help you complete an IPOST.

What does IPOST cover?

- If you want CPR
- Gives you choices for breathing assistance
- Your medical conditions
- Gives you choices for nutrition

What if I change my mind?

The IPOST can be changed or stopped at any time.

Talk with your primary care provider or IPOST facilitator to assist you in making changes or stopping.

Where should I keep my IPOST form?

The IPOST form goes where you go; at home, at the hospital or a long-term care facility (nursing home).

- At home: *Keep it on your refrigerator. Emergency service staff have been trained to look for it there.*
- At a long-term care facility (nursing home) or health care facility: *The IPOST form is kept on your medical chart. It will travel with you when you leave.*

Overview

IPOST form belongs to you.

IPOST form is a guide for your care (medical order) and is recognized statewide.

IPOST can be completed by any individual (adult or child) with a:

- Chronic medical condition
- Serious medical condition



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 section. Everyone shall be treated with dignity and respect.

Last Name

First/Middle Name

Date of Birth

A	CARDIOPULMONARY RESUSCITATION (CPR): <u>Person has no pulse AND is not breathing.</u> <input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/Do Not Attempt Resuscitation				
B	MEDICAL INTERVENTIONS: <u>Person has a pulse AND/OR is breathing.</u> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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	ARTIFICIALLY ADMINISTERED NUTRITION Always offer food by mouth if feasible. <input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> Long-term artificial nutrition by tube.				
D	MEDICAL DECISION MAKING <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> Directed by: (listed in order of Iowa Code/Statute for Priority of Surrogates; check only one) <input type="checkbox"/> Patient <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Spouse <input type="checkbox"/> Majority of Adult Children <input type="checkbox"/> Parents <input type="checkbox"/> Majority rule for nearest relative <input type="checkbox"/> Other: _____ </td> <td style="width: 50%;"> Rationale for these orders: (check all that apply) <input type="checkbox"/> Advance Directives <input type="checkbox"/> Patient's known preference <input type="checkbox"/> Limited treatment options <input type="checkbox"/> Poor prognosis <input type="checkbox"/> Other: _____ </td> </tr> </table>			Directed by: (listed in order of Iowa Code/Statute for Priority of Surrogates; check only one) <input type="checkbox"/> Patient <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Spouse <input type="checkbox"/> Majority of Adult Children <input type="checkbox"/> Parents <input type="checkbox"/> Majority rule for nearest relative <input type="checkbox"/> Other: _____	Rationale for these orders: (check all that apply) <input type="checkbox"/> Advance Directives <input type="checkbox"/> Patient's known preference <input type="checkbox"/> Limited treatment options <input type="checkbox"/> Poor prognosis <input type="checkbox"/> Other: _____
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	Physician/ARNP/PA signature (mandatory)	Print Physician/ARNP/PA Name	Date		
	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