

IPOST

Iowa Physician Orders for Scope of
Treatment

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- Mission: To promote community care coordination and advanced care planning
- Vision: Seamless communication and execution of individual patient care choices across the healthcare continuum

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- What is it?
 - 1 page two sided form based on the national POLST movement that consolidates and summarizes a patient's preferences for key life-sustaining treatments including resuscitation, general scope of treatment, artificial nutrition on a standardized form which becomes a medical order

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- The law: (Iowa Code 144D)
 - Intent:
 - Complement advance directives by converting individual wishes into medical orders that may be recognized and acted upon across medical settings
 - Provides for the immediate use of IPOST as of July 1, 2012
 - Provides language for the form and its utilization
 - Defines patient as an individual who is frail and elderly or who has a chronic critical medical condition or a terminal illness and for which a physician orders for scope of treatment is consistent with the individual's goals of care

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- The law:
 - The form shall be easily distinguishable to facilitate recognition by health care providers, hospitals, and health care facilities
 - The form shall be a uniform form based upon the national physician orders for life-sustaining treatment paradigm form.
 - The Iowa Department of Public Health shall prescribe the uniform POST form and shall post the form on the department's website for public availability

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- The law:
 - The form shall:
 - Include the patient's name; DOB; signed and dated by patient or their legal representative; signed and dated by the patient's physician, advanced registered nurse practitioner, or physician assistant; if the form was facilitated by a person other than the patient's physician, advanced registered nurse practitioner, or physician assistant, the facilitator must sign and date the form

- The law:
 - The form shall include the following patient's wishes regarding the care of the patient, including but not limited to all of the following
 - The administration of cardiopulmonary resuscitation
 - The level of medical interventions in the event of an emergency
 - The use of medically administered nutrition by tube
 - The rationale for the orders
- Incomplete section on the form shall imply the patient's wishes for full treatment for the type of treatment

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- Compliance with the form
 - A healthcare provider, hospital, or healthcare facility may comply with an executed POST form, notwithstanding that the physician, advanced registered nurse, or physician assistant who signed the form does not have admitting privileges at the hospital or health care facility providing health care treatment
 - The form may be revoked at any time and in any manner by which the patient or a patient's legal representative is able to communicate the patient's intent to revoke.

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- General provisions:
 - If an individual is a “qualified patient” as defined in section 144A.2, the individual's declaration executed under chapter 144A shall control health care decision making for the individual
 - If an individual has executed a durable power of attorney for health care pursuant to chapter 144B, the individual's durable power of attorney for health care shall control health care decision making for the individual

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- General provisions:
 - The IPOST form will NOT supersede a durable power of attorney, declaration executed under section 144A.2 or physician issued out-of-hospital do-not-resuscitate order pursuant to section 144A.7A