MISSISSIPPI PHYSICIAN ORDERS FOR SUSTAINING TREATMENT (POST)

- This document is based on this person’s current medical condition and wishes and is to be reviewed for potential replacement in the case of a substantial change in either
- HIPAA permits disclosure of POST to other health professionals as necessary
- Any section not completed indicates preference for full treatment for that section

<table>
<thead>
<tr>
<th>Patient Last Name</th>
<th>Patient First Name/Middle</th>
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<tbody>
<tr>
<td>Patient Date of Birth</td>
<td>Effective Date (Form must be reviewed at least annually)</td>
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A

CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse AND is not breathing.
- Attempt Resuscitation (CPR)
- Do Not Attempt Resuscitation (DNR)

When not in cardiopulmonary arrest, follow orders in B, C, and D.

B

MEDICAL INTERVENTIONS: If the patient has pulse AND breathing OR has pulse and is NOT breathing.
- Full Sustaining Treatment: Transfer to a hospital if indicated. Includes intensive care. Treatment Plan: Full treatment including life support measures. Provide treatment including the use of intubation, advanced airway interventions, mechanical ventilation, defibrillation or cardioversion as indicated, medical treatment, intravenous fluids, and comfort measures.
- Limited Interventions: Transfer to a hospital if indicated. Avoid intensive care. Treatment Plan: Provide basic medical treatments. In addition to care described in Comfort Measures below, provide the use of medical treatment; oral and intravenous medications; intravenous fluids; cardiac monitoring as indicated; noninvasive bi-level positive airway pressure; a bag valve mask. This option excludes the use of intubation or mechanical ventilation.

ADDITIONAL ORDERS: (e.g., vasopressors, dialysis, etc.)
- Comfort Measures Only: Treatment Goal: Maximize comfort through use of medication by any route; keeping the patient clean, warm, and dry; positioning, wound care, and other measures to relieve pain and suffering; and the use of oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Do not transfer to a hospital unless comfort needs cannot be met in the patient’s current location (e.g., hip fracture).

Other instructions:

C

ANTIBIOTICS:
- Use antibiotics if life can be sustained
- Determine use or limitation of antibiotics when infection occurs
- Use antibiotics only to relieve pain and discomfort
- Other Instructions

D

MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Administer oral fluids and nutrition if physically possible.
- Directing the administration of nutrition into blood vessels if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following:
  - Total parenteral nutrition, long-term if indicated.
  - Total parenteral nutrition for a defined trial period. Goal: _______________________
  - No parenteral nutrition.
- Directing the administration of nutrition by feeding tube if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following:
  - Long-term feeding tube if indicated
  - Feeding tube for a defined trial period. Goal: _______________________
  - No feeding tube
- OTHER INSTRUCTIONS
- Directing the administration of hydration if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following:
  - Long-term intravenous fluids if indicated
  - Intravenous fluids for a defined trial period. Goal: _______________________
  - Intravenous fluids only to relieve pain and discomfort

E

PATIENT PREFERENCES AS A BASIS FOR THIS POST FORM
- Patient has an advance healthcare directive (per statute § 41-41-203): YES, Date of Execution: _____________
  I certify that the Physician Order for Sustaining Treatment is in accordance with the advance directive.

Signature: __________________________ Print Name: __________________________ Relationship: __________________________
- Patient has an emancipated minor, direction was provided by the following in accordance with §41-41-3, Mississippi Code of 1972:
  - Minor’s guardian or custodian
  - Minor’s parent
  - Adult brother or sister of the minor
  - Minor’s grandparent, or
  - Adult who has exhibited special care and concern for minor
- Patient is an adult or an emancipated minor, direction was provided by the following in accordance with §41-41-205, 41-41-211 or 41-41-213, Mississippi Code of 1972:
  - Patient
IV. **Review of POST**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Reviewer and Location of Review</th>
<th>MD/DO Signature (Required)</th>
<th>Signature of Patient or Representative (Required)</th>
<th>Outcome of Review (Choose one)</th>
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