

Patient's Name:

Physician Ordered Scope of Treatment (POST) for End of Life Care Order Set

***** This POST replaces any previous POST*****
*****Transcribe in Order Entry, category: code, procedure: code*****

Most Responsible Physician: _____

Other Physicians Involved: _____

Substitute Decision maker (SDM) if applicable: _____

Relationship to patient: _____ Address and Phone: _____

Patient has written Advance Directives: No Yes – Reviewed by MRP and SDM

Summary of patient/family wishes and goals of treatment (based on discussions between health care team and patient/SDM):

Discussed with Patient/SDM: Yes No

Transcribe following orders as "See Post Order"

Cardiopulmonary Resuscitation – Provide full treatment and resuscitation

This may include:

- ICU / CCU Admission • Cardiac Defibrillation • Cardiac Compression • ACLS Medications
- Intubation and Mechanical Ventilation • Non-invasive Ventilation
- Invasive Monitoring (e.g. Central Intravenous Lines)

Specific resuscitation instructions: _____

OR

Allow Natural Death – Do Not Attempt Resuscitation:

The patient is treated with dignity and respect and kept clean, warm and dry. Pain and symptom management and spiritual and psychosocial support are provided. Reasonable measures are made to offer food and fluids by mouth. Medication, positioning, wound care and other measures are used to relieve pain and suffering.

*****Complete all areas in signature box. Orders will not be processed without a written signature and bradma on each page*****

Signature: _____ Pager # _____ Date _____ Time _____
Signature/Printed Name/Designation (YYYY/MM/DD)

Co-Signature: _____ Pager # _____ Date _____ Time _____
Signature/Printed Name/Designation (YYYY/MM/DD)

Transcribed By: _____ Date _____ Time _____
Signature/Printed Name/Designation (YYYY/MM/DD)

Checked By: _____ Date _____ Time _____
Signature/Printed Name/Designation (YYYY/MM/DD)

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Pharmacy**

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Allow Natural Death – Do Not Attempt Resuscitation continued...

Additional Interventions

Limited Additional Interventions to support quality of life may include:

- Yes No N/A – Antibiotic treatment
- Yes No N/A – Feeding tube (artificial nutrition)
- Yes No N/A – Deep suctioning
- Yes No N/A – Hydration (intravenous or subcutaneous)
- Yes No N/A – Vital signs
- Yes No N/A – Medical Imaging (e.g. – X-rays, scans, etc.)
- Yes No N/A – Blood / blood products
- Yes No N/A – Venipuncture (blood sampling)
- Yes No N/A – ICU / CCU admission

Other: _____

HCP should provide a copy of POST to Patient/SDM upon request

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