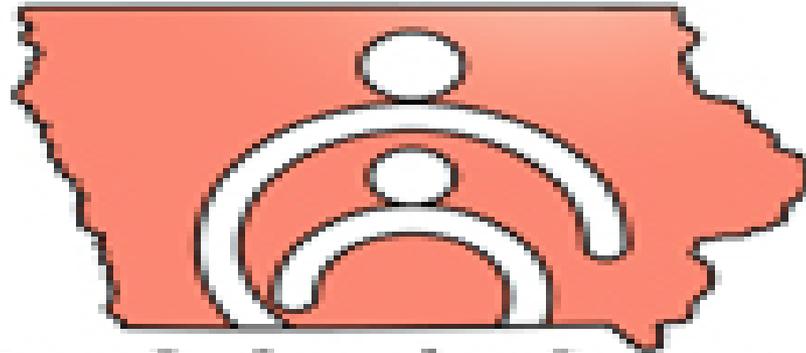


IPOST



Iowa Physician Orders for Scope of Treatment

EMS & IPOST

- Points we are going to cover:
 - The setting up of a perfect storm
 - Challenges for EMS
 - Recommendations to assist in breaking down the silos of community organizations for IPOST
 - Engaging local EMS providers in IPOST to improve the coordination of care

IPOST

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

IPOST

- **Goal 1: Develop and implement statewide IPOST strategy**
- **Objective 1.1: *Convene an IPOST Coalition to develop and oversee the deployment of a statewide Iowa IPOST strategy***
- **Tactic 1.1.1: Develop a task force charter describing focus, scope and responsibilities**
- **Tactic 1.1.2: Align strategies in Iowa to improve care coordination**
- **Tactic 1.1.3: Develop a plan for ongoing evaluation of the program**

IPOST

- **Objective 1.2: *Develop a coordinated IPOST communications strategy***
- Tactic 1.2.1 : Work with the Iowa Department of Public Health (IDPH) to promote IPOST within the Emergency Medical Services (EMS), long-term care organizations (LTC), Medical Home, and Home Health communities.
- Tactic 1.2.2: Promote IPOST to the physician community through membership organizations such as Iowa Medical Society and the Iowa Osteopathic Medical Association.
- Tactic 1.2.3: Promote IPOST to the Long Term Care community through membership organizations.
- Tactic 1.2.4: Promote IPOST to the hospitals through the Iowa Hospital Association
- Tactic 1.2.5: Promote IPOST to the palliative care community.

IPOST

- **Goal 2: Spread the community-wide application of IPOST in Iowa**
- **Objective 2.1: *Establish form management and distribution strategy***
- Tactic 2.1.1: Promote one common format for IPOST in Iowa.
- Tactic 2.1.2: Post standard form format on the IDPH website.
- Tactic 2.1.3: Advise on revision of the form as needed.
- Tactic 2.1.4: Designate form repository resource to produce and distribute form.

IPOST

- **Objective 2.2: *Generate awareness of IPOST among Consumers and Providers (statewide/vertical strategy)***
- Tactics 2.2.1: Create awareness about national physician's orders for life-sustaining treatment (POLST) (care coordination) standards.
- Tactic 2.2.2: Spread best practices for IPOST use and deployment through venues of IDPH, IHC and others.
- Tactic 2.2.3: Identify training options by weaving IPOST content into existing educational venues
- Tactic 2.2.4: Use IPOST training to promote care coordination across the community.

IPOST

- **Objective 2.3: *Develop resources to support deployment (community/horizontal strategy)***
- Tactic 2.3.1: Create a local dialogue with critical partners necessary to execute this strategy (hospital, EMS Medical Services Director, Long Term Care Administrator, etc.)
- **Objective 2.4: *Develop strategies to spread learning and best practice across the community continuum.***
- Tactic 2.4.1: Explore statutory and regulatory barriers to community deployment
- Tactic 2.4.2: Explore other dissemination opportunities such as faith-based organizations and the Iowa State Extension.

IPOST

- **Goal 3: Monitor IPOST deployment, spread and effectiveness (measuring spread separate from outcomes)**
- **Objective 3.1: *Track IPOST deployment and spread (measuring vertical vs. horizontal deployment)***
- Tactic 3.1.1: Define IPOST deployment parameters
- Tactic 3.1.2: Monitor deployment across select delivery communities.
- **Objective 3.2: *Establish outcome measurement strategy***
- Tactic 3.2.1: Develop metrics to measure effectiveness.
- Tactic 3.2.2: Explore a data collection & aggregation strategy for IPOST.

IPOST History Lesson

- Focus group established 2006
 - Collaboration St. Luke's Hospital & Mercy Medical Center in Cedar Rapids
- IPOST officially began in 2008 when included in HF 2539 of Iowa's Health Care Reform Act
 - 2008 Piloted in Linn County - 2010 Pilot extended to Jones County
 - **Implemented IPOST tool in nursing homes, assisted living, acute care facilities and hospices**
 - Need for outreach and portability to rural Iowa
- Highlights of Legislation
 - 1st POLST pilot in US directed by state legislature
 - Collaboration with Iowa Department of Public Health and Linn County Public Health
 - Physician immunity
 - Physician's order may cross healthcare settings
 - Does not require terminal status or have age restrictions

EMS System Pre-IPOST

- OOH-DNR
 - Must be terminal
 - Adults only
 - Not used in facilities
- Emergency Medical Services
 - Advance directive not a specific order
- Decision-making inconsistent
 - Importance of accurate and thorough discussions about goals of care instead of “Do you want to be resuscitated if your heart stops” without discussion of prognosis, goals, etc.
 - Fragmented communication between providers
 - “Do you want everything done?”

OOH DNR VS. IPOST

Iowa Department of Public Health
OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER
(Please type or print)

Date of Order: ____/____/____

Patient Information:

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ (City) _____ (Zip) _____

Date of Birth: ____/____/____ Gender (Circle): M or F

Name of Hospice or Care Facility (if applicable): _____

Attending Physician Order

As the attending physician for the above-named patient, I certify that this individual is over 18 years of age and has a terminal diagnosis. After consultation with this patient (or the patient's legal representative), I hereby direct any and all health care providers, including qualified emergency medical services (EMS) personnel, to withhold or withdraw the following life-sustaining procedures in accordance with Iowa law (Iowa Code chapter 144A):

- Cardiopulmonary Resuscitation/Cardiac Compression (Chest Compressions).
- Endotracheal Intubation/Artificial or Mechanical Ventilation (Advance Airway Management).
- Defibrillation and Related Procedures.
- Use of Resuscitation Drugs.

This directive does NOT apply to other medical interventions for comfort care.

Signature of Attending Physician (MD, DO)

_____/____/____
Date

Printed Name of Attending Physician

(____)____-____
Physician's Telephone (Emergency)

To the extent that it is possible, a person designated by the patient may revoke this order on the patient's behalf. If the patient wishes to authorize any other person(s) to revoke this order, the patient **MUST** list those persons' names below:

Name: _____
Name: _____
Name: _____
Name: _____

Patients please note: Directions for obtaining a uniform identifier are listed on the back of this form. The uniform identifier is the key way the health care provider and/or EMS personnel can quickly recognize that you have an Out-of-Hospital Do-Not-Resuscitate order. If you are not wearing an identifier, the health care provider and/or EMS personnel may not realize that you do not want to be resuscitated.

Physicians please note: Information regarding the completion of an Out-of-Hospital Do-Not-Resuscitate order is on the back of this form.



Advance Directives vs. IPOST

Advance directives, or “living wills”, are **written instructions** that allow you to communicate, in advance, your wishes about care and treatment if unable to speak for yourself. An advance directive may designate a health care power or attorney if a patient is unable to speak for themselves. It is not a medical order but a *guidance* to different treatment options a patient may or may not want.

Does not guide Emergency Medical Personnel

Guides inpatient treatment decisions when made available

Often not available in urgent situations or when needed

IPOST FORM

Iowa Physician Orders for Scope of Treatment

HIPAA PERMITS DISCLOSURE OF IPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY	
 <p>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.</p>	<p>Last Name</p>
	<p>First/Middle Name</p>
	<p>Date of Birth</p>
<p>A Check one</p>	<p>CARDIOPULMONARY RESUSCITATION (CPR): <u>Person has no pulse AND is not breathing.</u></p> <p><input type="checkbox"/> CPR/Attempt Resuscitation</p> <p><input type="checkbox"/> DNR/Do Not Attempt Resuscitation</p>
<p>B Check one</p>	<p>MEDICAL INTERVENTIONS: <u>Person has a pulse AND/OR is breathing.</u></p> <p><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. <i>Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i></p> <p><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. <i>Transfer to hospital if indicated, may include critical care.</i></p> <p><input type="checkbox"/> FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes critical care.</i></p> <p>Additional Orders: _____</p>

C	ARTIFICIALLY ADMINISTERED NUTRITION Always offer food by mouth if feasible.
Check one	<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		
	Directed by: (listed in order of Iowa Code/Statute for Priority of Surrogates; check only one)	Rationale for these orders: (check all that apply)	
	<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: _____	<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: _____	

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



Use of original form is strongly encouraged. Photocopies and Faxes of signed IPOST forms are legal and valid

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

Information for Person named on this Form Person's Name (print) _____

This form records your preferences for life-sustaining treatment in your **current** state of health. It can be reviewed and updated by your health care professional at any time if your preferences change. If you are unable to make your own health care decisions, the orders should reflect your treatment preferences as best understood by your surrogate.

Contact Information

Surrogate (optional)	Relationship	Phone Number
----------------------	--------------	--------------

Directions For Health Care Professionals

Completing IPOST

- Must be completed by a health care professional based on patient treatment preferences and medical indications.
- IPOST must be signed by a physician, nurse practitioner or physician's assistant to be valid. Verbal orders are acceptable with follow-up signature by physician, nurse practitioner or physician's assistant in accordance with facility/community policy.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed IPOST forms are legal and valid.

Using IPOST

- Any section of the IPOST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation" unless otherwise specified.
- Deactivation of internal defibrillators if comfort measures only are in effect.
- Medications by alternative routes of administration to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."

Voiding IPOST

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- To void this form, draw line through sections A through C and write "VOID" in large letters across the form and sign and date that line if IPOST is replaced or becomes invalid.
- Any changes require a new IPOST.

Transferring/Discharging with IPOST

- The IPOST form belongs to the person.
- The IPOST form **MUST** accompany the person upon all transfers between care settings.
- Document that the IPOST was sent with the person.
- Recommended use at home: Advise patient they must keep IPOST in easily accessible location that the ambulance service could find if no family or friends present (example may be in an envelope or baggie on the refrigerator).

Reviewing IPOST

- This IPOST should be reviewed periodically whenever:
 1. The person is transferred from one care setting or care level to another, or
 2. There is a substantial change in the person's health status, or
 3. The person's treatment preferences change.

Reviewed by:	Date:	Reviewed by:	Date:	Reviewed by:	Date:

IPOST

- EMS works under the direct supervision of a medical director
- “*Medical director*” means any physician licensed under Iowa Code chapter 148, 150, or 150A who shall be responsible for overall medical direction of the service program and who has completed a medical director workshop, sponsored by the department, within one year of assuming duties.

IPOST

- 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

IPOST

- 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

IPOST

- 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
 - IPOST form belongs to the patient and should be kept with them at all times

IPOST

- 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

IPOST

- Compliance with the form
 - A healthcare provider, hospital, or healthcare facility **may** comply with an executed IPOST 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.

IPOST

- 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
 - *NOTE: 144A is the OOH/DNR*

IPOST

- 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

IPOST

Administrative Code Chapter 142-OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDERS

- *“Out-of-hospital do-not-resuscitate identifier”* or *“OOH DNR identifier”* means a durable yet easily removable unique identification approved by the department and worn by a patient who has an out-of-hospital do-not-resuscitate order.
- *“Out-of-hospital do-not-resuscitate order”* or *“OOH DNR order”* means a **written order** on a form approved by the department, signed by an attending physician, executed in accordance with the requirements of Iowa Code section 144A.7A and issued consistent with Iowa Code section 144A.2, that directs the withholding or withdrawal of resuscitation when an adult patient in a terminal condition is outside the hospital.
- *“Out-of-hospital do-not-resuscitate protocol”* or *“OOH DNR protocol”* means the statewide protocol approved by the department and intended to avoid unwarranted resuscitation by emergency medical care providers when a valid out-of-hospital do-not-resuscitate order or identifier is encountered.

IPOST

EMS OUT-OF-HOSPITAL DO-NOT-RESUSCITATE PROTOCOL

- *The presence of a signed physician order on a form other than the uniform OOH DNR order form approved by the department may be honored if approved by the service program EMS medical director.*
- *However, the immunities provided by law apply only in the presence of the uniform OOH DNR order or uniform OOH DNR identifier. When the uniform OOH DNR order or uniform OOH DNR identifier is not present, contact must be made with on-line medical control and on-line medical control must concur that no resuscitation is appropriate.*

EMS & IPOST

Getting EMS to the table

- engage the service and medical director
- utilize the resources such as the U of I parent packet, Muscatine County's EMS brochure, EMS process guide
- conduct an educational training session
- ask to present your IPOST plan at their meeting, or EMS education day

IPOST

U of I Children's Hospital Model

- Parent/Patient driven community communication tool
 - parent “packet”

IPOST

IPOST Parent Packet Contents

- IPOST form
- IPOST Checklist
- Up to 8 copies of IPOST letter
 - EMS; Law Enforcement; LMD/LIP; School; Day care; ME; Nursing Agency;
- Hospice
- Medical Identifier information sheet
- IPOST FAQ, Facts sheets
- Baggie with IPOST sticker affixed

IPOST

IPOST Checklist

- **IPOST form:**
 - **The IPOST form should be kept with your child at all times.**
 - The form in this envelope is printed on salmon-colored paper. Black and white copies of the IPOST form are also legal and binding.
 - An IPOST can be changed or revoked at any time. Any changes require a new IPOST form, filled out and signed by a physician/ARNP/PA and Patient or Legal Surrogate for Health Care.
 - To print a blank copy of the IPOST form, go to:
www.idph.state.ia.us/ipost/

IPOST

IPOST letter:

- This letter informs people, agencies, or departments who may care for your child that he or she has an IPOST. Included is a sample letter for your reference. Depending on the age and activities of your child, you may give out many signed copies of the letter. Possible people, agencies, or departments to inform are:
 - **EMS**—give a signed copy of the letter to the medical director of your local EMS agency
 - **Law enforcement**—this may be a local police department or a county sheriff's office
 - **Primary Care Provider**—this is the physician, nurse practitioner, or physician assistant who your child sees for healthcare at home
 - **School**—give a signed copy of the letter to your child's school office
 - **Day care**—give a signed copy of the letter to the day care administrator or day care provider
 - **Nursing Agency**—if your child receives home nursing services, give a signed copy of the letter to the nursing agency administrator
 - **Hospice**—if your child receives hospice services, give a signed copy of the letter to the hospice agency administrator
 - **Medical Examiner (ME)**—if your wishes include allowing your child to die at home, give a signed copy of the letter to the medical examiner's office in the county where you live
- Keep a list of the people, agencies, and departments who have a signed copy of the IPOST letter (see table on the back of this paper).
- Keep a blank copy of the IPOST letter in your records.

IPOST

Name of Agency (if applicable):	Name, Title of Person letter given to:	Date letter given:
EMS		
Law Enforcement		
Primary Care Provider		
School		
Day Care		
Nursing Agency		
Hospice		
Medical Examiner (ME)		
Other		



IPOST

- **Medical Identifier:**
- Your child does not have to wear a medical identifier (bracelet, necklace, etc.), but it is recommended. If EMS is called for your child and the signed IPOST form is not available, the medical identifier would alert EMS to the fact your child has an IPOST. See the enclosed list of companies that sell medical identifiers.

IPOST

Muscatine EMS Brochure Resource

Musc.EMS Brochure July13.pdf - Adobe Reader

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Page 1 (1 of 2) 102%

Tools Sign Comment

IPOST stands for Iowa Physician Orders for Scope of Treatment. It is a physician's order that outlines a plan of care respecting the patient's health care treatment choices. The IPOST is a part of the Advance Care Planning process. It is a communication tool to honor an individual's advance directives.

To learn more...
Visit
<http://www.idph.state.ia.us/IPOST/>
Or
<http://www.ihconline.org.aspx/toolkits.aspx>
Or
<http://www.polst.org/>

BROCHURE DEVELOPED & SPONSORED BY THE:

muscatine community HEALTH ASSOCIATION

SECTIONS OF FORM
Section A - CPR
Section B - Medical Interventions
Section C - Artificially Administered Nutrition
Section D - Medical Decision Making

REVOKING FORM
A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment. To void the form, draw a line through sections A through C and write "VOID" in large letters across the form and sign and date it if IPOST is replaced or becomes invalid. Any changes require a new IPOST.

IPOST
Iowa Physician Orders for Scope of Treatment

IPOST Overview for all Healthcare and EMS Providers

EMERGENCY

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.

June 2013

9:48 AM 11/5/2013



Iowa Physician Orders for Scope of Treatment

IPOST

MuscEMS Brochure july13.pdf - Adobe Reader

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Page 2 (2 of 2) 102%

Tools Sign Comment

INTRODUCTION

The IPOST is a salmon colored form that contains **code status** information but also provides for the individual's medical intervention and decision making preferences. IPOST compliments advance directives by translating patient treatment choices into actionable medical orders which may be relied upon across all care settings. The IPOST form allows for treatment communications when or if an individual is unable to express their preferences in an emergent situation. The central theme is that all providers of care are respecting the healthcare choice of each patient at all times.



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

Individuals have a right to make their own health care decisions. In Iowa, advance directive documents such as living wills or a durable power of attorney for health can be used to communicate a persons treatment preferences when he/she would otherwise be unable to make such decisions.

Unfortunately, the choices expressed in these documents may not always be available, or clearly apply to a given situation. Advance Directives can not be utilized by non-physicians, such as first responders and paramedics. For these reasons, those providing care in various settings may in good faith initiate or withhold treatment that may be medically inappropriate or contrary to the desires of the patient.

IPOST OVERVIEW

- IPOST form belongs to the patient
- IPOST form is valid as a medical order statewide regardless of where the patient resides
- IPOST is appropriate for any individual who is frail and elderly or who has a chronic or serious medical condition, regardless of age

IPOST is a communication tool to compliment the advance directive. It is a portable, actionable medical order.

USE OF FORM

- Ask every facility if the resident has IPOST prior to transfer
- Ask every patient/family member in the home if they have an IPOST prior to transport
- IPOST form is **salmon in color** and printed on card stock, which is **standardized and recognizable**
- The IPOST form stays with the patient
- Original IPOST form **MUST** accompany patient with all transfers and discharges
- If any section of the IPOST is not completed, it implies full treatment for that section

DOCUMENTATION

- Document any indicated treatments that have been provided as related to IPOST form instructions
- Document who gave you the IPOST form and who you gave it to at patient's final destination

COPIES / FAXES

- Copies/faxes of signed forms are legal and valid, however our process does not recommend copies. They may be useful if form is forgotten.

9:50 AM 11/3/2013



IPOST

File Edit View Window Help IPOST Process EMS 2012.pdf - Adobe Reader


Iowa Physician Orders for Scope of Treatment

IPOST PROCESS Emergency Medical Services

Overview

- IPOST form **belongs** to the patient.
- IPOST form is **valid** as a medical order statewide regardless of where the patient resides.
- IPOST is appropriate for an individual who is frail and elderly, or who has a chronic, critical medical condition or terminal illness.

Use of form

- **Ask every facility if resident has IPOST form prior to transfer.**
- **Ask every patient/family member in the home if they have an IPOST form prior to transfer.**
- IPOST form is salmon in color and printed on cardstock.
- No copies for permanent medical record.
- Do not label or sticker form.
- Inpatient units (ward clerks, secretaries etc) **MUST** ensure form is sent with patient at discharge – **please verify prior to transfer to facility/home.**
- If patient has Advance Directive that is known to be in conflict with IPOST form, AD takes precedence.

Documentation

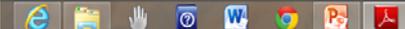
- Document any indicated treatments that have been deferred as related to IPOST form instructions.
- Document IPOST form was received and to whom the form was transferred to at the receiving facility.

Copies/Faxes

- Copies/faxes of signed IPOST forms are legal and valid, **HOWEVER** our process does **NOT** recommend copies under most circumstances.
- A copy/fax may be valid only if original form was not sent with patient. If in-patient facility validates with receiving facility that copy/fax is the most recent for a patient, it may be used. An example: if patient transfers from facility to Emergency Department and IPOST did not arrive with patient, ED may accept fax of IPOST after validation with facility it is most recent version. **Use of original form is strongly encouraged!**
- Documentation in the medical record must reflect this has occurred.

Created on January 20, 2009 Revised: 1/24/09, 1/19/09, 2/13/09, 9/12/10, 4/23/12

10:10 AM
11/5/2013



IPOST

IPOST PROCESS Emergency Medical Services

Overview

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IPOST form is **valid** as a medical order statewide regardless of where the patient resides.

IPOST is appropriate for an individual who is frail and elderly, or who has a chronic, critical medical condition or terminal illness.

IPOST

Use of form

Ask every facility if resident has IPOST form prior to transfer.

Ask every patient/family member in the home if they have an IPOST form prior to transfer.

IPOST form is salmon in color and printed on cardstock.

No copies for permanent medical record.

Do not label or sticker form.

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IPOST

Documentation

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IPOST

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Use of original form is strongly encouraged!

Documentation in the medical record must reflect this has occurred.

IPOST BELONGS TO THE PATIENT



CONTACTS

- Katrina Altenhofen MPH, Paramedic (IDPH-Bureau of EMS)
Katrina.Aaltenhofen@idph.iowa.gov
- Dr. Tom Evans (Executive Director-Iowa Healthcare Collaborative)
Evenst@ihconline.org
- For pediatric specific questions:
 - Paige Volk, MD (PICU)
paige-volk@uiowa.edu
 - Sheila Frascht, RN (Peds Palliative Care)
sheila-frascht@uiowa.edu