



# **Iowa Physician Orders for Scope of Treatment**

## **IPOST**

### **Guidance for Healthcare Providers**

Developed by

**IPOST Coalition**  
**Linn County, Iowa**

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## **Introduction**

Capable adults have a right to make their own health care decisions. In Iowa, advance directive documents such as a living will or a durable power of attorney for health can be used to communicate a person's 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, may not clearly apply to a given situation, and cannot be utilized by non-physicians, e.g., by paramedics and first responders. 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 a patient.

This guide book explains the Iowa Physician Orders for Scope of Treatment (IPOST) method for communicating patients' treatment preferences. This method will help to assure that these treatment preferences are available, clear, and utilized by all healthcare providers. This method has great strengths, including: easy to maintain; no loss of privacy; range of treatment preferences; and is applicable to chronically ill, frail, and elderly or terminally ill individuals. One noted disadvantage is that the IPOST form might not be available to emergency personnel in some circumstances. These points should be taken into consideration when discussing treatment choices with each patient or surrogate decision-maker.

The IPOST document does not replace the need for or the importance of a durable power of attorney for health care. The IPOST document deals with very specific treatments, especially in emergency settings. A durable power of attorney for health care continues to be an important and useful document for many treatment decisions.

Iowa had a legislatively authorized pilot project from 2008-2011 in Linn and Jones counties with the implementation of IPOST. The Iowa Department of Public Health provided oversight for the duration of the pilot. A state advisory group recommended that the legislature authorize adoption of IPOST statewide. On March 7, 2012 Governor Terry Branstad signed IPOST (House File 2165) into Iowa State Law as a physician's order. On July 1, 2012, IPOST can be used statewide in any health care setting including the home.

The remainder of this guide includes instructions for completing the IPOST document.

## **Implementing the Iowa Physician Orders for Scope of Treatment (IPOST)**

### **Overview**

The Iowa Physician Orders for Scope of Treatment (IPOST) document should be completed by the physician, nurse practitioner or physician's assistant after having a discussion with the patient/resident or surrogate decision-maker regarding patient preferences. The document may be completed by trained personnel under the direction of

the attending physician, nurse practitioner or physician's assistant. The physician, nurse practitioner or physician's assistant **must** sign the form and assumes full responsibility for the accuracy of the recorded information. Telephone orders are acceptable until the physician, nurse practitioner, physician's assistant is able to sign the form.

The IPOST has four sections (A through D). Side one of the document is the Physician Orders for Scope of Treatment (Sections A through D); side two includes information for completing and using the form. The IPOST is printed on salmon-colored paper to ensure an easily recognizable form that is standard in all health care settings and the home in Iowa. Although use of the IPOST form is voluntary, the form itself is copyrighted and cannot be reproduced or modified by individual facilities.

### **Title and Patient Identification**

The IPOST provides documentation of patient/resident treatment preferences which reflect the values of the patient/resident. In health care facilities, the IPOST should be the first documentation in the clinical record. In non-institutional settings, the form should be located in a prominent location. Caregivers need to know where the IPOST will be kept and be able to present it to emergency personnel upon arrival. The original form should accompany the patient/resident upon transfer from one setting to another.

## **Section By Section Review of the IPOST Form**

### **Physician Orders**

Sections A through C list three different medical treatments or services including: Section A – Resuscitation, Section B – Medical Interventions, Section C – Artificially Administered Nutrition. Section D records the basis for the physician orders.

If the patient/resident requires treatment, the medical provider should first institute any emergency treatment orders recorded on the IPOST, and then contact the attending physician, nurse practitioner or physician's assistant. Any order section that is not completed indicates that full treatment should be provided.

### **Section A – Cardiopulmonary Resuscitation**

The Cardiopulmonary Resuscitation section refers only to the circumstance in which the patient/resident has no pulse **AND** is not breathing. This section does not apply to any other medical circumstances. For example, this section does not apply to a patient/resident in respiratory distress because he/she is still breathing. Similarly this section does not apply to a patient/resident who has an irregular pulse and low blood pressure because he/she has a pulse. For these situations, the medical provider should refer to Section B – Treatment Options (described below) and follow the appropriate orders.

If the patient/resident wants cardiopulmonary resuscitation (CPR) and CPR is ordered, then the CPR/Attempt Resuscitation box is checked to indicate that full resuscitative measures should be carried out and 911/emergency personnel should be called.

If a patient/resident has indicated that he/she does not want CPR in the event of no breathing **and** no pulse, then the “Do Not Resuscitate (DNR)” box is checked. The patient/resident should understand that comfort measures will always be provided and no resuscitative efforts would be initiated.

## **Section B – Treatment Options**

This section refers to emergency medical circumstances that are not covered in Section A. If full treatment by EMS is indicated and desired, the “Full Treatment” box is checked and 911/emergency personnel is called. However, if the patient/resident and physician/nurse practitioner/physician’s assistant determine that some limitation is preferred, then only one of the other boxes is checked. Medical providers will first provide the level treatment option ordered and then contact the attending physician, nurse practitioner or physician’s assistant. Comfort care is always provided regardless of the indicated level of treatment options.

**Comfort Measures Only** indicates a desire for only those interventions that enhance comfort. In general, the patient/resident and physician/nurse practitioner/physician’s assistant would not want an EMS response unless necessary for patient comfort. The patient/resident would not expect to be transported to a hospital unless indicated later by the attending physician/nurse practitioner/physician’s assistant because acute care skills are needed to enhance comfort (e.g. to treat intractable pain). Oxygen, suction, and manual treatment of airway obstruction may be used as needed for comfort.

**Limited Interventions** include comfort measures above and may include cardiac monitor, IV medications, BiPAP or CPAP, and vasopressors. Transfer to a hospital if indicated but usually no critical care admission is desired. A defined time trial of these measures may warrant an ICU admission per hospital policy.

**Full Treatment** indicates all measures above plus endotracheal intubation, advance airway, and cardiovascular/automatic defibrillation.

## **Section C – Artificially Administered Nutrition**

This section allows the physician, nurse practitioner or physician’s assistant to record patient/resident instructions regarding artificially administered nutrition for patients who cannot take oral nutrition or hydration by mouth. If the patient/resident requests long-term artificial nutrition, the “Long-term artificial nutrition by tube” box is checked. If there are limitations ordered for artificially administered nutrition; either the “No

artificial nutrition by tube” box or the “Defined trial period of artificial nutrition by tube” box is checked.

## **Section D – Medical Decision Making**

Upon completion of sections A, B and/or C, the preparer of the IPOST checks the box indicating with whom the orders were discussed (i.e., patient/resident, surrogate decision-maker or other). The preparer of the form also checks the appropriate box to indicate the basis for the orders. The rationale for the orders may be the patient’s known preference as expressed to the preparer of the form, the limited treatment options which are available, patient’s poor prognosis, or other. The rationale for the orders may also be based on the patient’s previously recorded advance directives. **Note: If the patient/resident has both a signed advance directives form and an IPOST form which are in conflict, the patient’s advance directive form takes precedence according to the Iowa Code.**

The physician/nurse practitioner/physician’s assistant **must** both print his/her name and sign the form at the bottom of the page in order to validate the form. Telephone orders are acceptable until the physician/nurse practitioner/physician’s assistant is on site to sign the form. If the physician, nurse practitioner or physician’s assistant does not sign the form, it cannot be treated as a valid order and EMS personnel cannot limit EMS services.

The patient/resident or surrogate decision-maker must also sign and date the form.

The bottom of the form includes a reminder that **the original form should accompany the patient/resident when transferred or discharged. It is very important that the form follow the patient.** It allows the receiving facility/home setting to have the same information regarding the medical indication and patient/resident treatment preferences for scope of treatment and increases the likelihood that these orders will be respected in the new care setting.

Side two of the IPOST form provides space for contact information of the patient’s surrogate.

The preparer of the form must also include his/her contact information and the date that the form was prepared.

## **How to Change the IPOST Document**

The IPOST form should be reviewed periodically and a new IPOST form completed when the patient/resident’s treatment preferences change. Review may also occur when the patient/person is transferred from one care setting or care level to another, and/or routine medical appointments.

**Revoking the IPOST document at a care facility** occurs through the destruction of the document at the facility where the person resides. A new IPOST document may then be completed with updated treatment choices. If the patient will be discharged to their home: destroy the old IPOST form and send the updated IPOST home with the patient.

**Revoking the IPOST document during an inpatient stay** will use the following process:

- To void the IPOST form: draw a 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 has become invalid and put it back in its plastic sleeve. A new IPOST document may then be completed with updated treatment choices and placed in the plastic sleeve.
- If the patient resides in a care facility:
  - Both the voided form and the newly completed form should be returned with the patient to the care facility where the patient resides.
  - The care facility will destroy the voided document upon receipt.
- If the patient will be discharged to their home:
  - Destroy the old IPOST form and send the updated IPOST home with the patient.

This process will enhance communication and eliminate confusion when changes regarding treatment choices are made.

### **Taking the IPOST Home**

If a patient is taking IPOST 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).