



LaPOST

A HEALTH CARE QUALITY FORUM INITIATIVE

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT

A Handbook For Health Care Professionals





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Introduction To LaPOST

Louisiana Physician Orders for Scope of Treatment (LaPOST) is an easily identifiable gold document that translates a patient's goals of care and treatment preferences into a physician's order that transfers across health care settings. The LaPOST document represents a plan of care for a patient with a life-limiting illness, and is modeled after the Physician Orders for Life-Sustaining Treatment (POLST) Paradigm.

The document should be completed after a thorough discussion with the patient or his/her personal health care representative* regarding the patient's understanding of the illness, treatment preferences, values and goals of care. Completion of a LaPOST document encourages communication between doctors and patients, enables patients to make informed decisions and clearly documents these decisions to other physicians and health care professionals. As a result, LaPOST can help ensure that a patient's wishes are honored, prevent unwanted or non-beneficial treatments and reduce patient and family stress regarding decision-making.

LaPOST does not replace an advance directive, or living will, but it can be used to operationalize the directives of the living will. It is recommended that patients with a life-limiting illness have three (3) documents:

- *LaPOST (Louisiana Physician Order for Scope of Treatment)*
- *Power of attorney for health care*
- *Advance directive (living will)*

The LaPOST document belongs to the patient and travels with the patient as he/she moves from one health care setting to another.

**A personal health care representative is defined as a person who has authority in accordance with Louisiana law to act on behalf of an individual related to health care because of incapacity.*

The Law And LaPOST

In some cases, physicians have been hesitant to follow LaPOST orders without first reassessing the person's wishes in the current clinical situation. However, Louisiana law passed during the 2010 Legislative Session (Act 954) requires that LaPOST be followed until a review is completed by the accepting health care professional. The LaPOST document must be followed even if the physician who has signed the document is not on the medical staff of the facility.

The law also states that health care providers who honor LaPOST documents are not subject to criminal prosecution, civil liability or any other sanction as a result of following the orders. Health care institutions are encouraged to develop policy and procedures for the use of LaPOST. Examples of such policies are available at www.La-POST.org and require appropriate legal consultation.



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The Impact Of LaPOST

The LaPOST program was the top priority of the Louisiana Health Care Redesign Collaborative – End of Life Work Group as research has shown that documents like LaPOST are making a difference in end-of-life care.

Studies in states that have POLST available have revealed that among patients with completed POLST documents, treatment preferences were respected 98 percent of the time, and no one received unwanted CPR, intubation, intensive care or feeding tubes. As a result, POLST has helped to bridge the gap between what treatments patients want and what they receive.

Additional Information

Louisiana Physician Orders for Scope of Treatment (LaPOST) • www.la-post.org
Physician Orders for Life Sustaining Treatment (POLST) Paradigm • www.polst.org

LaPOST And The Advance Directive

LaPOST can be used as a stand alone document. It also complements but does not replace an advance directive. An advance directive allows individuals to document the type of medical care that is acceptable in case of a terminal illness and is usually completed in advance of any illness. The advance directive can only be used when the patient is unable to speak for him/herself and if two physicians certify that the patient has a terminal illness. It provides a broad outline of a patient's wishes relating to end-of-life care and may be completed by any adult, regardless of one's health status. An advance directive is not a physician's order, requires interpretation and is often unavailable when needed.

	ADVANCE DIRECTIVE	LaPOST
WHO?	Every adult	Life-limiting illness regardless of age
WHAT?	Broad outline that requires interpretation and translation to a physician's order	Specific physician's order
WHERE?	Needs to be retrieved; no universal system. Can be archived with Louisiana Secretary of State for a fee.	Travels with patient across health care settings



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In contrast, LaPOST is designed for those with life-limiting illnesses and identifies the specific wishes of a patient regarding medical treatments. With the appropriate signatures, the LaPOST document may be used for any person who has a life-limiting illness, regardless of age.

LaPOST is the first statewide, uniform physician's order that is recognized across care settings. The LaPOST form travels with patients when they move from one residential or medical setting to another, providing clear direction about patients' health care treatment wishes for physicians, nurses, emergency responders and other health care providers wherever they are.

Discussing LaPOST With Patients

Conversations with patients about the type of care they would like to receive as their disease progresses are important. The LaPOST document provides a context for guiding the conversation and makes it more likely that patients will express their treatment wishes and goals of care.

The completion of the LaPOST document involves a thorough discussion between patients and physicians with physicians responsible for the completion of the document. Other members of the health care team - nurses, social workers or chaplains - may also be involved in the conversation about end-of-life care, particularly to address physical, psychosocial and spiritual issues that may arise.

Because the LaPOST document establishes medical orders, a physician must sign the document for it to be valid. The patient or his/her personal health care representative must sign as well to confirm that the orders were discussed and agreed upon. Once signed by both the physician and patient, LaPOST becomes part of the patient's medical record. It can be modified or revoked at any time based on new information or changes in a patient's condition or treatment preferences.

A sample conversation with a patient about LaPOST may sound like this:

"I'd like to talk with you today about what is going on with you. This will help me understand how to best care for you or your family member. We will need to discuss the types of treatments available, what will work, what might work and what will not work and what your goals of care are. After we have that conversation, we will be able to complete a LaPOST document which is a physician's order that outlines the plan of care we discussed. This order will communicate this important information to other members of the health care team so they know how to best care for you during your illness. This document will transfer with you across care settings (hospital to home to nursing home or palliative care). The LaPOST document can be changed or adjusted at any time to ensure that it represents your wishes and goals of care."



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Using LaPOST

THE DOCUMENT

The LaPOST document is a two-sided gold form. One side of the document contains the Physician Orders for Scope of Treatment (Sections A – F) and the required signature of the physician and the patient or his/her personal health care representative. The other side of the document lists additional instructions, including a description of how to review or void the document. Completion of a LaPOST document is voluntary, and the purpose of the document is to ensure that the patient receives the level of medical care he/she desires regardless of care setting. In institutional settings, the LaPOST should be the first document in the clinical record.

PATIENT TRANSFERS

When a person with a LaPOST document is transferred from one setting to another – for example, from a long-term care facility to a hospital – the original document should accompany that person. A copy of LaPOST, however, should always be kept in the individual’s medical record. Photocopies and faxes of signed LaPOST documents are legal and valid. HIPAA permits disclosure of LaPOST to health care professionals across treatment settings.

REVIEWING THE DOCUMENT

It is recommended that LaPOST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or level of care to another;
- There is a substantial change in the patient’s health status; or
- The patient’s treatment preferences change.

VOIDING THE DOCUMENT

A patient with capacity can void the LaPOST document at any time or change his/her mind about treatment. To void a LaPOST document, draw a line through Sections A through D and write “VOID” in large letters. This must be signed and dated. If the patient no longer has decision-making capacity, the personal health care representative may revoke the LaPOST document if there is new knowledge of a change in the patient’s wishes or medical condition.

Completing The LaPOST Document

The introductory section on the front of the document includes comments about the LaPOST order and the requirements for health care personnel action. Identifying information must be in the top right corner. Reference is made to the LaPOST website as a resource for information about cultural/religious beliefs about end-of-life care.

The initial section also requires description of the patient’s life-limiting disease and irreversible condition (e.g., cancer, dementia, heart failure or ALS).



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The LaPOST document is divided into six sections.

- A. *Cardiopulmonary Resuscitation*
- B. *Medical Interventions*
- C. *Antibiotics*
- D. *Artificially Administered Nutrition*
- E. *Other Instructions*
- F. *Summary of Goals*

If a patient requires treatment, the first responder should initiate any treatment orders recorded on the LaPOST and then contact medical control or the patient's physician, as indicated. If Section A, B, C or D is not completed, full treatment should be provided for that section until clarification is obtained.

A thorough discussion of each section and how to complete it is provided in the following pages. Patients should be advised that measures to provide comfort care will always be given, regardless of the level of medical care desired.

SECTION A: CARDIOPULMONARY RESUSCITATION (CPR)

Check One	A. CARDIOPULMONARY RESUSCITATION (CPR): PERSON HAS NO PULSE AND IS NOT BREATHING	When not in cardiopulmonary arrest, follow orders in B, C, D and E.
	<input type="checkbox"/> CPR/Attempt Resuscitation (requires full treatment in section B)	
	<input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death)	

These orders apply only when the patient has no pulse and is not breathing. This section does not apply to any other medical circumstances.

This section also does not apply to a patient in respiratory distress (because he/she is still breathing) or to a patient who has a pulse and low blood pressure (because he/she has a pulse). For these situations, the first responder should refer to section B and follow the indicated orders.

If the patient wants CPR and CPR is ordered, then the "CPR /Attempt Resuscitation" box is checked. Full CPR measures should be performed, and 911 should be called. If "CPR /Attempt Resuscitation" is chosen, then the "Full Treatment" box under Section B must also be checked.

If a patient has specified that he/she does not want CPR in the event of no pulse and no respiration, then the "DNR/Do Not Attempt Resuscitation" box is checked. CPR should not be performed. No defibrillator (including automated external defibrillators or AED) should be used on a patient who has chosen "DNR/Do Not Attempt Resuscitation." The patient should understand that comfort measures will always be provided and that CPR will not be attempted.



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SECTION B: MEDICAL INTERVENTIONS

Check One	B. MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING
	<input type="checkbox"/> COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer: EMS contact medical control to determine if transport indicated.</i>
	<input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS: Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubations, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care unit if possible.
	<input type="checkbox"/> FULL TREATMENT: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation. Transfer to hospital if indicated, Includes intensive care unit.
	ADDITIONAL ORDERS: (e.g. dialysis, etc.)

These orders apply to emergency medical circumstances for a patient who has a pulse or is breathing. This section provides orders for situations that are not covered in Section A. If all life-sustaining treatments are desired, the “Full Treatment” box is checked.

In medical emergencies, 911 is called. Treatment includes the use of intubation, advanced airway intervention, mechanical ventilation, cardioversion, transfer to hospital and use of intensive care, as indicated. If the person chooses some limitation, then a different box is checked. Health care professionals will first administer the level of medical care delineated and then contact the patient’s physician or medical control. Comfort care is always provided regardless of level of medical care desired. Other instructions may also be specified.

“Comfort Measures Only” indicates a desire for only those interventions that enhance comfort. Use medication by any route, positioning, wound care, oxygen, suction and manual treatment of airway obstruction (choking) as needed for comfort.

In some limited situations, bi-level positive airway pressure (BiPAP) or continuous positive airway pressure (CPAP) may be considered as a time-limited comfort intervention. Transfer to a hospital or another setting may be necessary if comfort needs cannot be met in the current location. Examples of this may include pain relief, control of bleeding, wound care to treat and improve hygiene, positioning for comfort, manual airway opening and stabilization of fractures including surgery.

The goal is to control pain and other symptoms. In some cases, parenteral medication to enhance comfort may be appropriate for a patient who has chosen “Comfort Measures Only.” Treatment of dehydration is a measure which may prolong life. A patient who desires IV fluids should indicate “Limited Interventions” or “Full Treatment.”

“Limited Additional Interventions” includes comfort measures as well as medical treatment and cardiac monitoring, if needed. This order is also used to indicate treatment for those with short-term dehydration or other fluid needs. Intubation, advanced airway interventions and mechanical ventilation are not used, though non-invasive positive airway pressure may be used. This includes CPAP, BiPAP and bag valve mask (BVM) assisted respirations.

“Full Treatment” includes all care above with no limitation of treatment as medically indicated. All support measures needed to maintain and extend life may be utilized – including intubation, advanced airway interventions, mechanical ventilation and electrical cardioversion as indicated. The patient can be transferred to a hospital, and intensive care can be used as medically indicated.



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SECTION C: ANTIBIOTICS

Check One	C. ANTIBIOTICS	
	<input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Use antibiotics if life can be prolonged.	<input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal. (Benefit of treatment should outweigh burden of treatment) ADDITIONAL ORDERS: _____ _____

Antibiotics have an important place in the treatment of many infectious diseases. Antibiotics may be used to cure, to prolong life and/or to provide comfort, but they may also increase burden without benefit. This is particularly important when patients have advanced dementia or other neurologically devastating illness and contract a urinary tract infection or aspiration pneumonia as part of the death spiral. They are treated with antibiotics, then have recurring illness in six weeks - the next time, infection occurs within three weeks, then recurs again within one week. Each recurrence brings greater debility and antibiotic resistance. At some point, the decision must be made to determine the use or limitation of antibiotics when infection occurs with comfort as the goal. Physicians in conjunction with the rest of the team and family must have conversations concerning this decision.

SECTION D: ARTIFICIALLY ADMINISTERED NUTRITION

The administration of nutrition and hydration, whether orally or by invasive means, shall always occur except in the event another condition arises, which is life-limiting or irreversible in which the nutrition or hydration becomes a greater burden than benefit to Patient.

Check One in Each Column	D. ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (Always offer food/fluids by mouth as tolerated)	
	<input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Trial period of artificial nutrition by tube (Goal : _____) <input type="checkbox"/> Long-term artificial nutrition by tube. (If needed) ADDITIONAL ORDERS: _____ _____	<input type="checkbox"/> IV fluids (Goal : _____) <input type="checkbox"/> No IV fluids

Oral fluids and nutrition must be offered to the patient if medically feasible and tolerated. No artificial nutrition by tube is provided for a patient who refuses this treatment or if it is not medically indicated. Consent must be obtained in order to provide this medical treatment.

In patients who are dying, artificial hydration and nutrition (AHN) may be excessively burdensome to the patient and may provide little or no benefit in which case it is not required. In patients with chronic conditions, AHN may not be required if it cannot be expected to prolong life, is excessively burdensome or causes significant physical discomfort.

This is a clinical judgment between a patient or his/her personal health care representative and the physician. Treatments are not required when the patient or the personal health care representative judge that the treatment suggested does not offer a reasonable hope of benefit or places an excessive burden or expense on the family or the community.

If long-term artificial nutrition by tube is medically indicated and desired by the patient, then the appropriate box is checked.



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In some cases, a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the patient an opportunity to clarify his/her goals of care.

SECTION E: OTHER INSTRUCTIONS

E. OTHER INSTRUCTIONS: (May include additional guidelines for starting or stopping treatments in sections above or other directions not addressed elsewhere.)

This section provides the patient with an opportunity to relay any special instructions, whatever those instructions may be. For example, some patients with chronic obstructive pulmonary disease (COPD) may want to go to the hospital for BiPAP, or they may prefer to be on a ventilator one more time for three days. This section provides a place for patients to document those types of specific wishes regarding particular treatments that are important to them or their families.

SECTION F: SUMMARY OF GOALS AND SIGNATURES

F. SUMMARY OF GOALS:

Check One DISCUSSED WITH: Patient Personal Health Care Representative

The basis for these orders is:

Check All That Apply Patient's declaration (can be oral or nonverbal)
 Patient's Personal Health Care Representative (Qualified Patient without capacity)
 Patient's Advance Directive, if indicated, patient has completed an additional document that provides guidance for treatment measures if he/she loses medical decision-making capacity.
 Resuscitation would be medically non-beneficial.

Upon completion of the orders, the physician checks the box indicating with whom the orders were discussed - the patient or his/her personal health care representative.

The physician and the patient (or personal health care representative) must sign and date the document. This acknowledges that the orders are medically indicated and consistent with the patient's (or personal health care representative's) understanding of his/her illness, treatment preferences, values and goals of care. Additional information supporting these orders should be placed in the medical record.

The orders are not valid without the physician's and patient's or personal health care representative's signature, date and physician phone number. If signed by the personal health care representative, the relationship and authority to act on behalf of the patient must be documented.

The bottom of the LaPOST document includes reminders that the original document should accompany the patient whenever transferred or discharged. Health systems with electronic health record (EHR) capability may scan the LaPOST document to ensure the orders are accessible. The LaPOST document provides communication with the receiving health care team about the treatments desired and goals of care. This helps ensure that the patient's wishes are respected and comfort maintained as he/she moves from one care setting or level of care to another.



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LaPOST Coalition Membership

CHRISTUS Health System

Franciscan Missionaries of Our Lady Health System

Governor's Office of Elderly Affairs

Gulf States Association of Homes and Services for the Aging

Homecare Association of Louisiana

Louisiana Chapter of National Association of Social Workers

Louisiana Health Care Quality Forum

Louisiana Department of Health and Hospitals

- *Emergency Medical Services*
- *Legal Services*
- *Office of Aging and Adult Services*
- *Office of Citizens with Developmental Disabilities*

Louisiana Hospital Association

Louisiana-Mississippi Hospice and Palliative Care Organization

Louisiana Nursing Home Association

Louisiana State Coroners Association

Louisiana State Medical Society

Louisiana State Nurses Association

Attorneys from Louisiana State Bar Association (Elder Law)

Physicians representing Baton Rouge General Medical Center, CHRISTUS Health System,

Franciscan Missionaries of Our Lady Health System, LSU Health Sciences Center,

Ochsner Health System, Tulane Medical Center and VA Hospital

Additional Resources

Closure: www.closure.org

Compassion and Support: www.compassionandsupport.org

Caring Connections: www.caringinfo.org

Louisiana Organ Procurement Agency: www.lopa.org

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