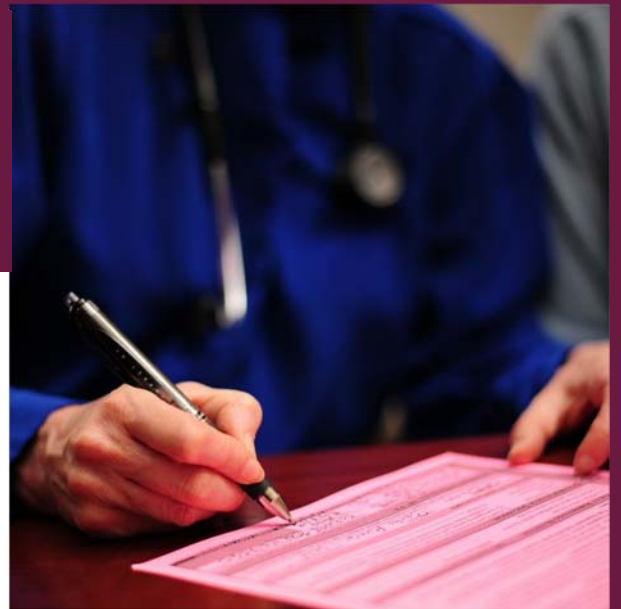


# POST

The **Physician Orders for Scope of Treatment (POST)** is an advance directive which documents patient treatment preferences that you may complete yourself, ask assistance of a healthcare professional in completing, and needs a physician's signature for validation.



When you can no longer speak for yourself, **POST** lets healthcare providers know exactly what treatments you do and do not want to receive.

**POST** documents your preference for:

**Full Intervention** including life support;

**Limited Interventions** to stabilize medical conditions without intensive care; or,

**Comfort Measures** also described as "Allow Natural Death," where the goal is symptom management

<b>POST fills the serious gap in relation to our other Advance Directives</b>	<b>Indiana Living Will</b>	<b>Out-of-Hospital DNR</b>	<b>POST</b>
Allow all adults to document general preferences for end of life care	YES	NO	NO
Physician orders that can be followed outside the hospital	NO	YES	YES
Can be honored by emergency medical personnel	NO	YES	YES
Available for patients with a terminal illness	YES	YES	YES
Available for patients with advanced chronic progressive illness or frailty	YES	NO	YES
Requires a physician's signature	NO	YES	YES
Allows patients to express their preferences for a range of specific treatment options	NO	NO	YES
Patient wishes can be understood without interpretation	NO	YES	YES
Requires a discussion between the patient and his or her physician about treatment options	NO	NO	YES
Reduces or eliminates the burden on family members to make treatment decisions on behalf of the patient	NO	NO	YES

Find **POST** Form on [www.in.gov/isdh/25880.htm](http://www.in.gov/isdh/25880.htm)



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