

**144D.2 Physician orders for scope of treatment (POST) form.**

1. The POST form shall be a uniform form based upon the national physician orders for life-sustaining treatment paradigm form. The form shall have all of the following characteristics:

- a. The form shall include the patient's name and date of birth.
- b. The form shall be signed and dated by the patient or the patient's legal representative.
- c. The form shall be signed and dated by the patient's physician, advanced registered nurse practitioner, or physician assistant.
- d. If preparation of the form was facilitated by an individual other than the patient's physician, advanced registered nurse practitioner, or physician assistant, the facilitator shall also sign and date the form.
- e. The form shall include the patient's wishes regarding the care of the patient, including but not limited to all of the following:
  - (1) The administration of cardiopulmonary resuscitation.
  - (2) The level of medical interventions in the event of a medical emergency.
  - (3) The use of medically administered nutrition by tube.
  - (4) The rationale for the orders.
- f. The form shall be easily distinguishable to facilitate recognition by health care providers, hospitals, and health care facilities.
- g. An incomplete section on the form shall imply the patient's wishes for full treatment for the type of treatment addressed in that section.

2. The department shall prescribe the uniform POST form and shall post the form on the department's internet site for public availability.

[2012 Acts, ch 1008, §3](#); [2013 Acts, ch 90, §257](#)