

CHAPTER 145  
IOWA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT

**641—145.1(144D) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Advanced registered nurse practitioner*” means an advanced registered nurse practitioner licensed pursuant to Iowa Code chapter 152 or 152E.

“*Department*” means the department of public health.

“*Director*” means the director of the department of public health.

“*Emergency medical care provider*” means emergency medical care provider as defined in Iowa Code section 147A.1.

“*Health care facility*” means health care facility as defined in Iowa Code section 135C.1, a hospice program as defined in Iowa Code section 135J.1, an elder group home as defined in Iowa Code section 231B.1, and an assisted living program as defined in Iowa Code section 231C.2.

“*Health care provider*” means an individual, including an emergency medical care provider and an individual providing home- and community-based services, and including a home health agency, licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care in the ordinary course of business or in the practice of a profession.

“*Home health agency*” means home health agency as defined in 42 CFR Part 484.

“*Hospital*” means hospital as defined in Iowa Code section 135B.1.

“*Legal representative*” means an individual authorized to execute a POST form on behalf of a patient who is not competent to do so, in the order of priority set out in Iowa Code section 144A.7, subsection 1, and guided by the express or implied intentions of the patient or, if such intentions are unknown, by the patient’s best interests given the patient’s overall medical condition and prognosis.

“*Patient*” means 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.

“*Physician*” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery in this state.

“*Physician assistant*” means a person licensed as a physician assistant under Iowa Code chapter 148C.

“*Physician orders for scope of treatment form*” or “*POST form*” means a document containing medical orders which may be relied upon across medical settings that consolidates and summarizes a patient’s preferences for life-sustaining treatments and interventions and acts as a complement to and does not supersede any valid advance directive.

[ARC 2280C, IAB 12/9/15, effective 1/13/16]

**641—145.2(144D) Purpose.** The purpose of this chapter is to establish the process for the development, review, modification, and posting of the POST form.

[ARC 2280C, IAB 12/9/15, effective 1/13/16]

**641—145.3(144D) Responsibilities of the department.**

**145.3(1)** The department shall prescribe the uniform POST form and shall post the form on the department’s Web site [www.idph.iowa.gov](http://www.idph.iowa.gov) for public availability.

**145.3(2)** The POST form shall be a uniform form based upon the national physician orders for life-sustaining treatment (POLST) 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.

**145.3(3)** The POST form shall be reviewed by the department on an annual basis and may be reviewed more frequently at the discretion of the director. The POST form may be modified based on changes to the national POLST paradigm, input from interested parties, advances in evidence-based research or quality improvement processes, or clinical experience. The director shall annually designate a task force to review and recommend modifications to the POST form. The director shall review the task force recommendations and approve all final modifications to the POST form before it is posted on the department's Web site.

[ARC 2280C, IAB 12/9/15, effective 1/13/16]

These rules are intended to implement Iowa Code section 144D.2.

[Filed ARC 2280C (Notice ARC 2084C, IAB 8/5/15), IAB 12/9/15, effective 1/13/16]