



The attached document is the Physician Orders for Scope of Treatment (POST) form and is for your reference only.

The POST form should be discussed with a facility representative and/or your medical provider (physician, advance practice nurse, or physician assistant). Please review the below information on the POST and how it can be applied in our facility.

If you are interested in completing a POST, please notify a member of our care team.

Who: POST is for seriously ill and frail adults. Not all adults need a POST.

What: POST lets healthcare providers know what treatment you do or do not want in a medical crisis by recording treatment preferences as a signed medical order.

When: POST works with other Advance Directives such as a living will, Power of Attorney for Healthcare, and Appointment of a Healthcare representative. As your health declines, you- or the person who speaks for you- may consider a POST form to communicate preferences.

Where: The original POST form travels with you at all times. If you are at home, the form should be kept with your medications. If you live in a facility, the form will be kept in your medical record.

How: Once you have spoken with your medical provider and/or their designee (such as a social worker, chaplain, or nurse), you and your medical provider sign the form. The POST is valid in all healthcare settings.

The above information was provided by the Northeast Indiana Coalition for Advance Care Planning. Please call (260) 435-3204 if you have any questions regarding the POST or other advance directives.