

The revised Tennessee “POST” form goes into effect on June 25, 2015. [Download revised forms from - www.endoflifecaretn.org](http://www.endoflifecaretn.org) or Tennessee Department’s website –www.tennessee.gov/health.

Learn about the key changes to the POST form.

1) Additional clarification of Medical Interventions:

MEDICAL INTERVENTIONS. Patient has pulse and/or is breathing.

- Comfort Measures.** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management**
- Limited Additional Interventions.** Includes care described above in comfort measures, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. **May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments.**
- Full Treatment.** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: Full treatment including life support measures in the intensive care unit.**

Other Instructions: _____

2) Artificially Administered Nutrition selections changed:

ARTIFICIALLY ADMINISTERED NUTRITION. Oral fluids & nutrition must be offered if feasible.

- No artificial nutrition by tube
- Defined trial period of artificial nutrition by tube.
- Long-term artificial nutrition by tube.

Other Instructions: _____

3) Changed the signature on the form that allows Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant to sign at discharge from a health care facility if physician has not signed form. (Detail instruction on back of form)

Physician/NP/CNS/PA Name (Print)	Physician/NP/CNS/PA Signature (NP/CNS/PA Signature at Discharge)	Date	MD/NP/CNS/PA Phone Number
Signature of Patient, Parent of Minor, or Guardian/Health Care Representative			
Preferences have been expressed to a physician /or health care professional. It can be reviewed and updated at any time if your preferences change. If you are unable to make your own health care decisions, the orders should reflect your preferences as best understood by your agent/ surrogate.			

Things to do!

1. **Spread the word among your colleagues** by forwarding this email. *Thanks!*
2. **Replace old forms.** Previous versions of POST will still be honored after the June 25 POST form goes into effect, however, it is best practice to complete a 2015 version of POST—and void older versions of the form—when a patient's POST is updated.
3. **2015 POST form is available in Spanish.**

Ask the responsible staff person to download a copy of POST in Spanish and have the form ready for use when you need them. Get copies of the forms at <http://www.endoflifecaretn.org>

Healthcare professionals with questions about POST are encouraged to connect with their [Tennessee End of Life Partnership contacts across Tennessee](http://www.endoflifecaretn.org), www.endoflifecaretn.org

Thank you for making POST a success in Tennessee.

JUDY EADS, RN, MPH, NHA

President

Tennessee End of Life Partnership

judy@endoflifecaretn.org