

# LaPOST

Louisiana Physician Orders for Scope of Treatment

A Handbook For  
Long-Term Care Professionals



A Participating Program  
of National POLST

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## MISSION

To improve end-of-life care in Louisiana by honoring the health care wishes and goals of care of those with serious, advanced illnesses.

## VISION

To empower consumers and health care professionals with the information, education and resources necessary to make educated decisions about end-of-life care.

## Introduction To LaPOST

Louisiana Physician Orders for Scope of Treatment (LaPOST) is an easily identifiable gold document that translates a resident's goals of care and treatment preferences into a physician's order that transfers across health care settings. The LaPOST document represents a "plan of care" for a resident with a life-limiting illness and is modeled after the Physician Orders for Life-Sustaining Treatment (POLST) Paradigm document.

The document should be completed only after a thorough discussion with the resident or his/her personal health care representative\* regarding the resident's understanding of the illness, treatment preferences, values and goals of care. Completion of a LaPOST document encourages communication between doctors and residents, enables residents to make informed decisions and clearly documents these decisions to other physicians and health care professionals. As a result, LaPOST can help ensure that a resident's wishes are honored, prevent unwanted or non-beneficial treatments and reduce resident and family stress regarding decision-making.

LaPOST does not replace an advance directive, also known as a living will, but it can be used to operationalize the directives of the living will. It is recommended that residents with a serious, advanced illness have a living will, a Health Care Power of Attorney and a LaPOST document. The most important of these documents are the LaPOST document and the Health Care Power of Attorney.

The LaPOST document belongs to the resident and travels with the resident as he/she moves from one health care setting to another.

*\*A personal health care representative is defined as a person who has authority in accordance with Louisiana law to act on behalf of an individual related to health care because of incapacity.*

**Additional  
Information**

**Louisiana Physician Orders for Scope of Treatment (LaPOST) • [la-post.org](http://la-post.org)  
Physician Orders for Life Sustaining Treatment (POLST) Paradigm • [polst.org](http://polst.org)**

## The Law and LaPOST

In some cases, physicians have been hesitant to follow LaPOST orders without first reassessing the person's wishes in the current clinical situation. However, Louisiana law passed during the 2010 Legislative Session (Act 954) and revised June 13, 2016, requires that LaPOST be followed until a review is completed by the accepting health care professional. The LaPOST document must be followed even if the physician who has signed the document is not on the medical staff of the treating facility but is licensed to practice medicine in Louisiana.

The law also states that health care professionals who honor LaPOST documents are not subject to criminal prosecution, civil liability or any other sanction as a result of following the orders. Health care institutions are encouraged to develop policies and procedures regarding the use of the LaPOST document. The **LaPOST Implementation Guide for Long-Term Care Facilities** provides guidance and outlines the necessary steps to prepare these policies and procedures.

It is also important to note that completion of a LaPOST document is now recorded as an integrated component of the Minimum Data Set (MDS) assessment that is completed by health care professionals in Louisiana nursing facilities. LaPOST remains voluntary and is only for a resident who has a life-limiting and irreversible illness, such that a physician would not be surprised if the individual died within the next six months. Its inclusion in the MDS assessment documents the importance for nursing facility residents to choose to outline their wishes for care.

## The Impact of LaPOST

The LaPOST program was the top priority of the Louisiana Health Care Redesign Collaborative/End-of-Life Work Group as research has shown that documents like LaPOST are making a difference in end-of-life care.

Studies in states that have POLST documents available have revealed that among patients with completed documents, treatment preferences were respected 98 percent of the time, and patients did not receive unwanted cardiopulmonary resuscitation (CPR), intubation, intensive care or feeding tubes. As a result, POLST documents have helped to bridge the gap between what treatments patients want and what they receive at the end of their lives.

## LaPOST and the Advance Directive

LaPOST can be used as a stand-alone document. It complements, but does not replace, an advance directive. An advance directive allows individuals to document the type of medical care that is acceptable in case of a life-limiting illness and is usually completed in advance of any illness. The advance directive can only be used when the resident is unable to speak for himself or herself, and if two physicians certify that the resident has a life-limiting and irreversible condition. It provides a broad outline of a resident's wishes related to end-of-life care and may be completed by any adult, regardless of one's health status. An advance directive is not a physician's order, requires interpretation and is often unavailable when needed.

	<b>ADVANCE DIRECTIVE</b>	<b>LaPOST</b>
<b>WHO?</b>	Every adult	Individual with serious, advanced illness, regardless of age
<b>WHAT?</b>	Broad outline that requires interpretation and translation to a physician's order	Specific physician's order
<b>WHERE?</b>	Needs to be retrieved; no universal system; can be archived with Louisiana Secretary of State for a fee	Travels with resident across health care settings

In contrast, LaPOST is designed for those with life-limiting and irreversible illnesses and identifies the specific wishes of a resident regarding medical treatments. With the appropriate signatures, the LaPOST document may be used for any person who has a serious, advanced illness, regardless of age.

LaPOST is the first statewide, uniform physician's order that is recognized across care settings. The LaPOST document travels with residents when they move from one health care setting to another, providing clear direction about residents' health care treatment wishes for physicians, nurses, emergency responders and other health care professionals wherever they are.

## Discussing LaPOST With Residents

Conversations with residents about the type of care they would like to receive as their disease progresses are important. The LaPOST document provides a context for guiding the conversation and makes it more likely that residents will express their treatment wishes and goals of care.

The completion of the LaPOST document involves a thorough discussion between residents and physicians with physicians responsible for the completion of the document. Other members of the health care team – nurses, social workers or chaplains – may also be involved in the conversation about end-of-life care, particularly to address physical, psychosocial and spiritual issues that may arise.

Because the LaPOST document establishes medical orders, a physician must sign the document for it to be valid. The resident or his/her personal health care representative must sign as well to confirm that the orders were discussed and agreed upon. Once signed by both the physician and resident, LaPOST becomes part of the resident's medical record. It can be modified or revoked at any time based on new information or changes in a resident's condition or treatment preferences.

### A suggested conversation with a resident about LaPOST ...

*"I'd like to talk with you today about what is going on with you. This will help us understand how to best care for you. We will need to discuss the types of treatments available, what will work, what might work, what will not work and your goals of care. After we have this conversation, we will be able to complete a LaPOST document, which is a physician's order that outlines the plan of care we discuss. The order will communicate this important information to other members of the health care team so they know how to best care for you during your illness. This document will transfer with you across care settings, from hospital to nursing home, or wherever you may go. The LaPOST document can be changed or adjusted at any time to ensure that it represents your wishes and goals of care."*

## Using LaPOST

### THE DOCUMENT

The LaPOST document is a two-sided gold form. One side of the document contains the Physician Orders for Scope of Treatment (Sections A – D) and the required signature of the physician and the resident or his/her personal health care representative. The other side of the document lists additional instructions, including a description of how to review or void the document. Completion of a LaPOST document is always voluntary, and the purpose of the document is to ensure that the resident receives the level of medical care he/she desires regardless of care setting. In institutional settings, it should be the first document in the clinical record.

### RESIDENT TRANSFERS

When a resident with a LaPOST document is transferred from one setting to another – for example, from a long-term care facility to a hospital – the original document should accompany the resident. A copy of the document, however, should always be kept in the resident's medical record. Photocopies and faxes of signed LaPOST documents are legal and valid. The Health Insurance Portability and Accountability Act, or HIPAA, permits disclosure of the document to health care professionals across treatment settings.

## REVIEWING THE DOCUMENT

It is recommended that the LaPOST document be reviewed periodically. Review is recommended when:

- the resident is transferred from one care setting or level of care to another;
- there is a substantial change in the resident’s health status; or
- the resident’s treatment preferences change.

## VOIDING THE DOCUMENT

A resident with capacity can void the LaPOST document at any time or change his/her mind about treatment. To void a LaPOST document, a line must be drawn through Sections A through C and “VOID” must be written in large letters, along with a physician signature and date. If the resident no longer has decision-making capacity, the personal health care representative may revoke the LaPOST document if there is new knowledge of a change in the resident’s wishes or medical condition.

## Completing The LaPOST Document

The introductory section on the front of the document includes comments about the LaPOST order and the requirements for health care personnel action. Identifying information must be in the top right corner. Reference is made to the LaPOST website – **la-post.org** – as a resource for information about cultural/religious beliefs about end-of-life care.

The initial section also requires description of the resident’s life-limiting disease and irreversible condition (e.g. cancer, dementia, heart failure, ALS, etc.) and goals of care.

The LaPOST document is divided into four sections:

- A. Cardiopulmonary Resuscitation (CPR)*
- B. Medical Interventions*
- C. Artificially Administered Fluids and Nutrition*
- D. Summary*

If a resident requires treatment, the first responder should initiate any treatment orders recorded on the LaPOST document and then contact medical control or the resident’s physician, as indicated. If Section A, B or C is not completed, full treatment should be provided for that section until clarification is obtained.

A thorough discussion of each section and how to complete it is provided in the following pages. Residents should be advised that measures to provide comfort focused treatment will always be given, regardless of the level of medical treatments desired.

## SECTION A: CARDIOPULMONARY RESUSCITATION (CPR)

<b>A. CARDIOPULMONARY RESUSCITATION (CPR): PERSON IS UNRESPONSIVE, PULSELESS AND IS NOT BREATHING</b>	
<input type="checkbox"/> CPR/Attempt Resuscitation (requires full treatment in section B)	<b>When not in cardiopulmonary arrest, follow orders in B and C.</b>
<input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death)	

These orders apply only when the patient is unresponsive, pulseless and is not breathing. This section does not apply to any other medical circumstances.

Section A also does not apply to a resident in respiratory distress (because he/she is still breathing) or to a resident who has a pulse and low blood pressure (because he/she has a pulse). For these situations, the first responder should refer to Section B and follow the indicated orders.

If the resident wants CPR and CPR is ordered, then the “CPR/Attempt Resuscitation” box is checked. Full CPR measures should be performed, and 911 should be called. If “CPR/Attempt Resuscitation” is chosen, then the “Full Treatment” box under Section B must also be checked.

If the resident has specified that he/she does not want CPR in the event of no pulse and no respiration, then the “DNR/Do Not Attempt Resuscitation” box is checked. CPR should not be performed. No defibrillator (including automated external defibrillators, or AED) should be used on a resident who has chosen “DNR/Do Not Attempt Resuscitation.” The resident should understand that comfort measures will always be provided and that CPR will not be attempted.

## SECTION B: MEDICAL INTERVENTIONS

<b>B. MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING</b>
<input type="checkbox"/> FULL TREATMENT (primary goal of prolonging life by all medically effective means) Use treatments in Selective Treatment and Comfort Focused treatment. Use mechanical ventilation, advanced airway interventions and cardioversion if indicated.
<b>CHECK ONE</b> <input type="checkbox"/> SELECTIVE TREATMENT (primary goal of treating medical conditions while avoiding burdensome treatments) Use treatments in Comfort Focused treatment. Use medical treatment, including antibiotics and IV fluids as indicated. May use non invasive positive airway pressure (CPAP/BiPAP). Do not intubate. Generally avoid intensive care.
<input type="checkbox"/> COMFORT FOCUSED TREATMENT (primary goal is maximizing comfort) Use medication by any route to provide pain and symptom management. Use oxygen, suctioning and manual treatment of airway obstruction as needed to relieve symptoms. (Do not use treatments listed in full or selective treatment unless consistent with goals of care. Transfer to hospital ONLY if comfort focused treatment cannot be provided in current setting.)
ADDITIONAL ORDERS: (e.g. dialysis, etc.)
_____
_____

The orders in Section B apply to emergency medical circumstances for a resident who has a pulse or is breathing. These orders are for situations that are not covered in Section A. If all life-sustaining treatments are desired, the “Full Treatment” box is checked.

“Full Treatment” is the broadest scope of treatment and includes CPR, ventilators, antibiotics and medications to raise blood pressure among other things. In short, it may involve treatment that would be performed in the Intensive Care Unit (ICU).

“Selective treatment” is the second option. It always includes comfort focused treatments and may, for example, involve hospitalization, surgery, antibiotics, IV fluids and blood transfusions. It does not usually involve treatment in the ICU.

The third option is “Comfort Focused Treatment.” The focus is on maximizing quality of life, whatever that might mean to the resident and family. Comfort treatments are those focused on pain and symptom management with medication or other means. The resident receiving any of these three interventions will always be cleaned, turned, positioned, fed and receive appropriate medication. Hospitalization may be involved, but only if comfort cannot be provided in the current setting.

## SECTION C: ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION

Medically assisted nutrition and hydration is optional when it
<ul style="list-style-type: none"><li>• cannot reasonably be expected to prolong life</li><li>• would be more burdensome than beneficial</li><li>• would cause significant physical discomfort</li></ul>
<b>C. ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (Always offer food/fluids by mouth as tolerated)</b>
<input type="checkbox"/> No artificial nutrition by tube.
<b>CHECK ONE</b> <input type="checkbox"/> Trial period of artificial nutrition by tube. (Goal: _____)
<input type="checkbox"/> Long-term artificial nutrition by tube. (If needed)

Section C deals with artificial hydration and nutrition and the most appropriate item checked after careful discussion with the health care team.



Oral nutrition and fluids must be offered to the resident if medically feasible and tolerated. No artificial nutrition by tube is provided for a resident who refuses this treatment, or if it is not medically indicated. Consent must be obtained to provide this medical treatment.

In residents who are dying or those with life-limiting conditions, artificial hydration and nutrition may be excessively burdensome, may cause physical discomfort and may provide little or no benefit with regard to prolonging life. If this is the case, treatment is not required.

This is a clinical judgment between a resident or his/her personal health care representative and the physician. Treatments are not required when the resident or the personal health care representative judge that the treatment suggested does not offer a reasonable hope of benefit or places an excessive burden or expense on the family or the community.

In some cases, a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the resident an opportunity to clarify his/her goals of care.

If long-term artificial nutrition by tube is medically indicated and desired by the resident, then the appropriate box is checked.

**SECTION D: SUMMARY AND SIGNATURES**

<b>D. SUMMARY</b>			
<b>Discussed with:</b> <input type="checkbox"/> Patient (Patient has capacity) <input type="checkbox"/> Personal Health Care Representative (PHCR)			
<b>The basis for these orders is:</b>			
CHECK ALL THAT APPLY	<input type="checkbox"/> Patient's declaration (can be oral or nonverbal) <input type="checkbox"/> Patient's Personal Health Care Representative (Qualified Patient without capacity) <input type="checkbox"/> Patient's Advance Directive, if indicated, patient has completed an additional document that provides guidance for treatment measures if he/she loses medical decision-making capacity. <input type="checkbox"/> Resuscitation would be medically non-beneficial.	<input type="checkbox"/> Advance Directive dated _____, available and reviewed <input type="checkbox"/> Advance Directive not available <input type="checkbox"/> No Advance Directive <input type="checkbox"/> Health care agent if named in Advance Directive: Name: _____ Phone: _____	
This form is voluntary and the signatures below indicate that the physician orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interest of the patient who is the subject of the document.			
PRINT PHYSICIAN'S NAME	PHYSICIAN SIGNATURE (MANDATORY)	PHYSICIAN PHONE NUMBER	DATE (MANDATORY)
PRINT PATIENT OR PHCR NAME	PATIENT OR PHCR SIGNATURE (MANDATORY)	DATE (MANDATORY)	
PHCR RELATIONSHIP	PHCR ADDRESS	PHCR PHONE NUMBER	

Upon completion of the orders, the physician checks the box indicating with whom the orders were discussed: the resident or his/her personal health care representative.

The physician and the resident (or personal health care representative) must sign and date the document. This acknowledges that the orders are medically indicated and consistent with the resident's (or personal health care representative's) understanding of his/her illness, treatment preferences, values and goals of care. Additional information supporting these orders should be placed in the medical record.

The orders are not valid without the physician's and resident's or personal health care representative's signature, date and physician phone number. If signed by the personal health care representative, the relationship and authority to act on behalf of the resident must be documented.



The bottom of the LaPOST document includes reminders that the original document should accompany the resident whenever transferred or discharged. Health systems with electronic health record (EHR) capability may scan the LaPOST document to ensure the orders are accessible. The LaPOST document provides communication with the receiving health care team about the treatments desired and goals of care. This helps to ensure that the resident's wishes are respected and comfort maintained as he/she moves from one care setting or level of care to another.

## DIRECTIONS FOR HEALTH CARE PROFESSIONALS

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#### COMPLETING LaPOST

- Must be completed by a physician and patient or their personal health care representative based on the patient's medical conditions and preferences for treatment.
- **LaPOST** must be signed by a physician and the patient or PHCR to be valid. Verbal orders are acceptable from physician and verbal consent may be obtained from patient or PHCR according to facility/community policy.
- Use of the brightly colored original form is strongly encouraged. Photocopies and faxes of signed **LaPOST** are legal and valid.

#### USING LaPOST

- Completing a **LaPOST** form is voluntary. Louisiana law requires that a **LaPOST** form be followed by health care providers and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders that are consistent with the patient's preferences.
- **LaPOST** does not replace the advance directive. When available, review the advance directive and **LaPOST** form to ensure consistency and update forms appropriately to resolve any conflicts.
- The personal health care representative includes persons described who may consent to surgical or medical treatment under RS 40:1159.4 and may execute the **LaPOST** form only if the patient lacks capacity.
- If the form is translated, it must be attached to a signed **LaPOST** form in ENGLISH.
- Any section of **LaPOST** not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation".
- Medically assisted nutrition and hydration is optional when it cannot reasonably be expected to prolong life, would be more burdensome than beneficial or would cause significant physical discomfort.
- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort focused treatment," should be transferred to a setting able to provide comfort (e.g. pinning of a hip fracture).
- A person who chooses either "Selective treatment" or "Comfort focused treatment" should not be entered into a Level I trauma system.
- Parenteral (IV/Subcutaneous) medication to enhance comfort may be appropriate for a person who has chosen "Comfort focused treatment."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Selective treatment" or "Full treatment."
- A person with capacity or the personal representative (if the patient lacks capacity) can revoke the **LaPOST** at any time and request alternative treatment based on the known desires of the individual or, if unknown, the individual's best interests.
- Please see links on [www.La-POST.org](http://www.La-POST.org) for "what my cultural/religious heritage tells me about end of life care."

**The duty of medicine is to care for patients even when they cannot be cured. Physicians and their patients must evaluate the use of technology available for their personal medical situation. Moral judgments about the use of technology to maintain life must reflect the inherent dignity of human life and the purpose of medical care.**

On the back of the LaPOST document, there is another demographics line and a list of additional directions about completing the document.

For example, any section that is not completed implies full treatment. Other key points deal with CPR, artificial hydration and nutrition by tube, comfort treatments, dehydration, revocation of the document and religious and cultural considerations for end-of-life care.

## REVIEWING LaPOST

### REVIEWING LaPOST

This **LaPOST** should be reviewed periodically such as when the person is transferred from one care setting or care level to another, or there is a substantial change in the person's health status. A new **LaPOST** should be completed if the patient wishes to make a substantive change to their treatment goal (e.g. reversal of prior directive). When completing a new form, the old form must be properly voided and retained in the medical chart. To void the **LaPOST** form, draw line through "Physician Orders" and write "VOID" in large letters. This should be signed and dated.

### REVIEW OF THIS LaPOST FORM

REVIEW DATE AND TIME	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed

The last section encourages review of the LaPOST document when transfers are involved, or if there is a significant change in the resident's health status. Completion of a new document is recommended if the resident wants to make a significant change to his/her goals of care. If this happens, the old document must be properly voided and retained in the medical record. Directions to void the document are found in this section.

## LaPOST Registry

LaPOST and other advance care planning documents in Louisiana have historically existed as paper forms.

These documents must be readily available to long-term and other health care professionals whenever and wherever they are needed to ensure continuity of care as residents transition between health care settings, experience a change in their health condition, or if their treatment preferences change. A paper-based system, though, presents significant challenges for long-term care professionals and residents.

The first barrier is accessibility, that is, the completed paper document belongs to the resident and is intended to remain with the resident whether in the hospital, at home, in a nursing home or any health setting. It can be misplaced, misfiled, or otherwise, difficult to locate. This is especially important in emergency medical situations when there may be only minutes to make crucial decisions and any delay in accessing the document may result in unwanted or ineffective treatment for the resident. Next, paper documents may contain incomplete or inconsistent information, which can result in contradictory care. Finally, there may also be difficulties in utilizing tracking processes to ensure version control and to prevent duplication.

To address these paper document challenges, the LaPOST Registry was established. The LaPOST Registry is a secure, statewide electronic registry that provides a single source of LaPOST and advance care planning documentation instantly accessible online to authorized long-term and other health care professionals in any care setting. For more information regarding this registry, refer to the *LaPOST Registry Handbook for Long-Term Care Professionals*.

## Additional Resources

*American Academy of Hospice and Palliative Medicine:* **[aahpm.org](http://aahpm.org)**

*American Board of Internal Medicine Foundation:* **[choosingwisely.org](http://choosingwisely.org)**

*American Geriatrics Society:* **[americangeriatrics.org](http://americangeriatrics.org)**

*Community-Wide End-of-Life/Palliative Care Initiative:* **[compassionandsupport.org](http://compassionandsupport.org)**

*Jewish Healthcare Foundation:* **[closure.org](http://closure.org)**

*National Hospice and Palliative Care Organization:* **[caringinfo.org](http://caringinfo.org)**

*National POLST Paradigm:* **[polst.org](http://polst.org)**

*Society for Post-Acute and Long-Term Care Medicine:* **[paltc.org](http://paltc.org)**

*Note: This document provides links to third-party websites that are not sponsored, endorsed and/or affiliated in any way with LaPOST and/or the Louisiana Health Care Quality Forum. In providing these links, no specific view or belief is endorsed or intended to be endorsed. The links are provided as a courtesy and are intended for educational and informational purposes only. The information provided through these third-party websites does not represent the views or opinions of LaPOST and/or the Louisiana Health Care Quality Forum. LaPOST and the Louisiana Health Care Quality Forum do not endorse, sponsor or adopt the views, beliefs and/or content expressed through these third-party websites.*

To learn more about LaPOST, call: **(225) 334-9299** or visit: **[www.la-post.org](http://www.la-post.org)**.



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