

This tipsheet is to show you how to prepare a LaPOST document.

Try It Out

LaPOST documents may be prepared by the **PHYSICIAN, ADVANCED PRACTICE PROFESSIONAL (APP), SOCIAL WORKER or NURSE**, but must be signed by a physician to be valid.

- 1 Once logged into the registry, enter the patient name, gender and as much additional information as is available in the appropriate fields, then click **“Search”**.

Fill in Patient's Information

Required Search Information

Additional Information

Gender

Male Female Other

Date of Birth

Month Day Year

Address

Street Address

Apt / Suite


City

State Zipcode

SSN (Last 4 Numbers)

SEARCH

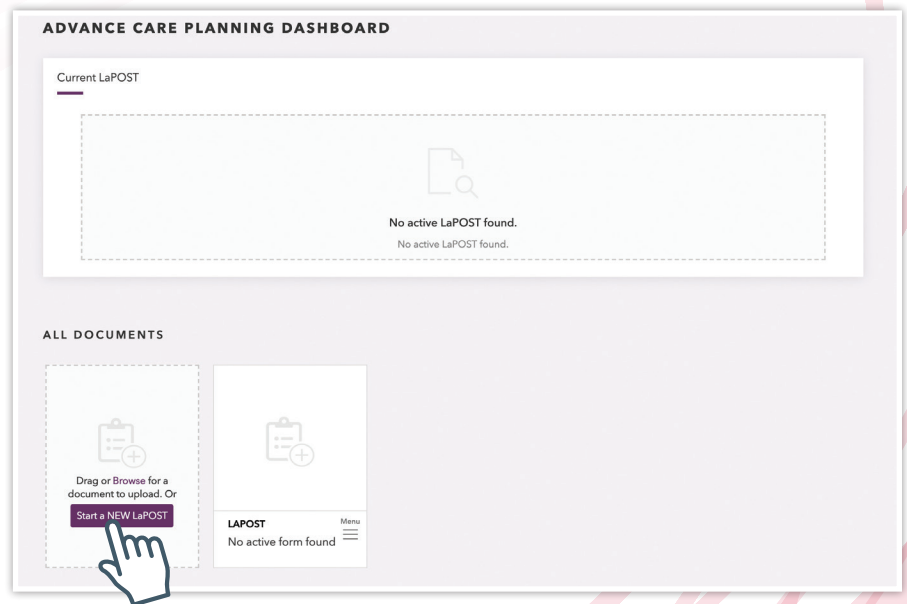
- 2 Review the search results and select the correct patient. Click in the gray area to open the dashboard.

Search Results						
PATIENT PHOTO	NAME	GENDER	DATE OF BIRTH	SSN	FACILITY NAME	LaPOST AVAILABLE
	John Doe	Male	1945-01-01		LHCQF	Yes

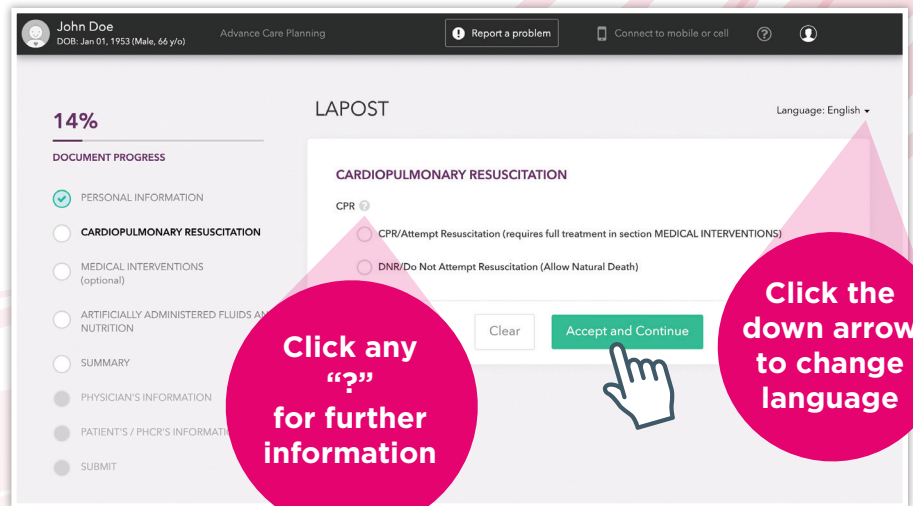
LaPOST REGISTRY

Non-Physician Preparer Role

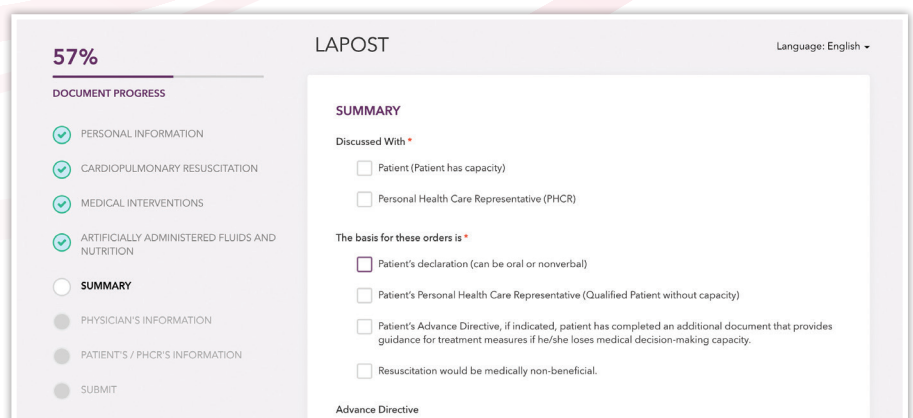
- 3 To start a new LaPOST document, click the **“Start a NEW LaPOST”** button in the **“All Documents”** section.



- 4 Complete the LaPOST document as you discuss the choices with the patient or their representative. Indicate the patient’s preference by clicking the appropriate radio button on the right. Click **“Accept and Continue”** to advance to the next section. The system will prevent you from entering contradicting choices.



- 5 In the **“Summary”** section, confirm that the completed LaPOST document was discussed with either the patient or personal health care representative (PHCR), then check the box that is most appropriate regarding the basis for these orders.



6 In the **“Patient’s/PHCR’s Information”** section, you may have the patient or their PHCR sign the LaPOST document. After completing the appropriate fields in this section, the signer may use your mouse to draw their signature or they can sign from a connected mobile device using the **“Connect to Mobile”** feature. The patient or PHCR’s signature in this section is required to complete a valid LaPOST document.

PATIENT'S / PHCR'S INFORMATION

Reminder
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.

Patient's or PHCR's Name *
John M Doe

PHCR Relationship
Relationship

PHCR's Address
Street Address Apt / Suite
City State Zipcode

PHCR's Phone Number
(999) 999-9999 x 99999

Patient's or PHCR's Signature *
Sign below, or [Click here to connect to mobile or call for signature](#)

Clear Signature

Patient or PHCR Signature Date *
Month Day Year

Clear Accept and Continue

7 You will be prompted to double check the signature. Click **“Accept and Continue”**.

Signature Check
The signature is shown below. Please Check it again.

Patient Signature

Cancel Accept and Continue

8 When complete, acknowledge the following message and click **“Exit”**.

Awaiting for Signer to sign the POLST

Your changes have been saved and you may exit ePOLST. The POLST form will remain in incomplete status. Notify the responsible physician, nurse practitioner or physician assistant to sign and submit this POLST form using the system.

Stay on Page Exit

CRITICAL STEP: You must notify the signing physician that the LaPOST document is awaiting their signature. The physician must log into the LaPOST Registry software with their own credentials to complete the LaPOST document. If you miss this step or if the physician fails to sign the LaPOST document, it will remain an incomplete document in the system and will fail to upload to the LaPOST Registry.

A LaPOST DOCUMENT MAY ONLY BE SIGNED BY AN MD.

LaPOST REGISTRY

Non-Physician Preparer Role

- 9 Once signed by the physician, the LaPOST document can be submitted to the registry. One would click **“Clear”** to leave the form unsigned and inactive for later review.

100%

LaPOST Language: English

DOCUMENT PROGRESS

- PERSONAL INFORMATION
- CARDIOPULMONARY RESUSCITATION
- MEDICAL INTERVENTIONS
- ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION
- SUMMARY
- PHYSICIAN'S INFORMATION
- PATIENT'S / PHCR'S INFORMATION
- SUBMIT

SUBMIT

CONFIRM AND SUBMIT LaPOST
The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Summary

- Cardiopulmonary Resuscitation: Attempt Resuscitation / CPR
- Medical Interventions: Full Treatment
- Artificially Administered Fluids And Nutrition: Long Term Artificial Nutrition by Tube

Preview

LOUISIANA PHYSICIAN ORDERS

Clear **Sign and Submit to Registry**

- 10 When the LaPOST document is complete, you will be returned to the **“Advance Care Planning Dashboard”** where the patient's new LaPOST document is now available to view and print. To print a copy of the LaPOST document, click **“View LaPOST”**. On the following page, click the **“Print”** button.

John Doe
DOB: Jan 01, 1952 (Male, 67 y/o)

Advance Care Planning

Document Access: Not sent

ADVANCE CARE PLANNING DASHBOARD

Current LaPOST

- Cardiopulmonary Resuscitation: Attempt Resuscitation / CPR
- Medical Interventions: Full Treatment
- Artificially Administered Fluids And Nutrition: Long Term Artificial Nutrition by Tube

Data from: LHQCF

View LaPOST

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)

Print

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)

FIRST follow these orders, **THEN** contact physician. This is a Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

DATE OF BIRTH: 01/01/1950
MEDICAL RECORD NUMBER (opt): fe55ef4-debf-4047-b6c1-7

PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND IRREVERSIBLE CONDITION:
Diagnosis:

GOALS OF CARE:
Goals of care:

LAST NAME: Doe
FIRST NAME/MIDDLE NAME: John M

You Can Also...

If you click on the top “?” you will find more help.

