

This tipsheet is to show you how to complete and sign a LaPOST document.

### Try It Out

- 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** 

**LaPOST documents must be signed by a PHYSICIAN and by the PATIENT, or if the patient lacks decision-making capacity, the legally recognized personal health care representative.**

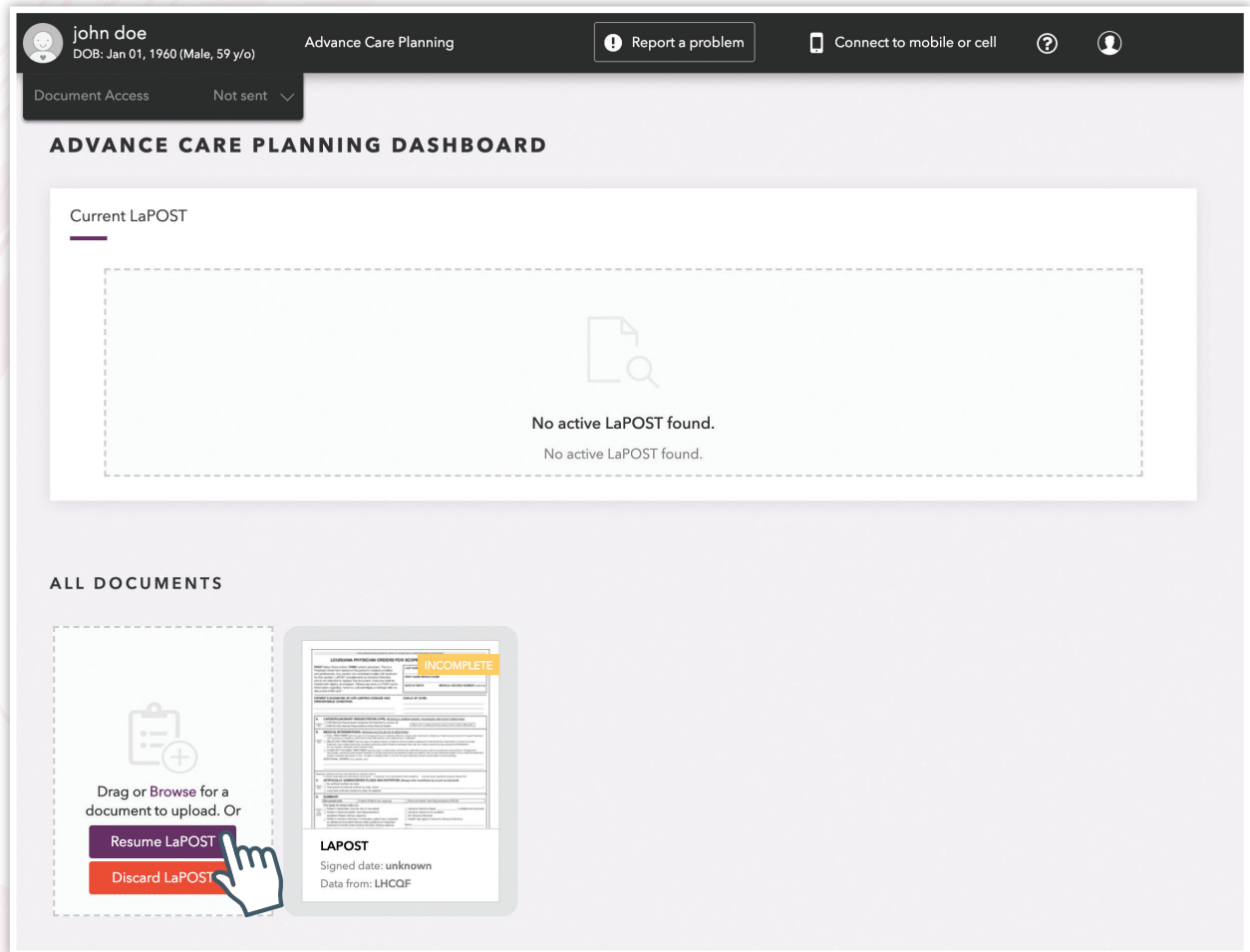
- 2 Review the search results and select the correct patient. Click in the gray area to open the dashboard.

**Search Results**

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



- 3 If someone has already prepared a LaPOST document for you to sign, click on the **“Resume LaPOST”** button.



**NOTE:** It is important to note that the first section the signer sees depends on where the preparer left off. If sections of the form were left blank, the signer will see the last section of the form that the preparer left incomplete. Normally, all sections would be completed once a physician has been notified that the LaPOST document is ready to be electronically signed and submitted to the LaPOST registry.

- 4 The **“Physician’s Information”** section is typically the screen the physician signer will see next. If the physician wants to verify the CPR, Medical Interventions or Artificially Administered Fluids and Nutrition sections and/or the patient or personal health care representative signature, select the appropriate radio button on the left side of the screen.

John Doe  
DOB: Jan 01, 1960 (Male, 58 y/o)    Advance Care Planning    Report a problem    Connect to mobile or cell

71%    LaPOST 2016    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

**PHYSICIAN'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.

Physician's Name \*  
First    Middle    Last

Physician's Phone Number  
( ) - - x - -

Physician's Signature \*  
Sign below, or [Click here to connect to mobile or cell for signature](#)

A pop-up box will appear and ask if the user wants to discard changes or stay on the page.

User will select **“Discard Changes”** and then select the radio button they wish to review. The corresponding screen(s) will then appear.

**▲ There are unsaved changes on the page**

Changes were made to this section that has not been saved yet. Are you sure you want to discard changes?

**Discard Changes**    Stay on Page

The user could then click the **“Physician’s Information”** radio button on the left side of the screen. This takes you back to the Physician signature screen.

5 In the **“Physician’s Information”** section, you have two options to electronically sign the LaPOST document:

- **Option A:** You can use your mouse to draw your signature in the space provided
- **Option B:** You can use the **“Connect to Mobile”** feature to use your smart phone, tablet, or mobile device as an electronic signature pad. See related tip sheet.

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

A physician’s signature in this section is required to complete a valid LaPOST document.

# LaPOST REGISTRY

## Physician Signer Role

- 7 The **“Submit”** section allows a final review of the form before it is submitted to the LaPOST registry. Scroll down and click **“Sign and Submit to Registry”** to complete the LaPOST. Alternatively, Click **“Clear”** to leave the form unsigned and inactive for later review.

100%

LaPOST 2016 Language: English

DOCUMENT PROGRESS

- PERSONAL INFORMATION
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**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 ORDER

Clear Sign and Submit to Registry

- 8 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: LHCQF

View LaPOST →

John Doe (Male, 66 y/o)

Language: English

Report a problem Download 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.LaPOST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND RESOURCES: [REDACTED]

GOALS OF CARE: [REDACTED]

LAST NAME  
Doe

FIRST NAME/MIDDLE NAME  
John M

### You Can Also...

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

