Appendix F: Edmonton Symptom Assessment System (revised version)

Please circle the number that best describes how you feel NOW:

No pain	1	2	3	4	5	6	7	8	9	10	Worst possible pain
No tiredness *Tiredness = lack of energy*	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
No drowsiness *Drowsiness = feeling sleepy*	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
No nausea	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
No lack of appetite	1	2	3	4	5	6	7	8	9	10	Worst possible lack of appetite
No shortness of breath	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
No depression *Depression = feeling sad*	1	2	3	4	5	6	7	8	9	10	Worst possible depression
No anxiety *Anxiety = feeling nervous*	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Best wellbeing *Wellbeing = how you feel overall*	1	2	3	4	5	6	7	8	9	10	Worst possible wellbeing
No _____ Other problem (e.g. constipation)	1	2	3	4	5	6	7	8	9	10	Worst possible _____

Patient's name: _____

_____

Date: _____

Time: _____

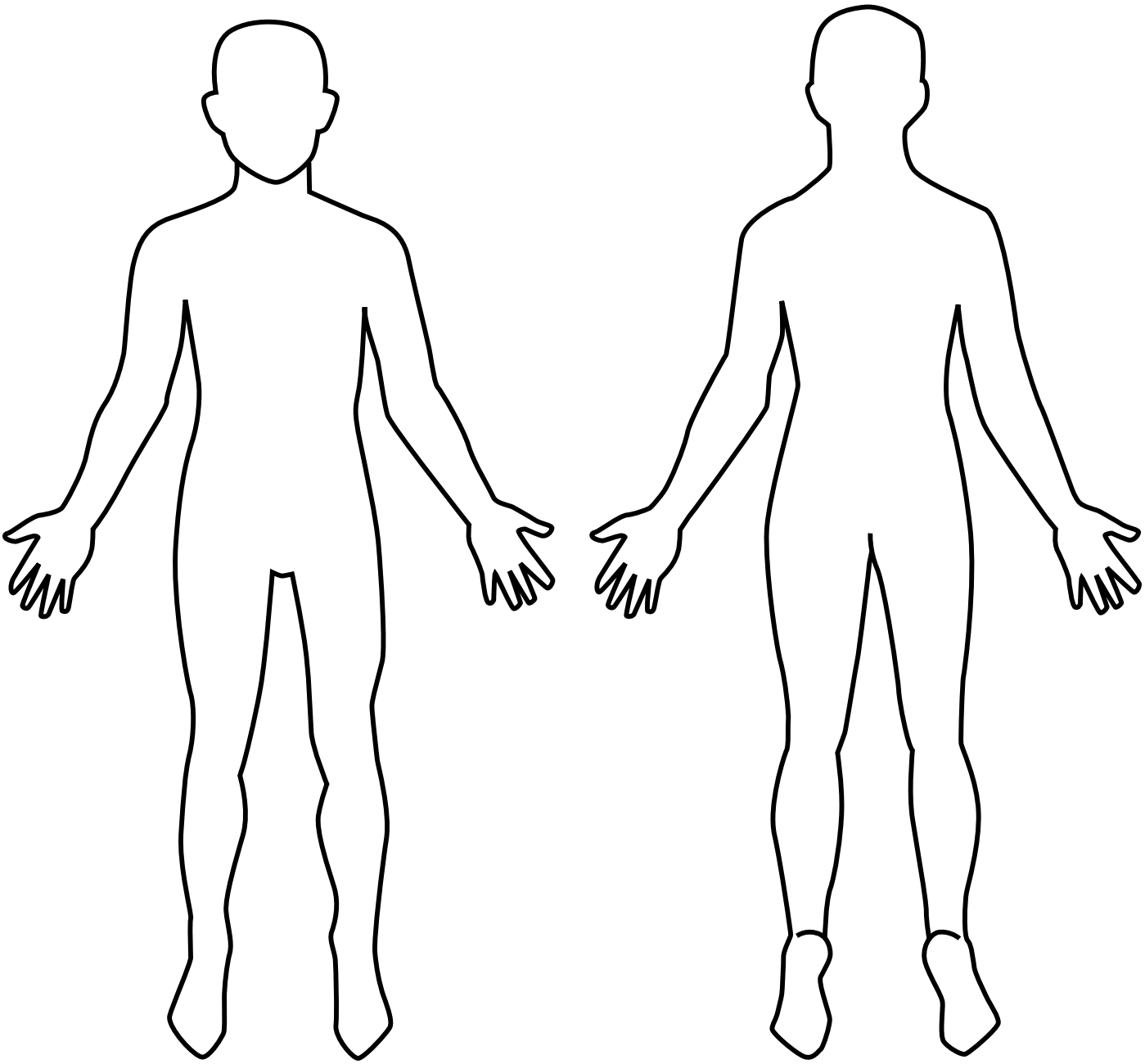
Completed by (check one):

- ☐ Patient
- ☐ Family caregiver
- ☐ Health-care professional caregiver
- ☐ Caregiver-assisted

APPENDICIES

For more information about this tool, please visit: www.palliative.org/PC/ClinicalInfo/AssessmentTools/ESAS%20ToolsIdx.html.

Please mark on these pictures where it is you hurt.



Karnofsky Performance Status Scale

The Karnofsky Performance Scale (KPS) is an assessment tool for functional impairment. It is used to improve understanding of patient needs, ability to carry out daily activities and to assess patient prognosis.

Condition	Value (%)	Level of functional capacity
Able to carry on normal activity and to work. No special care needed.	100%	No complaints; no evidence of disease
	90%	Able to carry on normal activity; minor signs or symptoms of disease
	80%	Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70%	Cares for self; unable to carry on normal activity or to do active work
	60%	Requires occasional assistance but is able to care for most personal needs
	50%	Requires considerable assistance and frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; diseases may be progressing rapidly.	40%	Disabled; requires special care and assistance
	30%	Severely disabled; hospital admission indicated although death not imminent
	20%	Very sick; hospital admission necessary; active supportive treatment necessary
	10%	Moribund; fatal processes progressing rapidly
	0%	Dead
		Compassus.com

PALLIATIVE CARE NETWORK OF WISCONSIN

FAST FACTS AND CONCEPTS #125
THE PALLIATIVE PERFORMANCE SCALE (PPS)

L Scott Wilner MD and Robert Arnold MD

Background Accurate prognostic information is important for patients, families and physicians. This *Fast Fact* reviews the **Palliative Performance Scale (PPS)**; see *Fast Fact* #124 The Palliative Prognostic Score for another prognostic tool used in palliative care patients.

The **PPS** uses five observer-rated domains correlated to the Karnofsky Performance Scale (100-0). The PPS is a reliable and valid tool and correlates well with actual survival and median survival time for cancer patients in outpatient and ambulatory settings. It has been found useful for purposes of identifying and tracking potential care needs of palliative care patients, particularly as these needs change with disease progression. Large validation studies are still needed, as is analysis of how the PPS does, or does not, correlate with other available prognostic tools and commonly used symptom scales.

PALLIATIVE PERFORMANCE SCALE (PPS)

%	Ambulation	Activity Level Evidence of Disease	Self-Care	Intake	Level of Consciousness	Estimated Median Survival in Days (a)	(b)	(c)
100	Full	Normal *No Disease*	Full	Normal	Full	N/A	N/A	108
90	Full	Normal *Some Disease*	Full	Normal	Full			
80	Full	Normal with Effort *Some Disease*	Full	Normal or Reduced	Full			
70	Reduced	Can't do normal job or work *Some Disease*	Full	As above	Full	145		
60	Reduced	Can't do hobbies or housework *Significant Disease*	Occasional Assistance Needed	As above	Full or Confusion	29	4	
50	Mainly sit/lie	Can't do any work *Extensive Disease*	Considerable Assistance Needed	As above	Full or Confusion	30	11	41
40	Mainly in Bed	As above	Mainly Assistance	As above	Full or Drowsy or Confusion	18	8	
30	Bed Bound	As above	Total Care	Reduced	As above	8	5	

20	Bed Bound	As above	As above	Minimal	As above	4	2	6
10	Bed Bound	As above	As above	Mouth Care Only	Drowsy or Coma	1	1	
0	Death	-	-	-	--			

(a) Survival post-admission to an inpatient palliative unit, all diagnoses (Virik 2002).
(b) Days until inpatient death following admission to an acute hospice unit, diagnoses not specified (Anderson 1996).
(c) Survival post admission to an inpatient palliative unit, cancer patients only (Morita 1999).

References

1. Anderson F, Downing GM, Hill J. Palliative Performance Scale (PPS): a new tool. *J Palliat Care.* 1996; 12(1): 5-11.
2. Morita T, Tsunoda J, Inoue S, et al. Validity of the Palliative Performance Scale from a survival perspective. *J Pain Symp Manage*. 1999; 18(1):2-3.
3. Virik K, Glare P. Validation of the Palliative Performance Scale for inpatients admitted to a palliative care unit in Sydney, Australia. *J Pain Symp Manage.* 2002; 23(6):455-7.
4. Myers J, Kim A, Flanagan J. Palliative performance scale and survival among outpatients with advanced cancer. *Supportive Care in Cancer* 2015; 23.4: 913-918.

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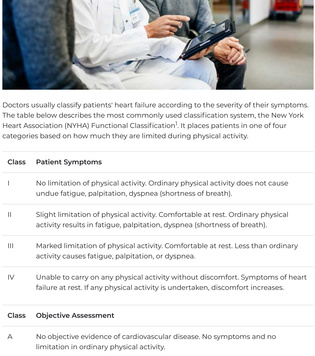
Classes of Heart Failure



Doctors usually classify patients' heart failure according to the severity of their symptoms. The table below describes the most commonly used classification system, the New York Heart Association (NYHA) Functional Classification[1]. It places patients in one of four categories based on how much they are limited during physical activity.

Class	Patient Symptoms
I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Class	Objective Assessment
A	No objective evidence of cardiovascular disease. No symptoms and no limitation in ordinary physical activity.
B	Objective evidence of minimal cardiovascular disease. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.
C	Objective evidence of moderately severe cardiovascular disease. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.
D	Objective evidence of severe cardiovascular disease. Severe limitations. Experiences symptoms even while at rest.

For Example:

- A patient with minimal or no symptoms but a large pressure gradient across the aortic valve or severe obstruction of the left main coronary artery is classified:
  - **Function Capacity I, Objective Assessment D**
- A patient with severe anginal syndrome but angiographically normal coronary arteries is classified:
  - **Functional Capacity IV, Objective Assessment A**

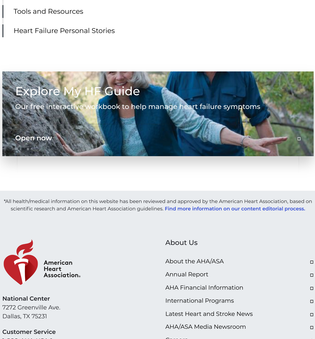
[1] *Adapted from Dolgin M, Association NYH, Fox AC, Gorlin R, Levin RI, New York Heart Association. Criteria Committee. Nomenclature and criteria for diagnosis of diseases of the heart and great vessels. 9th ed. Boston, MA: Lippincott Williams and Wilkins; March 1, 1994.*

Original source: Criteria Committee, New York Heart Association , Inc. Diseases of the Heart and Blood Vessels. Nomenclature and Criteria for diagnosis, 6th edition Boston, Little, Brown and Co. 1964, p 114.

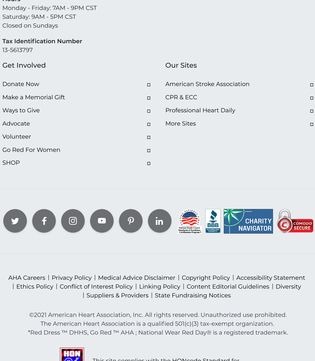
Written by American Heart Association editorial staff and reviewed by science and medicine advisers. See our editorial policies and staff.

Last Reviewed: May 31, 2017

Related Articles



Heart Failure Questions to Ask Your Doctor



Warning Signs of Heart Failure

Heart Failure

- What is Heart Failure?
- Types of Heart Failure
- Classes of Heart Failure
- Heart Failure in Children and Adolescents
- Causes and Risks
- Warning Signs of Heart Failure
- Diagnosing Heart Failure
- Treatment Options
- Living with Heart Failure and Managing Advanced HF
- Tools and Resources
- Heart Failure Personal Stories

American Heart Association.

National Center
7272 Greenville Ave.
Dallas, TX 75231

Customer Service
1-800-AHA-USA-1
1-800-242-8721

Contact Us

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Monday - Friday: 7AM - 9PM CST
Saturday: 9AM - 5PM CST
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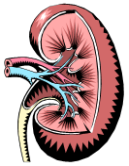
NEUROLOGIC DISEASE

(Criteria are very similar for chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis)
The patient must meet at least one of the following criteria (1 or 2A or 2B):

1. Critically impaired breathing capacity, with all:
Dyspnea at rest, Vital capacity < 30%, Need O_2 at rest, patient refuses artificial ventilation
OR
2. Rapid disease progression with either A or B below:
Progression from :
independent ambulation to wheelchair or bed-bound status
normal to barely intelligible or unintelligible speech
normal to pureed diet
independence in most ADLs to needing major assistance in all ADLs
AND
A. Critical nutritional impairment demonstrated by all of the following in the preceding 12 months:
Oral intake of nutrients and fluids insufficient to sustain life
Continuing weight loss
Dehydration or hypovolemia
Absence of artificial feeding methods
OR
B. Life-threatening complications in the past 12 months as demonstrated by ≥1:
Recurrent aspiration pneumonia, Pyelonephritis, Sepsis, Recurrent fever, Stage 3 or 4 pressure ulcer(s)



RENAL FAILURE

The patient has 1, 2, and 3.

1. The pt is not seeking dialysis or renal transplant
AND
2. Creatinine clearance* is < 10 cc/min (<15 for diabetics)
AND
3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

Supporting documentation for chronic renal failure includes:
Uremia, Oliguria (urine output < 400 cc in 24 hours), Intractable hyperkalemia (> 7.0), Uremic pericarditis, Hepatorenal syndrome, Intractable fluid overload.

Supporting documentation for acute renal failure includes:
Mechanical ventilation, Malignancy (other organ system)
Chronic lung disease, Advanced cardiac disease, Advanced

STROKE OR COMA

The patient has both 1 and 2.
1. Poor functional status PPS* ≤ 40%
AND
2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with ≥1 of the following:
≥ 10% weight loss in past 6 months
≥7.5% weight loss in past 3 months
Serum albumin <2.5 gm/dl

Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events

Supporting documentation includes:
Coma (any etiology) with 3 of the following on the 3rd day of coma:
Abnormal brain stem response
Absent verbal responses
Absent withdrawal response to pain
Serum creatinine > 1.5 gm/dl

REFERENCES:

1.Centers for Medicare & Medicaid services, HHS § 418.22 Certification of terminal illness. https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol3/pdf/CFR-2011-title42-vol3-sec418-22.pdf Accessed 4/12/18
2. Medicare Program; FY 2018 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements https://www.federalregister.gov/documents/2017/08/04/2017-16294/medicare-program-fy-2018-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting Accessed 4/12/2018
3.Anderson F, Downing GM, Hill J. Palliative Performance Scale (PPS): a new tool. J Palliat Care. 1996; 12(1): 5-11.
4.Morita T, Tsunoda J, Inoue S, et al. Validity of the Palliative Performance Scale from a survival perspective. J Pain Symp Manage. 1999; 18(1):2-3.
5. Virik K, Glare P. Validation of the Palliative Performance Scale for inpatients admitted to a palliative care unit in Sydney, Australia. *J Pain Symp Manage.* 2002; 23(6):455-7.
6. Myers J, Kim A, Flanagan J. Palliative performance scale and survival among outpatients with advanced cancer. Supportive Care in Cancer 2015; 23.4: 913-918.

Hospice Criteria Card

Hospice is a program designed to care for the dying & their special needs. All hospice programs should include:
(a) **Control of pain and other symptoms** through medication, environmental adjustment and education.
(b) **Psychosocial support** for both the patient and family, including all phases from diagnosis through bereavement.
(c) **Medical services** commensurate with patient needs.
(d) **Interdisciplinary Team (IDT)** approach to patient care, patient/ and family support, and education.
(e) Integration into existing facilities where possible.
(f) Specially trained personnel with expertise in care of the dying and their families.

Hospice Eligibility Criteria
In order to be eligible to elect hospice care under Medicare, an individual must be— (a) Entitled to Part A of Medicare; and (b) Certified as being terminally ill in accordance with § 418.22.

Duration of hospice care coverage—Election periods:
(1) An initial 90-day period;
(2) A subsequent 90-day period; or
(3) An unlimited number of subsequent 60-day periods.*

Hospice Face-To-Face (FTF) encounter Must include documentation that a hospice physician or a hospice nurse practitioner had a FTF encounter with the patient. This encounter is used to gather clinical findings to determine continued eligibility for hospice care. The FTF must occur within 30 days calendar prior to the start of the *3rd benefit period and every subsequent recertification period.

Hospice Levels of Care
Routine Home Care (RHC): Core services of hospice interdisciplinary team provided at patient's home (place of residence)
Continuous Home Care (CHC): intended to support patient and their caregivers through brief periods of crisis. CHC provides care for 8-24 hours a day. ≥50% of care must be primarily provided by an LPN or RN. Home health aid or homemaker services can be used to cover the needs.
Inpatient Respite Care (IRC): short term care to provide relief to family/ primary caregiver. Limited to 5 consecutive days
General Inpatient Care (GIP): care provided in acute hospital or other setting with intensive nursing & other support outside of the home. For management of uncontrolled distressing physical symptoms (e.g. uncontrolled pain, respiratory distress, etc.) or psychosocial problems (e.g. unsafe home or imminent death when family can't cope at home)

Hospice Principal Diagnosis
Identify the condition that is the main contributor to the person's terminal prognosis. Non-specific diagnoses such as Debility or Adult Failure to Thrive (AFTT) may no longer be listed as a principal terminal diagnosis. Debility and AFTT can and should be listed as secondary (related) conditions to support prognosis if indicated.

Terminal Illness: GENERAL (non-specific)

Terminal condition not attributed to a single specific illness.

AND

Rapid decline over past 3-6 months as evidenced by:
Progression of disease evidenced by sx, signs & test results
Decline in PPS to ≤ 50%
Involuntary weight loss >10% and/or Albumin <2.5 (helpful)

CANCER

Patient meets ALL of the following:

1.Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms worsening lab values and/or evidence of metastatic disease
2.Palliative performance Scale (PPS) ≤ 70%
3.Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy

Supporting documentation includes:
Hypercalcemia > 12
Cachexia or weight loss of 5% in past 3 months
Recurrent disease after surgery/radiation/chemotherapy
Signs and sx of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

Functional Assessment Scale (FAST) for Alzheimer's Type Dementia	
1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances e.g. forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following **A)** Improperly putting on clothes without assistance or cueing . **B)** Unable to bathe properly (not able to choose proper water temp) **C)** Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) **D)** Urinary incontinence **E)** Fecal incontinence
7	**A)** Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. **B)** Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview **C)** Ambulatory ability is lost (cannot walk without personal assistance.) **D)** Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) **E)** Loss of ability to smile. **F)** Loss of ability to hold up head independently

*Scored primarily on information obtained from a knowledgeable informant.

Palliative Performance Scale (PPS)

%	Ambulation	Activity Level Evidence of Disease	Self-Care	Intake	Level of Consciousness	Estimated Median Survival in Days		
						A	B	C
100	Full	Normal /*No Disease*	Full	Normal	Full	N/A	N/A	108
90	Full	Normal /*Some Disease*	Full	Normal	Full			
80	Full	Normal with Effort/ *Some Disease*	Full	Normal or Reduced	Full			
70	Reduced	Can't do normal job/work/ *Some Disease*	Full	Normal or Reduced	Full	145		
60	Reduced	Can't do hobbies/ housework /*Significant Disease*	Occasional Assistance Needed	Normal or Reduced	Full or Confusion	29	4	
50	Mainly sit/lie	Can't do any work /*Extensive Disease*	Considerable Assistance Needed	Normal or Reduced	Full or Confusion	30	11	41
40	Mainly in Bed	Can't do any work /*Extensive Disease*	Mainly Assistance	Normal or Reduced	Full /Drowsy/ Confusion	18	8	
30	Bed Bound	Can't do any work E*xtensive Disease*	Total Care	Reduced	As above	8	5	
20	Bed Bound	Can't do any work / E*xtensive Disease*	Total Care	Minimal sips	As above	4	2	6
10	Bed Bound	Can't do any work /*Extensive Disease*	Total Care	Mouth care only	Drowsy or Coma	1	1	
0	Death	-	-	-	--	--	--	--

A Survival post-admission to an inpatient palliative unit, all diagnoses (Virik 2002). **B** Days until inpatient death following admission to an acute hospice unit, diagnoses not specified (Anderson 1996). **C** Survival post admission to an inpatient palliative unit, cancer patients only (Morita 1999).

DEMENTIA

The patient has both 1 and 2:
1. Stage 7C or beyond according to the FAST Scale
AND
2. One or more of the following conditions in the 12 months:
Aspiration pneumonia
Pyelonephritis
Septicemia
Multiple pressure ulcers (stage 3-4)
Recurrent Fever
Other significant condition that suggests a limited prognosis
Inability to maintain sufficient fluid and calorie intake in the past 6 months (10% weight loss or albumin < 2.5 gm/dl)

HEART DISEASE

The patient has 1 and either 2 or 3.
1. CHF with **NYHA Class IV* symptoms & both:**
Significant symptoms at rest
Inability to carry out even minimal physical activity without dyspnea or angina
2. Patient is optimally treated
(ie diuretics, vasodilators, ACEI, or hydralazine and nitrates)
3. The patient has angina pectoris at rest, resistant to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.

Supporting documentation includes:
EF ≤ 20%, Treatment resistant symptomatic dysrythmias
h/o cardiac related syncope, CVA 2/2 cardiac embolism
H/o cardiac resuscitation, concomitant HIV disease

HIV/AIDS

The patient has either 1A or 1B and 2 and 3.
1A. CD4+ < 25 cells/mcL **OR** 1B. Viral load > 100,000
AND
2. At least one (1) : CNS lymphoma, untreated or refractory wasting (loss of > 33% lean body mass), (MAC) bacteremia, Progressive multifocal leukoencephalopathy
Systemic lymphoma , visceral KS, Renal failure no HD, Cryptosporidium infection, Refractory toxoplasmosis
AND
3. PPS* of < 50%

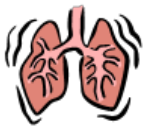
LIVER DISEASE

The patient has both 1 and 2.
1. End stage liver disease as demonstrated by
A or B, & C:
A. PT> 5 sec
OR
B. INR > 1.5
AND
C. Serum albumin <2.5 gm / dl
AND
2. One or more of the following conditions:
Refractory Ascites, h/o spontaneous bacterial peritonitis, Hepatorenal syndrome , refractory hepatic encephalopathy, h/o recurrent variceal bleeding

Supporting Documents includes:
Progressive malnutrition, Muscle wasting with decreased strength. Ongoing alcoholism (> 80 gm ethanol/day), Hepatocellular CA HBsAg positive, Hep. C refractory to treatment

PULMONARY DISEASE

Severe chronic lung disease as documented by 1, 2, and 3.
1. The patient has all of the following:
Disabling dyspnea at rest
Little of no response to bronchodilators
Decreased functional capacity (e.g. bed to chair existence, fatigue and cough)
AND
2. Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure.
AND
3. Documentation within the past 3 months ≥1:
Hypoxemia at rest on room air (p02 < 55 mmHg by ABG) or oxygen saturation < 88%
Hypercapnia evidenced by pC02 > 50 mmHg



Supporting documentation includes:
Cor Pulmonale and right heart failure.
Unintentional progressive weight loss

MICHIGAN PHYSICIAN ORDER FOR SCOPE OF TREATMENT (MI-POST)
PATIENT AND FAMILY INFORMATION SHEET

Michigan Department of Health and Human Services

What is a MI-POST?

- An optional, two-page, two-sided medical order with a person's wishes for care in a crisis.
- A part of the advance care planning process that includes choices about Cardiopulmonary Resuscitation (CPR), critical care, and other wanted care.
- A form that guides care only if the person cannot tell others what to do at that time.
- A completed form is signed by the patient/patient representative and the physician, nurse practitioner, or physician's assistant that gives medical advice and suggestions.
- A patient representative may fill out a MI-POST for the person if they are not able to make healthcare choice due to illness or injury.

Who has a MI-POST?

- A very frail elderly adult or an adult with a serious illness like heart failure that has advanced and is now life threatening.
- An adult (or patient representative such as a Patient Advocate or court-appointed Guardian) that talks to a healthcare provider to learn about their choices for care and what they might mean for them.

Where can a MI-POST be found?

- A blank MI-POST can be found in care setting, including a provider's office, a health care facility or agency, or online.
- Completed forms belong to the person and are kept with the person wherever they live.
- Copies of the form can be given to family, friends, hospitals, and any other places the person wants but the original stays with the person.

When can a MI-POST be changed?

- The form can be changed at any time by the person or the patient representative, verbally or in writing.
- If any of the following has occurred, the form must be revoked or reaffirmed by the patient or patient representative and the Attending Health Professional within the time frame indicated form the time the event occurred, or the form will be considered VOID.
    - One year from the date since the form was last signed or reaffirmed.
    - 30 days from a change in the patient's Attending Health Professional or change in the patient's level of care, or care setting; or any unexpected change in the patient's medical condition.

How do I reaffirm or revoke a MI-POST?

- Reaffirming this MI-POST form indicates there are no changes and requires signatures with dating of reaffirmation on the second page of the form. The form provides space for one reaffirmation. If another reaffirmation is needed, a new MI-POST form should be completed.
- Revocation of this MI-POST form is required if treatment changes are desired. A new MI-POST form should be completed to reflect treatment changes. Write "revoked" over the signatures of the patient or patient representative; and the signature(s) of the Attending Health Professional, in Sections D and G, if used, on this MI-POST form, initial and date the revocation.
    - Write "VOID" diagonally on both sides in large letters and dark ink.
    - Take reasonable action to notify Attending Health Professional, patient, patient representative, and care setting.

What do the types of Medical Interventions mean?

- **Comfort-Focused Treatment** – primary goal of maximizing comfort.
  Relieve pain and suffering through use of medication by any route, positioning, would care and other measures. Use oxygen, manual suction treatment of airway obstruction and non-invasive

respiratory assistance as needed for comfort. Food and water provided by mouth as tolerated. May involve transportation to the hospital if comfort needs can't be met in current location.

- **Selective Treatment** – primary goal of treating medical conditions while avoiding burdensome measures. In addition to care described in comfort-focused treatment, use IV fluid therapies, cardiac monitoring including cardioversion, and non-invasive airway support (CPAP, BiPAP) as indicated. DO NOT use advanced invasive airway interventions or mechanical ventilation. May involve transportation to the hospital. Generally, avoid intensive care.
- **Full Treatment** – primary goal of prolonging life by all medically effective means. In addition to care described in selective treatment, use intubation, advanced invasive airway interventions, mechanical ventilation, cardioversion and other advanced interventions as medically indicated. Likely to involve transportation to the hospital. May include intensive care.

What if a section on MI-POST was previously left blank or incomplete?

- If a section was previously blank (Section A, B, or C) and is later completed, follow the procedures for reaffirming.

Why is a MI-POST helpful?

- A completed MI-POST expresses the person's wishes even if they cannot speak.

How is a MI-POST different from an advance directive?

- MI-POST tells what care to give and an advance directive tells who can speak (patient advocate) for the person if they are not able.
- An advance directive must be witnessed, the patient advocate must accept the role, and may or may not give information about wishes for care.

It is best for anyone with a MI-POST to also fill out a Durable Power of Attorney for Health Care form and talk to the person so that they will be prepared to speak on the person's behalf.

I have reviewed this information before signing a completed MI-POST.

Patient Name	Date of Birth
Patient Representative Name (if needed)	
Signature	Date
The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.	

MICHIGAN PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (MI-POST)

Michigan Department Health and Human Services

HIPAA permits disclosure of MI-POST to other Health Care Professionals as necessary.
This MI-POST form is void if Patient Information or Section D are blank. Leaving blank any section of the medical orders (Sections A or B) does not void the form and interpreted as full treatment for that section.

PATIENT INFORMATION

Patient Name (last, first, middle initial)	
Date of Birth (mm/dd/yyyy)	Date Form Prepared (mm/dd/yyyy)
Diagnosis supporting use of MI-POST	
This form is a Physician Order sheet based on the medical conditions and decisions of the person identified on this form. Paper copies, facsimiles and digital images are valid and should be followed as if an original copy. This form is for adults with an advanced illness. It is not for healthy adults.	

MEDICAL ORDERS

Section A – Cardiopulmonary Resuscitation (CPR).
Person has no pulse and is not breathing.

- ☐ Attempt Resuscitation/CPR (Must choose Full Treatment in Section B).
- ☐ DO NOT attempt Resuscitation/CPR (DNR/No CPR, allow Natural Death).
  Valid DNR on file?
  - ☐ Yes, date of DNR _____
  - ☐ No

Section B – Medical Interventions
Person has pulse and/or is breathing.

- ☐ **Comfort-Focused Treatment** – primary goal of maximizing comfort. See MDHHS-5837 for further details on medical interventions.
- ☐ **Selective Treatment** – primary goal of treating medical conditions while avoiding burdensome measures. See MDHHS-5837 for further details on medical interventions.
- ☐ **Full Treatment** – primary goal of prolonging life by all medically effective means. See MDHHS-5837 for further details on medical interventions.

Section C – Additional Orders (optional)
Medical orders for whether or when to start, withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, medically assisted provisions of nutrition, long-term life-support, medications, and blood products.

Section D – Signature of Attending Health Professional
My signature below indicated that these orders are medically appropriate given the patient's current medical condition, reflect to the best of my knowledge the patient's goals for care, and that the patient (or the patient representative) has received the information sheet.

Print Name	Date
Signature	Phone Number

Send form with patient whenever transferred or discharged.

Patient Last Name	Patient First Name

Print Name of Collaborating Physician	Phone Number

Section E – Signature of Patient or Patient Representative

My signature indicates I have discussed, understand and voluntarily consent to the medical orders on this MI-POST form. I acknowledge that if I am signing as the patient's representative, these decisions are consistent with the patient's wishes to the best of my knowledge.

☐ Patient ☐ Patient Advocate/Durable Power of Attorney of Health Care (DPOAHC)
☐ Court-Appointed Guardian

Print Name	
Signature	Date

Information of Legally Authorized Representative
Complete this section if this MI-POST form was signed by a Patient Advocate/DPOAH or Court-Appointed Guardian.

Address	Phone Number	Alternate Phone Number

Section F – Individual Assisting with Completion of MI-POST Form

Print Preparer's Name	Title	Date
Preparer's Signature	Organization	Phone Number

Section G – To Reaffirm or Revoke This Form

This MI-POST form can be reaffirmed or revoked at any time, verbally or in writing.
See MDHHS-5837 for further details on reaffirmation or revocation. **If a new form is not completed, full treatment and resuscitation will be provided.**

Reaffirmation 1

Healthcare Provider Name/Collaborative Physician (if applicable)		
Patient/Representative Name		
Healthcare Provider Signature	Patient/Representative Signature	Reaffirmation Date

Send form with Patient whenever transferred or discharged.
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The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Frequently Asked Questions

Q: How does the Michigan Physician Order for Scope of Treatment (MI-POST) form ensure that patient's wishes are followed?

A: MI-POST forms are a physician's active order set for the patient's current medical condition, which also include resuscitation and treatment decisions. They help ensure that the decisions of a patient are followed, even if the patient later lacks capacity to make decisions. Seriously ill or frail patients, especially those whose attending health professionals would not be surprised if they were to die within a year, are encouraged to complete a MI-POST form. The form takes the patient's decisions and puts them into a physician's order set that can be followed at any Michigan health care facility, as well as by first responders.

Q: Who should discuss and complete the MI-POST form with patient?

A: The MI-POST form should be completed following a thorough discussion with the patient and the attending health professional that includes the patient's understanding of his/her current medical condition, potential complications, desires for medical treatment in the event of a medical emergency, affirming the selections on the MI-POST form, and inclusion of additional orders based on the identified patient goals and medical treatment decisions. Depending on the situation and setting, other trained staff members including nurses, social workers, or chaplains may also play a role in the MI-POST conversation and completion of the form. They cannot, however, sign the order. It is strongly recommended that the patient designate a patient advocate, and the MI-POST conversation occurs in the presence of this patient advocate.

Q: Who can sign the MI-POST as the healthcare professional? Will a verbal/telephone order be acceptable?

A: The physician, nurse practitioner (NP), or physician assistant (PA) that has responsibility for the patient's medical treatment can sign the MI-POST form. If it is signed by an NP or PA, the collaborating physician name must be printed on the form with their phone number. Verbal/telephone orders are acceptable. For the signature, the preparer is to write "verbal order" or "telephone order." Within 10 calendar days, the attending health professional shall strikethrough "verbal order" or "telephone order" and sign and date the MI-POST form.

Q: Who can sign the MI-POST on behalf of the patient?

A: The MI-POST must be signed by the person for whom it is completed. If he/she lacks capacity (or competency), a patient representative may sign the form. Legally authorized patient representatives include his/her Patient Advocate documented in a Designation of Patient Advocate/Durable Power of Attorney for Healthcare (DPOA-HC) form or, if no DPOA-HC has been executed, a court-appointed guardian with authorization to make healthcare decisions.

Q: Can a patient or patient representative revoke a MI-POST?

A: The MI-POST records a patient's wishes for medical treatment at the time the form is completed. If his/her wishes change, the patient should talk to the attending health professional as soon as possible so that a new MI-POST can be completed. The patient representative may revoke the MI-POST if it is consistent with the patient's wishes or, if the patient's wishes are unknown, it is in the patient's best interest.

Q: Is the patient's signature required on the MI-POST form?

A: The patient's signature is not required if they are unable to sign due to lack of capacity or competency. Their legal representative (patient advocate or guardian) can sign it on their behalf. The MI-POST form should reflect the patient's wishes.

Q: Who is responsible to ensure the MI-POST is provided on transfer from one care facility to another? Is a copy as good as the original?

A: The original form in its most current version should remain the property of the individual patient. The health care facility initiating the transfer must provide ambulance services and the receiving facility with the MI-POST form. Paper copies are permissible and valid, and should be made on pink paper. Facilities may retain copies of the patient's MI-POST form. The ambulance service and receiving facility should honor the MI-POST if an emergency arises.

Q: Are electronic format or images of the MI-POST form valid?

A: Copies, including paper, facsimile, and all digital versions, are permissible and valid. Health care facilities and physician offices will retain the most current copy of the patient's MI-POST form in the patient's medical record.

Q: Are MI-POST forms used differently in various healthcare settings such as home care, hospice, or the acute hospital setting?

A: Yes. The MI-POST form is binding in any healthcare facility other than acute care. Acute care settings will utilize the MI-POST form as evidence of the patient's healthcare decision when evaluating the patient; however, treatments may differ according to the best clinical judgement of the healthcare professional currently treating the patient. MI-POST forms should also be honored outside of health care facilities such as the patient home.

Q: Are there situations in which a health care provider could honor the MI-POST if the MI-POST has not yet been signed by a physician, but had otherwise been completed by the patient and a nurse?

A: To honor a MI-POST form it must be signed by the attending health professional primarily responsible for the medical treatment of the patient. This makes it valid. However, an incomplete MI-POST may still be useful as an expression of the patient's wishes.

Q: Is the MI-POST form legal if signed by an attending health professional that does not have privileges at the facility to which the patient is admitted?

Yes. Properly completed forms are valid at all Michigan health care facilities. The patient entering a facility may have an attending health professional who previously discussed, completed and signed the form and does not have privileges at the facility. The MI-POST form must be reaffirmed or revoked within one week from a change in the patient's place of care or within 30 days from a change in the patient's attending health professional.

Q: Does the MI-POST form completed at one facility have to be redone when the patient/resident is admitted somewhere else?

A: No. The MI-POST form does not have to be redone if there are no changes in the plan of care reflected in the current MI-POST. However, it must be reviewed with the patient and reaffirmed within one week from a change in the patient's place of care. Specific directions for reaffirming or revoking the MI-POST are on the back of the form.

Q: When should a patient's MI-POST form be reviewed and reaffirmed or revoked?

A: The MI-POST form must be reaffirmed or revoked under the following circumstances:

- One year from the date the form was last signed or reaffirmed
- 30 days from a change in the patient's attending health professional
- 1 week from a change in the patient's place of care, level of care, or care setting, or unexpected change in the patient's medical condition
- Any time there is a change in the patient's treatment decisions

Q: What if a patient has a Michigan Out of Hospital Do-Not-Resuscitate form?

A: A patient may have and continue to use the Michigan Out of hospital Do-Not-Resuscitate form, particularly if they do not meet the criteria for the MI-POST form and wish to be a DNR.

Q: Can a patient have a Michigan Out of Hospital Do-Not-Resuscitate form and MI-POST?

A: Yes. A patient can have both although it is not necessary. If a valid MI-POST conflicts with an Out of Hospital Do-Not-Resuscitate form, the most current document will direct care related to resuscitation.

Q: *What if a person has a MI-POST but wants to travel from his or her residence?*

A: In the event of an emergency, the MI-POST document will need to be presented to emergency personnel if called. This means that this document will need to be taken with a person if he or she leaves their residence. If the MI-POST document is not presented, EMS will follow standard protocols.

Q: Does a patient have to have an Advance Directive if they have completed a MI-POST?

A: No. A patient does not have to have an Advance Directive if they have completed a MI-POST form. However, it is strongly recommended that the patient designate a person to serve as his/her patient advocate to make future medical decisions on behalf of the patient if the patient becomes unable to do so for him or herself. An advance directive is recommended for all adults, regardless of his/her health status. A MI-POST form should complement an advance directive when appropriate.

Q: What if the MI-POST contradicts a previously completed Advance Directive or Living Will?

A: The information in an Advance Directive or Living Will cannot override a properly executed MI-POST form, regardless of the dates. A patient or designated patient advocate may revise or revoke the MI-POST form.

Q: Does a patient need to meet specific criteria as defined in the Michigan statute (House Bill No. 4170) to have a MI-POST document?

A: Yes. The MI-POST is only for those patients with advanced illness, for whom it would not be surprising if, based on his/her current medical condition, he or she were to die within one year. The diagnosis supporting the use of the MI-POST form must be documented on the form itself.

Q: Will only patients who do not want resuscitation have a MI-POST form?

A: No. Patients who want to elect resuscitation can also have a MI-POST. The MI-POST also has a section C, where patients can specify additional orders, including medical orders for whether or when to start, withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, nutrition, long-term life support, medications and blood products.

Q: How can you get a MI-POST form?

A: The Michigan Department of Health and Human Services shall make available electronic copies that can be downloaded for use. The standard form must be printed on Pink 65lb card stock.

Q: Will different versions of the MI-POST form be recognized?

A: Current MI-POST forms in use will be recognized through 12/31/2019. MI-POST forms completed after January 1, 2020 will be completed on the MI-POST form created by Public Act 154 of 2017.