

# MI-POST Order Completion Instructions

The Michigan Physician Orders for Scope of Treatment (MI-POST) is an optional 2-page, 2-sided out of hospital medical order intended for adult patients who have advanced frailty or serious illness resulting in a shortened life expectancy of a year or less. It serves as part of the advance care planning process that directs what care the patient should receive if they require medical attention. It can be followed at any Michigan health care facility, as well as by first responders.

***A MI-POST does not replace, nor serve the purpose of an advance directive, DPOAH, or patient advocate designation. A MI-POST serves as a communication tool for Healthcare Teams during discussions about code status orders should a patient require hospitalization. It does not serve as a code status order in a hospital.***

SECTION (*mandatory)	COMPLETION INSTRUCTIONS
<b>*PATIENT INFORMATION</b>	Complete the top portion of the form accordingly. <i>DO NOT</i> place a patient's identification sticker on this form.
<b>*SECTION A</b>	<b>This section only applies when the patient has NO pulse <i>and</i> is NOT breathing</b> 1. Choose either <i>Attempt CPR</i> or <i>DO NOT Attempt CPR</i> based on the patient's goals and preferences. 2. If it is known that the patient has a valid DNR on file, indicate as such.
<b>*SECTION B</b>	<b>Medical Interventions: Person has a pulse and/or is breathing</b> Choose only one option based on the patient's goals and preferences. a. If a person chooses <i>Attempt CPR</i> in section A, then <i>Full Treatment</i> must be chosen b. If a person chooses <i>DO NOT Attempt CPR</i> , they may still choose <i>Full Treatment</i> as the patient may still desire advance medical interventions for severe respiratory failure despite not wanting to undergo CPR.
<b>SECTION C</b>	<b>Additional Orders</b> Write additional orders based on the patient's goals and preferences pertaining to specific life-prolonging interventions. Such as circumstances regarding starting, withholding, or stop a specific intervention or treatment. Examples may include dialysis, artificial nutrition and hydration, blood products or long term life-support, etc.
<b>*SECTION D</b>	<b>Signature of physician, NP or PA</b> 1. Must obtain attending physician, NP or PA signature. 2. If an NP or PA facilitated the order, write the collaborating physician's name and phone number. The physician signature is not mandatory in this case.
<b>*SECTION E</b>	<b>Signature of Patient or Patient Representative</b> 1. Check appropriate box indicating who the discussion was with. 2. If the Patient Advocate/DPOAH or the court-appointed guardian is representing the patient because the patient is unable to speak for themselves, complete the address and phone numbers in the indicated location.
<b>SECTION F:</b>	<b>Individual Assisting with Completion of the MI-POST form.</b> Some healthcare professionals have specific training in ACP conversation facilitation and are competent to facilitate completion of the form but have no signing authority. If someone other than the attending physician, NP or PA assisted with completing the form, complete section F. Otherwise, leave it blank.
<b>SECTION G:</b>	<b>To Reaffirm or Revoke This Form</b> 1. This form can be reaffirmed or revoked at any time. Use this section to indicate reaffirmations or revocations. 2. The provider, patient or patient representative and the date of reaffirmation must be indicated in this section.

## **What do I do with a MI-POST once completed?**

The original MI-POST is the property of the patient and should stay with the patient at all times. The patient should be instructed to place it on their refrigerator at home or in the designated location of the residential facility where the patient lives because EMS personnel are trained to look there. It is strongly recommended that a copy be provided to the hospital and uploaded into the patient's electronic medical record.

When section A indicates "DO NOT attempt Resuscitation/CPR (DNR/No CPR, allow Natural Death)" a DNR medical alert bracelet it strongly encouraged. Without this, EMS will not aware that a MI-POST exists if a medical emergency were to occur while the patient is outside of their resident or in a location where the order is not accessible.

### **OBTAINING A MEDICAL ALERT DNR BRACLETS:**

When section A indicates "DO NOT attempt Resuscitation/CPR (DNR/No CPR, allow Natural Death)" a DNR medical alert bracelet it strongly encouraged. Without this, EMS will not aware that a MI-POST exists if a medical emergency were to occur while the patient is outside of their resident or in a location where the order is not accessible.

Michigan Law Requires the Following to be Engraved on all DNR Bracelet:

- 1) Clearly imprinted "Do Not Resuscitate Order"
- 2) Name and address of declarant, and
- 3) Name and telephone number of the declarant's attending healthcare provider who signed the order.

DNR Bracelets can be ordered from:

- [stickyj.com](http://stickyj.com): This website allows one to order DNR bracelets for the state of MI with specific instructions
- [Amazon.com](http://Amazon.com): If ordering from this website, make sure the bracelet is engrave able and has the above MI state information on it.

### **OBTAINING THE FORM:**

Blank PINK card stock forms can be purchased for \$5.65 per pack of 25 and can be ordered through the McKesson E-Requisition System (item # 23045/form #4950) or by calling NMSA Forms Inventory at 231-935-8228. White copies may also be printed from the MDHHS MI-POST website [here](#).

If you have questions about the MI-POST form or would like additional training contact the Advance Care Planning Department at 231-935-6176 or email: [svanslyke@mhc.net](mailto:svanslyke@mhc.net).

### **FOR MORE INFORMATION ABOUT THE MI-POST:**

- Link to the [MDHHS MI-POST website](#)
- Link to [Frequently Asked Questions](#)
- Link to the [MDHHS MI-POST Site](#)
- Link to the [MI-POST Patient and Family Information Sheet](#)