

Physician Orders for Scope of Treatment (POST): What it means for Indiana

*A summary of what POST is and how it will impact
the certified individual, provider organizations,
state of Indiana, and our citizens.*

*This is a work product of the Indiana Fire Chiefs Association EMS Section
in conjunction with the Indiana Patient Preferences Coalition and approved
by the Indiana Department of Homeland Security*

In March of 2013, House Bill 1182 was passed by the Indiana legislature. It was filed March 12, 2013, and became effective July 1, 2013. The current act can be reviewed in its entirety at:

<http://www.in.gov/legislative/bills/2013/HE/HE1182.1.html>

Unlike most traditional living wills, the POST program alters the kind of treatments people receive near the end of life so that it is consistent with their preferences. Unlike traditional code status orders, which narrowly focus on decisions about resuscitation, POST permits individualization of treatment goals to better reflect the myriad decisions people face in the last year of life. (<http://www.iupui.edu/~irespect/POST.html>)

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1. What are Advance Directives?

Advance Directives are legal documents that spell out what care you would like to receive if you experience a life-altering event. There are numerous types of legally recognized advance directives in Indiana. Advance directives discussed in this packet are:

- a. POST
- b. Out of Hospital DNR
- c. Living Will
- d. Life Prolonging Procedures Will

2. What is POST?

The Indiana POST Program is designed for persons with advance chronic progressive disease, frailty, or terminal conditions. These are persons for whom the physician would not be surprised if they died within the next 12 months because of their advance disease. Persons with these life-limiting conditions experience diminished benefits from treatments and increased burden as their condition progresses. The centerpiece of the program is the POST form, which documents an individual's treatment preferences in the form of medical orders that are easily understood by healthcare providers. The POST form is designed to transfer with an individual throughout the healthcare system to ensure treatment preferences are honored across all care settings. (<http://www.iupui.edu/~irespect/POST.html>)

a. Sections of the POST form:

EMS will utilize Sections A, B and reference E and F

Section A on the POST form focuses on the Code Status - specifically whether a full resuscitation attempt should be initiated or should not be initiated.

Section B deals with the level of medical interventions a patient desires. This can range from comfort measures only (pain

medications and comfort but allow a natural death) to limited additional interventions (IV, Intubation decision, fluids and cardiac interventions) to a choice for full treatment.

Sections C and D focus on antibiotics and artificial nutrition respectively. These are for facility use but should be noted as being on the same POST form, as there are not separate forms for separate agencies.

Section E documents that a discussion occurred with the patient or the patient's representative with the appropriate signatures.

Section F is for the physician signature and identifiers.

3. How is a POST form different from a DNR?

A DNR or Do Not Resuscitate form and a POST form have differences and similarities. The DNR must be made in conjunction with a physician and the individual or the individual's representative (legal guardian, court appointed representative, formal Healthcare Representative, or Power of Attorney) in order to state that an individual is terminally ill and would not be expected to recover well from cardiac arrest and, therefore, resuscitation efforts should be withheld. Different DNR forms are used within facilities (extended care facilities and hospitals) versus the out of hospital DNR. This has created confusion and often an inability to honor DNR forms by out of hospital providers - specifically EMS. The Out of Hospital DNR (OHDNR) must contain the individual's name, date of the DNR, the words Do Not Resuscitate and Physician signature.

A POST form has one section dedicated to the Code Status or DNR preferences (Section A). The remainder of the form is dedicated to outlining specific treatment guidelines. (example: I do want artificial

nutrition; I do not want transported to the hospital; etc.) The POST form must also be executed in conjunction with a physician and the individual or the individual's Authorized Representative, Guardian or Power of Attorney. The POST form is not intended for persons with a long life expectancy and should be revisited if a person's medical situation changes.

The end of this document has more specifics on the Out of Hospital DNR specifically and more is available via the given links.

4. How is a POST form different from a living will?

A living will is available for anyone over the age of eighteen (18) years of age and of sound mind. The living will is used when a situation arises such that a person cannot speak for himself or herself. The living will expresses the care a person would like to receive or does not want to receive. ***Living wills are not traditionally honored by Indiana Emergency Medical Services*** but are used in hospital situations. If a living will is to be honored by EMS Providers in any form, Medical Direction involvement is required.

A POST form is *only* for those already experiencing advanced disease that is life limiting or terminal. The POST does specifically outline treatments that a person would like to receive or not receive. The difference is that this form is only for those with advance disease that can expect to face decisions regarding life prolonging procedures in the near future. It requires a physician signature and is a physician's order.

POST does not allow the traditional Living Wills that are currently not honored by EMS, to be honored by EMS. It does require all healthcare providers to honor the POST form.

5. How might POST affect care for an individual?

An individual with a POST form should expect that the declarations on the form be complied with across all healthcare settings. The POST form is legally acceptable by EMS Providers (with Medical Control consultation or Standing Orders), Extended Care Facilities, Hospitals and Hospice Care. This uniformity of care will work to insure that all will follow the individual's decisions for care. The care will be guided and directed by decisions agreed upon by the individual, physician and preferably also the family.

A person with a living will can expect that the declarations on that form be followed by Hospitals, but not by Emergency Medical Services. The inability to honor a living will by most EMS Providers can cause conflicts in care, when the involved person is already living with an advanced chronic progressive disease, frailty or a terminal condition. The living will is to be used by an individual to state what they believe they would like to have, or not have, done **IF** they are suddenly unable to choose due to an acute situation.

A person with a DNR should expect that the declarations regarding code status (resuscitation or not) are upheld but will not have the rest of their treatment plan explained unless they also possess other directives.

6. Who should honor a POST form?

All healthcare providers are required to honor the POST form legally.

If, when responding to this call, the patient has the capacity to make decisions for their own care at that time, you should discuss the POST orders with the patient and reaffirm their decisions as outlined on the POST. The patient can revoke the POST at any time and may do so during the call.

EMS personnel should have standing orders delineating how their Medical Director would like them to treat a person with a POST form or have the ability to contact Medical Control for orders in isolated situations. The POST form can be addressed just as the DNR form is currently addressed.

7. When might I start seeing POST forms?

The Indiana POST form became available on the Indiana State Department of Health website by July 1, 2013. This was the "go live" date per Legislation.

Now that the form is legally available, EMS personnel should look for POST forms: in the patient's medical record at extended care facilities; or in with the patient's medications or on their refrigerator at home. A push is being made for the POST to be printed on bright pink paper; however that is not required by statute. The POST should accompany the patient at the time of transfer. It is the property of the patient. Copies of the form are also legal documents and should be honored in the same fashion as the original.

8. What makes a POST form valid?

A POST form does not have to be completely filled out in order to be valid. Sections left empty imply full consent to receive that care.

The only requirements are that the individual's identifiers (name and date of birth), code status orders in Section A (whether attempt resuscitation/Full Code or Do Not Attempt Resuscitation/DNR), signature (individual or the specifically stated Authorized Representatives) and the Physician signature be in place.

Copies of the POST are as valid as the original. The original remains the property of the individual and not a specific institution or physician.

9. What if the patient has multiple Advance Directives?

In a situation where an individual has multiple advance directives, the most recent or updated version should be the version that is followed. If there is a question regarding validity of the specific directive, then the physician should be contacted in order to obtain verification.

10. Am I protected, legally, if for some reason I do not follow POST?

There is a conscience clause in the POST statute that protects healthcare providers when they act in good faith to honor the POST orders. In addition, a healthcare provider may choose not to honor the POST orders if the provider believes: the form is invalid; the form has been revoked; the declarant or his/her representative have requested alternative treatment; the POST orders would be medically inappropriate for the patient; or the POST orders conflict with the care provider's religious or moral beliefs. Family members may choose to direct more aggressive care than the POST form reflects. Just remember that the POST form reflects the patient's wishes and you are protected when you honor the POST form in good faith.

SITUATIONAL EXAMPLES

You are called to the scene of an automobile collision and find a 68 year old male who is unresponsive and has sustained life-threatening injuries. His son, the driver of the vehicle, advises you that his father has a POST and presents the form to you. He states that he would like the POST followed. You note that in Section A the patient has chosen to be a DNR and in Section B the patient has chosen comfort measures only. What do you do? The trauma is obviously not the reason for the POST form, can you honor it?

POST orders do not mean that you withhold care from your patient. In trauma situations, it is best to treat and transport according to your Standing Orders. The POST orders will be used at the hospital to determine how aggressively to manage the patient's injuries. However, you should also contact Medical Direction as soon as possible so that they can adjust orders if needed, especially if the patient experiences cardiac arrest. It is crucial that every EMS system and Medical Director foresee these types of situations and address them in their protocol, and that EMS professionals be familiar with that protocol and Indiana law.

You are called to a local restaurant for a 58 year old female who is choking. When you arrive, her friend states that the patient has a POST form in her purse. She is now in respiratory arrest. The friend is able to produce the POST form and hand it to you. She is indeed in possession of her POST with Section A stating that she is a DNR and Section B stating that she would like to receive comfort measures. What do you do?

In the situation with a choking you should refer to local Standing Orders or Medical Direction, but treat the choking. The POST does not encourage you to withhold normal treatment for situations that could be completely reversible. Perhaps with the obstruction cleared the patient can continue to make verbal choices for herself. If the patient should go into cardiac arrest then you would again refer to local Standing Orders or Medical Direction regarding the treatment of this patient. It might be that the POST would then be honored. It might also be deemed a situation when the patient is transported due to the public location of the arrest. Medical Direction is the key to the intricate and individual situations that can not be predicted.

You are called to the home of Mr. Johnson, a 72 year old male who has fallen out of bed. He is non-responsive and has agonal breathing. His wife tells you he has terminal cancer and shows you his POST form that indicates he wants Comfort Measures Only. She asks you to lift the patient back in bed. She does not want him transported to the hospital. What do you do?

With POST, the ideal would be to act within your Standing Orders, or contact Medical Control, to obtain orders for pain medications in order to make Mr. Johnson more comfortable and lift him back into bed.

As was stated, when there is a reason to believe the POST is not valid, revoked or if it conflicts with the care provider's moral or religious beliefs to uphold POST, then treatment may be done. However, POST is in place precisely for situations like this where the patient and family have decided what care they are choosing for themselves or their loved ones.

You have responded to Mrs. Smith's residence, an 84 year old female patient with advance MS and diabetes. Her daughter advises you that she has a POST form for her mother with her listed as the Power of Attorney. Mrs. Smith's POST indicates that she is a DNR as well as having marked Limited Additional Interventions in Section B, allowing for IV, fluids, cardiac monitoring when necessary and transport to the hospital if she cannot be stabilized. She has asked that no other invasive procedures take place. Mrs. Smith has been lethargic but with numerous bouts of vomiting today. The daughter is concerned that her mother may require some fluids and treatment due to the hypovolemia as well as her history of diabetes. What do you do?

Checking that she would like Limited Additional Interventions allows for IV as well as IV fluids and medications necessary to stabilize her immediate condition. You should consult your local Standing Orders, or Medical Direction, for treatment and whether the patient requires transport to the hospital for further stabilization. Even if you possess the Standing Orders that would allow for a fluid bolus and medication administration - Medical Direction is always a good back up when faced with confusing and difficult comorbidities with this patient.

Useful Contacts

IPPC - Indiana Patient Preferences Coalition

<http://www.iupui.edu/~irespect/POST.html>

IDHS

1-800-666-7784

ISDH

1-317-233-1325

Useful Links

- [Advance Care Planning](#) [NIH](#) (National Institute on Aging)
- [End-of-Life Decisions](#) (National Hospice and Palliative Care Organization) - PDF
- [Living Wills and Advance Directives for Medical Decisions](#) (Mayo Foundation for Medical Education and Research)
- [Put It in Writing: Questions and Answers on Advance Directives](#) (American Hospital Association) - PDF
- [Healthcare Agents: Being One](#) (National Hospice and Palliative Care Organization)
- [Making Medical Decisions for a Loved One at the End of Life](#) (American College of Physicians) - PDF
- [Medical Issues to Be Considered in Advance Care Planning](#) (American Hospice Foundation)
- [Advance Care Planning: Preferences for Care at the End of Life](#) (Agency for Healthcare Research and Quality)
- [Surrogate Decision Makers' Interpretation of Prognostic Information](#) (American College of Physicians) - PDF
- [Download Your State's Advance Directives](#) (National Hospice and Palliative Care Organization) - PDF
- [Advance care directives](#)
- Also available in [Spanish](#)
- [Deciding about treatments that prolong life](#)
- Also available in [Spanish](#)
- [Health care agents](#)
- Also available in [Spanish](#)

POST FORM BREAK DOWN

A – CARDIOPULMONARY RESUSCITATION

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Patient has no pulse AND is not breathing.</i>
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation (DNR) When not in cardiopulmonary arrest, follow orders in B, C and D .

These orders apply only to the circumstance in which the person has no pulse and is not breathing. This section does not apply to any other medical circumstances. If a patient is in respiratory distress but is still breathing or has low blood pressure with an irregular pulse, a first responder should refer to section B for corresponding orders.

If the person wants cardiopulmonary resuscitation (CPR), and CPR is ordered, then the “Attempt Resuscitation (CPR)” box should be checked. Full CPR measures should be carried out and 9-1-1 should be called in an emergency situation. Providing full CPR typically requires intubation, mechanical ventilation, shocks to the heart when indicated and transfer to the ICU. Once CPR is initiated, patients must be transferred to a hospital setting for further evaluation and treatment.

If a person has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the “Do Not Attempt Resuscitation/DNR” box should be checked. The person should understand that comfort measures will always be provided and that CPR will not be attempted.

B – MEDICAL INTERVENTIONS

B Check One	MEDICAL INTERVENTIONS: <i>If patient has pulse AND is breathing OR has pulse and is NOT breathing.</i> <ul style="list-style-type: none"><input type="checkbox"/> Comfort Measures (Allow Natural Death): Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location.<input type="checkbox"/> Limited Additional Interventions: Treatment Goal: Stabilization of medical condition. In addition to care described in Comfort Measures above, use medical treatment for stabilization, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.<input type="checkbox"/> Full Intervention: Treatment Goal: Full interventions including life support measures in the intensive care unit. In addition to care described in Comfort Measures and Limited Additional Interventions above, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.
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Section B orders apply to emergency medical circumstances for a person who has a pulse but may or may not be breathing. This section provides orders for situations that are not covered in section A. These orders were developed in accordance with EMS protocol. Interventions to promote comfort should always be provided regardless of ordered level of treatment. Other orders may also be specified.

Comfort Measures – This box is checked for patients who desire only those interventions that allow a natural death with the goal of providing comfort. Use medication by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Do not transfer to a hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. The overall treatment goal is to maximize comfort through symptom management.

Limited Additional Interventions – In addition to the comfort measures noted above, include IV fluids (hydration) and cardiac monitoring as indicated to stabilize the medical condition. This may involve the use of basic airway management techniques and non-invasive positive-airway pressure. Intubation, advance airway interventions, and mechanical ventilation are not used. Transferring the patient to a hospital may be indicated to manage and stabilize medical needs or to enhance comfort, but use of intensive care is avoided.

Full Interventions – Include all care noted above with no limitation of medically indicated treatment. All support measures needed to maintain and extend life are utilized. Use intubation, advance airway interventions, mechanical ventilation, and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

If full treatment by EMS is indicated and desired, the “Full Interventions” box is checked. In medical emergencies, health care personnel or family should call 9-1-1. If the person and physician determine that some limitation is preferred, then one of the other boxes is checked. Health care professionals should first administer the level of emergency medical services ordered and then contact the physician.

C&D - Antibiotics and Artificially Administered Nutrition

C Check One	ANTIBIOTICS: <input type="checkbox"/> Use antibiotics for infection only if comfort cannot be achieved fully through other means. <input type="checkbox"/> Use antibiotics consistent with treatment goals.
D Check One	ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and fluid by mouth if feasible. <input type="checkbox"/> No artificial nutrition. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. (Length of trial: _____ Goal: _____) <input type="checkbox"/> Long-term artificial nutrition.

These sections are of no concern to EMS, but they do spell out the patient's wishes regarding antibiotics as well as artificial nutrition.

E -- Documentation of Discussion

E	DOCUMENTATION OF DISCUSSION: Orders discussed with (check one): <input type="checkbox"/> Patient (patient has capacity) <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Legal Guardian / Parent of Minor <input type="checkbox"/> Health Care Power of Attorney		
	SIGNATURE OF PATIENT OR LEGALLY APPOINTED REPRESENTATIVE My signature below indicates that my physician discussed with me the above orders and the selected orders correctly represent my wishes. If signature is other than patient's, add contact information for representative on reverse side.		
	Signature <i>(required by statute)</i>	Print Name <i>(required by statute)</i>	Date <i>(required by statute)</i> (mm/dd/yyyy)

Upon completion of the discussion during which the POST is being executed, the health care professional checks the box indicating with whom the orders were discussed. More than one box may be checked in this section depending on who participated in the discussion.

The patient or his/her legally authorized representative must sign the form in this section, as well. For situations when the patient loses or has lost decision-making capacity, the name, address, and phone number of the patient's legally authorized representative is to be listed in the "Contact Information" section on the back of the form.

F – PHYSICIAN’S SIGNATURE

F	SIGNATURE OF PHYSICIAN		
	My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.		
	Print Signing Physician Name (required by statute)	Physician Office Telephone Number (required by statute) () - -	License Number (required by statute)
	Physician Signature (required by statute)	Date (required by statute) (mm/dd/yyyy)	Office Use Only

The physician must sign the form in this section. **BOTH the patient’s/representative’s signature in section E and the physician’s signature in this section F are mandatory. A form lacking these signatures is NOT valid.** The physician then prints his/her name, phone number, and the date and time the orders were written.

Out of Hospital DNR

The Out of Hospital DNR (OHDNR) is an advance directive that allows a person outside an acute care hospital or health facility to indicate that he or she does not wish to be resuscitated if and when cardiac or pulmonary failure occur. Any person who is 18 or older, is of sound mind, and has been certified by his or her physician as having a terminal condition or a condition in which survival of cardiac/pulmonary failure is unlikely, may execute an Out of Hospital DNR. However, the OHDNR has no effect if the patient is pregnant.

The OHDNR can be recognized by EMS. In fact, the statute clearly states that a health care provider “shall” withhold or discontinue CPR when the criteria outlined in the statute are met. The health care provider’s specific duties under the statute are listed below.

IC 16-36-5-19

Health care provider duties

Sec. 19. (a) A health care provider shall withhold or discontinue CPR to a patient in an out of hospital location if the health care provider has actual knowledge of:

- (1) an original or a copy of a signed out of hospital DNR declaration and order executed by the patient; or*
- (2) an out of hospital DNR identification device worn by the patient or in the patient's possession.*

(b) A health care provider shall disregard an out of hospital DNR declaration and order and perform CPR if:

- (1) the declarant is conscious and states a desire for resuscitative measures;*
- (2) the health care provider believes in good faith that the out of hospital DNR declaration and order has been*

revoked;

(3) the health care provider is ordered by the attending physician to disregard the out of hospital DNR declaration and order; or

(4) the health care provider believes in good faith that the out of hospital DNR declaration and order must be disregarded to avoid verbal or physical confrontation at the scene.

(c) A health care provider transporting a declarant shall document on the transport form:

- (1) the presence of an out of hospital DNR declaration and order;*
- (2) the attending physician's name; and*
- (3) the date the out of hospital DNR declaration and order was signed.*

(d) An out of hospital DNR identification device must accompany a declarant whenever the declarant is transported.

As added by P.L.148-1999, SEC.12.

The OHDNR statute (IC 16-36-5) specifies the exact form that must be used. The form must be signed by two witnesses as well as the individual and his or her physician. A copy of the form is sufficient evidence of the existence of the directive (the original need not be presented to EMS). The individual may also revoke the OHDNR at any time in writing, verbally, or by destroying the document. A health care representative may revoke the OHDNR only if the declarant is incompetent to do so. The statute provides liability protection as long as a health care provider acts in good faith and in accordance with “reasonable medical standards.”

LIVING WILL AND LIFE PROLONGING PROCEDURES WILL

The Living Will (LW) and Life Prolonging Procedures Will (LPP) are two different types of advance directives found in the same chapter of Indiana Code (16-36-4). These documents are used to express wishes for care in the event the person develops an “incurable injury, disease, or illness determined to be a terminal condition” and is unable to express directions for his or her care. The declarant must be at least 18 years of age and of sound mind in order to execute the LW or LPP. These documents are often created with an attorney when a will is created, but not always. Indiana law dictates the content of these documents (see samples in this packet). They must be signed by the declarant and two witnesses. Like the Out of Hospital DNR, the Living Will has no effect if the patient is pregnant.

The Living Will statute does not require a physician to act, but is considered an expression of the patient’s desires. The statute does require a physician to use life prolonging procedures as requested within a Life Prolonging Procedures Will.

IC 16-36-4-8

Life prolonging procedures will declarations; living will declarations

(f) A living will declaration under section 10 of this chapter:

(1) does not require the physician to use, withhold, or withdraw life prolonging procedures but is presumptive evidence of the patient's desires concerning the use, withholding, or withdrawal of life prolonging procedures under this chapter; and

(2) shall be given great weight by the physician in determining the intent of the patient who is mentally incompetent.

(g) A life prolonging procedures will declaration under section 11 of this chapter does require the physician to use life prolonging procedures as requested.

Many EMS systems do not allow their EMS personnel to acknowledge the Living Will or Life Prolonging Procedures Will. However, this is changing. It is the EMS professional’s responsibility to know how their local protocol addresses all forms of advanced directives.

The LW and LPP can only be revoked by the declarant, who may revoke the will orally, in writing, or by destruction of the document. The statute also provides immunity to health care providers who withhold care pursuant to the wishes of the patient as expressed in these documents, but, again, EMS personnel need to remain current on how their Medical Director wants them to deal with the LW and LPP. Always consult medical control if uncertain on how to proceed.

IC 16-36-4-7

Consent to medical treatment; immunity from liability for failure to treat patient after refusal of treatment

Sec. 7. (a) A competent person may consent to or refuse consent for medical treatment, including life prolonging procedures.

(b) No health care provider is required to provide medical treatment to a patient who has refused medical treatment under this section.

(c) No civil or criminal liability is imposed on a health care provider for the failure to provide medical treatment to a patient who has refused the treatment in accordance with this section.

As added by P.L.2-1993, SEC.19.

LIVING WILL DECLARATION

Declaration made this ____ day of _____ (month, year). I, _____, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness; (2) my death will occur within a short time; and (3) the use of life prolonging procedures would serve only to artificially prolong the dying process, I direct

that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialling or making your mark before signing this declaration):

_____ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

_____ I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

_____ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney in fact with health care powers under IC 30-5-5.

In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full import of this declaration.

Signed _____

City, County, and State of Residence

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years of age.

Witness _____ Date _____

Witness _____ Date _____

As added by P.L.2-1993, SEC.19. Amended by P.L.99-1994, SEC.2.

LIFE PROLONGING PROCEDURES DECLARATION

Declaration made this _____ day of _____ (month, year). I, _____, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desire that if at any time I have an incurable injury, disease, or illness determined to be a terminal condition I request the use of life prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, the administration of medication, and the performance of

all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain. In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request. I understand the full import of this declaration.

Signed _____

City, County, and State of Residence

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I am competent and at least eighteen (18) years of age.

Witness _____ Date _____

Witness _____ Date _____

As added by P.L.2-1993, SEC.19.