

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 from 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, wound 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.	