

# Michigan Physician Orders for Scope of Treatment (MI-POST)

MI-POST Advisory Committee



# Identifying the Problem

- Many adults are reluctant to talk about end-of-life issues, much less plan for them.
- Most of us will die of a chronic illness, with an uncertain disease path (dementia, etc.).
- Many adults assume their family understands what they want, despite never discussing care plans.
- Many adults assume they will always be able to make their own decisions, data shows 85% of patients will not have the capacity to make their own decisions at the end of life.
- Ninety percent of adults with advanced illness or frailty do not survive CPR attempts.

# *What is MI-POST?*

The Michigan Physician Orders for Scope of Treatment (MI-POST) provides the following:

1	An optional, two-page medical order that directs care only when you are unable to tell medical staff your treatment decisions
2	Opportunity to choose cardiopulmonary resuscitation (CPR); decline CPR
3	Opportunity to share details on your treatment decisions about other medical interventions beyond CPR

# MI-POST can be completed by adults who:



(1 or more statements may apply)

# MI-POST General Rules:

- 1 Are for adults with advanced illness/frailty
- 2 Should use standard form
- 3 Should be retained in medical record
- 4 Should be used in acute care settings as a guide
- 5 Directs care provided by EMS
- 6 Can be accepted as verbal or telephone orders



# Scenario 1: Edward

## Scenario 1



### Edward

Edward is a 78-year-old with congestive heart failure (CHF) who has been hospitalized 3 times over the past 6-months due to shortness of breath.

Edward is the primary caregiver of his wife, Betty, who has dementia and while hospitalized, Edward becomes frustrated being unable to attend to her needs.

Edward's Primary Care Provider (Nurse Practitioner) indicates that his CHF has progressed and acknowledges that he does not want to endure repeated hospitalizations.

Given this information, Edward's nurse practitioner talks with him about the MI-POST form. In partnership with his nurse practitioner, Edward completes the MI-POST form to indicate do-not-resuscitate and comfort-focused treatment. The diagnosis supporting the MI-POST is CHF.

Edward's decisions are now written in a portable medical order that serves to avoid unnecessary hospitalizations and aggressive medical interventions that he believes would only cause more pain and suffering.

**MDHHS-5836, MICHIGAN PHYSICIAN ORDERS  
FOR SCOPE OF TREATMENT (MI-POST)**  
Michigan Department of Health and Human Services (MDHHS)  
(Revised 8-22)

HIPAA permits disclosure of MI-POST to other Health Care Professionals, as necessary. This MI-POST form is void if Part 1 or Section D are blank. Leaving blank any section of the medical orders (Sections A, B, or C) does not void the form and is interpreted as full treatment for that section.

**PART 1 – PATIENT INFORMATION**

Patient Last Name Patient First Name Patient 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.

**PART 2 – MEDICAL ORDERS**

**Section A – Cardiopulmonary Resuscitation (CPR)**

Person has no pulse and is not breathing. See MDHHS-5837 for further details.

- ☐ Attempt Resuscitation/CPR (Must choose Full Treatment in Section B).  
☐ DO NOT attempt Resuscitation/CPR (No CPR, allow Natural Death).

**Section B – Medical Interventions**

Person has pulse and/or is breathing. See MDHHS-5837 for further details on medical interventions.

☐ **Comfort-Focused Treatment**

Primary goal of maximizing comfort. May include pain relief through use of medication, positioning, wound care, food and water by mouth, and non-invasive respiratory assistance.

☐ **Selective Treatment**

Primary goal of treating medical conditions while avoiding burdensome measures. May include IV fluids, cardiac monitoring including cardioversion, and non-invasive airway support.

☐ **Full Treatment**

Primary goal of prolonging life by all medically effective means. May include intubation, advanced invasive airway interventions, mechanical ventilation, other advanced 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.

Send form with Patient whenever transferred or discharged.

**Section D – Signature of Attending Health Professional**

My signature below indicates 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

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 for Health Care (DPOAHC)  
☐ Court-Appointed Guardian

Print Name of Patient Print Name of Patient Representative

Signature Date

**Information of Legally Authorized Representative**

Complete this section if this MI-POST form was signed by a Patient Advocate/DPOAHC or Court-Appointed Guardian.

Address City State Zip Code

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 this document is revoked or is not reaffirmed, and a new form is not completed, full treatment and resuscitation will be provided.**

Healthcare Provider Name/Collaborative Physician (if applicable) Healthcare Provider Signature

Patient/Representative Name Patient/Representative Signature Reaffirmation Date

Send form with Patient whenever transferred or discharged.

HIPAA permits disclosure of MI-POST to other Health Care Professionals, as necessary.

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, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.



# Patient and Family Information Sheet

## MDHHS-5837, MICHIGAN PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (MI-POST) PATIENT AND FAMILY INFORMATION SHEET Michigan Department of Health and Human Services (MDHHS) (Revised 8-22)

### What is a MI-POST?

- An optional, one-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 choices due to illness or injury.

### Who has a MI-POST?

- An adult with advanced illness or frailty, such as advanced, life-threatening heart failure, who talks to a healthcare provider to help determine their choices in care.

### Where can a MI-POST be found?

- A blank MI-POST can be found in care settings, 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.
- The form must be revoked or reaffirmed by the patient or patient representative and the attending health professional under the circumstances below. The form must be revoked or reaffirmed within the timeframes outline below or it 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 the person has no changes to their treatment choices. Reaffirming 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 revocations.
  - 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 cannot 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 (such as a CPAP or 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.

### 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.

### How is a MI-POST different from a Michigan Out of Hospital Do-Not-Resuscitate (DNR) order?

- A MI-POST is intended only for adults who may have advanced illness or frailty with a life expectancy of 1 year or less. A DNR order is intended for adults or minors with advanced illness with a life expectancy greater than 1 year.
- A DNR requires two (2) witness signatures. A MI-POST does not require witness signatures.

It is best for anyone with a MI-POST to also legally designate a patient advocate and talk to that 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.

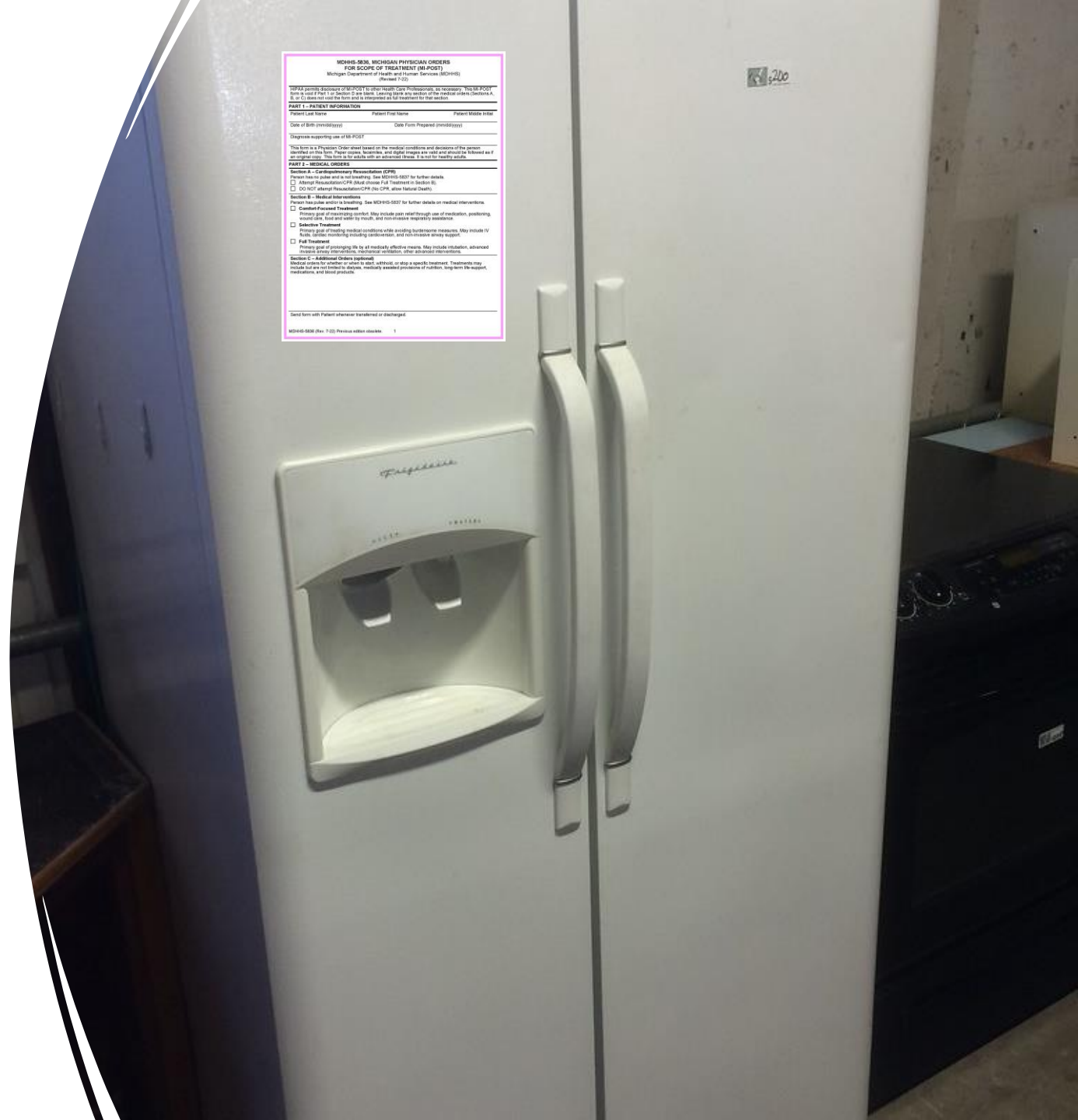
Patient Name	Date of Birth
<input type="text"/>	<input type="text"/>
Patient Representative Name (if needed)	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

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, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.



# Where should I store my MI-POST form?

Keep your MI-POST in a place it can be easily found or seen by a first responder called to your home, such as on your fridge.



	Durable Power of Attorney for Health Care	Out-of-Hospital DNR	MI-POST
Type of document?	Legal document.	Medical order.	Medical order.
Who can have the document?	Adults with Capacity.	Any Adult, regardless of health Parent on behalf of a minor with advanced illness.	Adult with advanced illness or frailty (12 months or less life expectancy).
Who completes the document?	Adults with Capacity.	Adult with capacity or patient representative* and a physician (cannot be NP or PA).	Adult with capacity or patient representative* and attending health professional (Physician, NP or PA).
What is communicated in the document?	Designates a patient advocate and any successor patient advocate(s); may include preferences for medical and/or mental health care.	Do Not Resuscitate (DNR) order for outside of the hospital, can be used as guidance in acute care.	Specific medical orders - may include: <ul style="list-style-type: none"> <li>• Full Code with Full Treatment.</li> <li>• DNR with 3 Treatment Options including Comfort, Selective, or Full.</li> <li>• Additional orders.</li> </ul>
Does it expire?	No.	No.	Yes, after 12 months (may be reaffirmed).
Must it be on special paper/color?	No. Copies: electronic, paper, and photo are acceptable.	No. Copies: electronic, paper, and photo are acceptable – individual county Medical Control Authority (MCA) may have specific requirements.	Yes, document must have pink border. Copies: electronic, paper, and photo are acceptable.
Witnessing requirements	2 adults, cannot be listed as patient advocate, family members, healthcare, or mental health facility employees where patient receives care, or employee of a life or health insurance provider, heir, or presumptive heir.	2 adults, if patient or patient advocate signs, at least one of whom is not a spouse, family member, or presumptive heir. If signed by patient's guardian, neither can be a spouse, family member, or presumptive heir.	Not required.
Is this actionable medical order by EMS?	No.	Yes.	Yes.