

# Patient and Family Information Sheet

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

1 **What is a MI-POST?**

- 2 • an optional, 1-page, 2-sided medical order with a person's wishes for care in a crisis
- 3 • a part of the advance care planning process that includes choices about
- 4 Cardiopulmonary Resuscitation (CPR), critical care, and other wanted care
- 5 • a form that guides care only if the person cannot tell others what to do at that time
- 6 • a completed form is signed by the patient/patient representative and the physician,
- 7 nurse practitioner, or physician's assistant that gives medical advice and suggestions
- 8 • a patient representative may fill out a MI-POST for the person if they are not able to
- 9 make healthcare choices due to illness or injury

10 **Who has a MI-POST?**

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

16 **Where can a MI-POST be found?**

- 17 • a blank MI-POST can be found in a care setting, including a provider's office, a health
- 18 care facility or agency, or online
- 19 • completed forms belong to the person and are kept with the person wherever they live
- 20 • copies of the form can be given to family, friends, hospitals, and any other places the
- 21 person wants but the original stays with the person

22 **When can a MI-POST be changed?**

- 23 • the form can be changed at any time by the person or the patient representative
- 24 • a review for changes must happen at least once every 12 months

25 **Why is a MI-POST helpful?**

- 26 • a completed MI-POST expresses the person's wishes even if they cannot speak

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

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

32  
33 It is best for anyone with a MI-POST to also fill out a Durable Power of Attorney for Health Care  
34 form, and talk to the person so that they will be prepared to speak on the person's behalf.

35  
36 I have reviewed this information before signing a completed MI-POST.

37  
38 Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

39  
40 Patient Representative Name (if needed): \_\_\_\_\_

41  
42 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

43 (person or patient representative)

**HIPAA PERMITS DISCLOSURE OF MI-POST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

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

This MI-POST form is **VOID** if Patient Information or Section D are blank. Leaving blank any section of the medical orders (Sections A, B, or C), **does not void** the form and implies **full treatment** for that section.

**PATIENT INFORMATION**

Patient Name (Last, First, Middle Initial)		Gender M F	
Date of Birth / /	Date Form Prepared / /		
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**

**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)

**B**

**MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.**

- 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.
- Selective Treatment – 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 advance interventions as medically indicated.  
**Likely to involve transportation to the hospital. May include intensive care.**

**C**

**ADDITIONAL ORDERS:** 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.

---



---



---



---

**D**

**SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER (NP) OR PHYSICIAN ASSISTANT (PA)**

*My signature below indicates that these orders are medically appropriate given the patient's current medical condition and reflect to the best of my knowledge the patient's goals for care.*

Signature	Date
Name (print)	Phone #

**COMPLETE BELOW IF ORDERS ARE ISSUED BY NURSE PRACTITIONER OR PHYSICIAN ASSISTANT**

Name of collaborating Physician (print)	Phone #
---	---------

**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED**

**HIPAA PERMITS DISCLOSURE OF MI-POST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

**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 Healthcare (DPOAH)       Court-appointed Guardian

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 #	Alternate Phone #
---------	---------	-------------------

**F**

**INDIVIDUAL ASSISTING WITH COMPLETION OF MI-POST FORM**

Preparer's Name (print)	Title	Date
-------------------------	-------	------

Preparer's Signature	Organization	Phone #
----------------------	--------------	---------

**G**

**TO REAFFIRM OR REVOKE THIS FORM**

This MI-POST form can be reaffirmed or revoked at any time. If any of the following has occurred, the form must be revoked or reaffirmed by the patient or patient representative **and** the Attending Health Care Provider 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 care provider
- 1 week from a change in the patient's place of care, level of care, or care setting; or any unexpected change in the patient's medical condition

**Reaffirming this MI-POST form indicates there are no changes** and requires signatures with dating of reaffirmation below. If treatment changes are desired, revocation of this MI-POST form is required, and a new MI-POST form should be completed. Write "revoked" over the signatures of the patient or patient representative; and the signature(s) of the Attending Healthcare Provider, in Sections D and G, if used, on this MI-POST form

- 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.

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

**If a new form is not completed, full treatment and resuscitation will be provided.**

Reaffirmation #1		Reaffirmation Date
Healthcare Provider Name/Collaborative Physician if applicable	Patient/Representative Name	
Healthcare Provider Signature	Patient/Representative Signature	
Reaffirmation #2		Reaffirmation Date
Healthcare Provider Name/Collaborative Physician if applicable	Patient/Representative Name	
Healthcare Provider Signature	Patient/Representative Signature	
Reaffirmation #3		Reaffirmation Date
Healthcare Provider Name/Collaborative Physician if applicable	Patient/Representative Name	
Healthcare Provider Signature	Patient/Representative Signature	
Reaffirmation #4		Reaffirmation Date
Healthcare Provider Name/Collaborative Physician if applicable	Patient/Representative Name	
Healthcare Provider Signature	Patient/Representative Signature	

**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED**

1 **Frequently Asked Questions**

2  
3 ***Q: How does the Michigan Physician Order for Scope of Treatment (MI-POST) form ensure that patient's***  
4 ***wishes are followed?***

5  
6 **A:** MI-POST forms are a physician's active order set for the patient's current medical condition, which also  
7 include resuscitation and treatment decisions. They help ensure that the decisions of a patient are  
8 followed, even if the patient later lacks capacity to make decisions. Seriously ill or frail patients, especially  
9 those whose attending health professionals would not be surprised if they were to die within a year, are  
10 encouraged to complete a MI-POST form. The form takes the patient's decisions and puts them into a  
11 physician's order set that can be followed at any Michigan health care facility, as well as by first  
12 responders.

13  
14 ***Q: Who should discuss and complete the MI-POST form with patient?***

15  
16 **A:** The MI-POST form should be completed following a thorough discussion with the patient and the  
17 attending health professional that includes the patient's understanding of his/her current medical  
18 condition, potential complications, desires for medical treatment in the event of a medical emergency,  
19 affirming the selections on the MI-POST form, and inclusion of additional orders based on the identified  
20 patient goals and medical treatment decisions. Depending on the situation and setting, other trained staff  
21 members including nurses, social workers, or chaplains may also play a role in the MI-POST conversation  
22 and completion of the form. They cannot, however, sign the order. It is strongly recommended that the  
23 patient designate a patient advocate, and the MI-POST conversation occurs in the presence of this patient  
24 advocate.

25  
26 ***Q: Who can sign the MI-POST as the healthcare professional? Will a verbal/telephone order be***  
27 ***acceptable?***

28  
29 **A:** The physician, nurse practitioner (NP), or physician assistant (PA) that has responsibility for the patient's  
30 medical treatment can sign the MI-POST form. If it is signed by an NP or PA, the collaborating physician  
31 name must be printed on the form with their phone number. Verbal/telephone orders are acceptable.  
32 For the signature, the preparer is to write "verbal order" or "telephone order." Within 10 calendar days,  
33 the attending health professional shall strikethrough "verbal order" or "telephone order" and sign and  
34 date the MI-POST form.

35  
36 ***Q: Who can sign the MI-POST on behalf of the patient?***

37  
38 **A:** The MI-POST must be signed by the person for whom it is completed. If he/she lacks capacity (or  
39 competency), a patient representative may sign the form. Legally authorized patient representatives  
40 include his/her Patient Advocate documented in a Designation of Patient Advocate/Durable Power of  
41 Attorney for Healthcare (DPOA-HC) form or, if no DPOA-HC has been executed, a court-appointed  
42 guardian with authorization to make healthcare decisions.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43

***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?***

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

4  
5 **Q: Is the MI-POST form legal if signed by an attending health professional that does not have privileges**  
6 **at the facility to which the patient is admitted?**

7  
8 Yes. Properly completed forms are valid at all Michigan health care facilities. The patient entering a facility  
9 may have an attending health professional who previously discussed, completed and signed the form and  
10 does not have privileges at the facility. The MI-POST form must be reaffirmed or revoked within one week  
11 from a change in the patient's place of care or within 30 days from a change in the patient's attending  
12 health professional.

13  
14 **Q: Does the MI-POST form completed at one facility have to be redone when the patient/resident is**  
15 **admitted somewhere else?**

16  
17 A: No. The MI-POST form does not have to be redone if there are no changes in the plan of care reflected  
18 in the current MI-POST. However, it must be reviewed with the patient and reaffirmed within one week  
19 from a change in the patient's place of care. Specific directions for reaffirming or revoking the MI-POST  
20 are on the back of the form.

21  
22 **Q: When should a patient's MI-POST form be reviewed and reaffirmed or revoked?**

23  
24 A: The MI-POST form must be reaffirmed or revoked under the following circumstances:

- 25 - One year from the date the form was last signed or reaffirmed
- 26 - 30 days from a change in the patient's attending health professional
- 27 - 1 week from a change in the patient's place of care, level of care, or care setting, or unexpected
- 28 change in the patient's medical condition
- 29 - Any time there is a change in the patient's treatment decisions

30  
31 **Q: What if a patient has a Michigan Out of Hospital Do-Not-Resuscitate form?**

32  
33 A: A patient may have and continue to use the Michigan Out of hospital Do-Not-Resuscitate form,  
34 particularly if they do not meet the criteria for the MI-POST form and wish to be a DNR.

35  
36 **Q: Can a patient have a Michigan Out of Hospital Do-Not-Resuscitate form and MI-POST?**

37  
38 A: Yes. A patient can have both although it is not necessary. If a valid MI-POST conflicts with an Out of  
39 Hospital Do-Not-Resuscitate form, the most current document will direct care related to resuscitation.

40  
41 **Q: What if a person has a MI-POST but wants to travel from his or her residence?**

42

1 A: In the event of an emergency, the MI-POST document will need to be presented to emergency  
2 personnel if called. This means that this document will need to be taken with a person if he or she leaves  
3 their residence. If the MI-POST document is not presented, EMS will follow standard protocols.  
4

5 ***Q: Does a patient have to have an Advance Directive if they have completed a MI-POST?***  
6

7 A: No. A patient does not have to have an Advance Directive if they have completed a MI-POST form.  
8 However, it is strongly recommended that the patient designate a person to serve as his/her patient  
9 advocate to make future medical decisions on behalf of the patient if the patient becomes unable to do  
10 so for him or herself. An advance directive is recommended for all adults, regardless of his/her health  
11 status. A MI-POST form should complement an advance directive when appropriate.  
12

13 ***Q: What if the MI-POST contradicts a previously completed Advance Directive or Living Will?***  
14

15 A: The information in an Advance Directive or Living Will cannot override a properly executed MI-POST  
16 form, regardless of the dates. A patient or designated patient advocate may revise or revoke the MI-POST  
17 form.  
18

19 ***Q: Does a patient need to meet specific criteria as defined in the Michigan statute (House Bill No. 4170)***  
20 ***to have a MI-POST document?***  
21

22 A: Yes. The MI-POST is only for those patients with advanced illness, for whom it would not be surprising  
23 if, based on his/her current medical condition, he or she were to die within one year. The diagnosis  
24 supporting the use of the MI-POST form must be documented on the form itself.  
25

26 ***Q: Will only patients who do not want resuscitation have a MI-POST form?***  
27

28 A: No. Patients who want to elect resuscitation can also have a MI-POST. The MI-POST also has a section  
29 C, where patients can specify additional orders, including medical orders for whether or when to start,  
30 withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, nutrition,  
31 long-term life support, medications and blood products.  
32

33 ***Q: How can you get a MI-POST form?***  
34

35 A: The Michigan Department of Health and Human Services shall make available electronic copies that  
36 can be downloaded for use. The standard form must be printed on Pink 65lb card stock.  
37

38 ***Q: Will different versions of the MI-POST form be recognized?***  
39

40 A: Current MI-POST forms in use will be recognized through 12/31/2019. MI-POST forms completed after  
41 January 1, 2020 will be completed on the MI-POST form created by Public Act 154 of 2017.  
42  
43