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Idaho Physician Orders For Scope of Treatment (POST)				
THIS FORM MUST BE SIGNED BY A PHYSICIAN IN SECTION E TO BE VALID				
If any section is NOT COMPLETE, provide the most treatment included in that section		Patient's First Name:  Date of Birth:		
EMS: If questions arise, contact on-line Medical Control		, ,		
Section A Select only	Cardiopulmonary Resuscitation: Patient does not have a pulse and/or is not breathing:			
one box	Resuscitate (Full Code)			
	Do Not Resuscitate (No Code): Allow Natural Death; Patient does not want any heroic or life-saving measures.			
	If patient is not in cardiopulmonary arrest, please follow the orders found in B, and			
Section B	Section Medical Interventions: Patient has a pulse and/or is breathing:			
Б	Comfort Measures: Please treat patient with dignity and respect. Reasonable measure to be made to offer food and fluids by mouth and attention must be paid to hygiene. Medication, positioning, wound care, and other measures shall be used to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed comfort. These measures are to be used where patient lives, do not transfer to hospital fife-sustaining treatment. Transfer only if comfort needs cannot be met in current location.			
	Limited Additional Interventions: In addition to the care described above, you may include cardiac monitoring and oral/IV medications. Transfer to hospital if indicated but do use intubation or advanced airway interventions. Do not admit to Intensive Care.  Aggressive Interventions: In addition to the care described above, you may include endotracheal intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Receiving hospital may admit to Intensive Care if indicated.			
	Other Instructions:			
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Section	Artificial Fluids and Nutrition: Antibiotic	s and Blood Products:		
С	Feeding tube NoFeeding tube Antibioti			
	☐ No IV fluid ☐ Blood Pro ☐ Other Instruction\$: ☐ Other Ins	oducts No Blood Products		
D	Advance Directives: The following documents also exist:			
1	Patient/Surrogate Signature:			
E	Print Patient/Surrogate Name Relationship Physician Signature:	Date		
	Print Physician's Name Idaho License Number Date Discussed with: Patient Spouse DPA DPAHC	Other		
The basis for these orders is: Patient's request Patient's known preference				
FORM SHALL ACCOMPANY PATIENT WHENEVER TRANSFERRED OR DISCHARGED				