

PHYSICIAN GUIDE

Transportable Physician Orders for Patient Preferences

Transportable Physician Orders for Patient Preferences (TPOPP) is based on the belief that individuals have the right to make their own health care decisions. The TPOPP Wichita Initiative is working to improve the quality of care people in our community receive at the end of life by translating patient/resident goals and end of life wishes into medical orders.

The TPOPP process relies on conversations between the patient/resident or their recognized decision maker (DPOA-HC, or other designated decision maker) and their health care providers to ensure informed medical care decisions occur.

WHAT YOU SHOULD KNOW ABOUT TPOPP

- **TPOPP is a physician order set that helps to clarify the wishes of patients at the end of life.** This form does not replace advance directives (Durable Power of Attorney for Health Care and Living Will).
- **Completing the TPOPP form is not for every patient.** This form is for patients with advanced, chronic, progressive illness or terminal illness or for persons who wish to further define their treatment preferences for end-of-life care beyond an advance directive. If you anticipate a patient/resident will not survive a year, he or she is a candidate for the TPOPP form.
- **TPOPP must be completed by a physician or health care provider during a discussion** about the patient's preferences and medical indications for their health status. Upon completion of the TPOPP form, it must be signed and dated by a physician and patient (or the patient representative) to be valid.
- **Completing a TPOPP form is always voluntary.**
- **Use of the original pink form is recommended.** Photocopies and faxes of signed TPOPP forms are valid. A copy should be placed in the patient's medical record. The patient/resident should retain the original or latest copy of the TPOPP.

USING THE TPOPP FORM

Any incomplete section of TPOPP implies full treatment for that section.

Section A

- If found pulseless and not breathing, no defibrillator (including automated external defibrillator – AED) or chest compressions should be used on a person who has chosen “Do Not Attempt Resuscitation.”

Section B

- When comfort cannot be achieved in the current setting, the person, including someone with “Comfort Measures Only, should be transferred to a setting able to provide comfort (ex: treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- If person wishes to have IV fluids, indicate “Limited Interventions” or “Full Treatment.”

please turn over to learn more **TPOPP** WICHITA

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TPOPP SHOULD BE REVIEWED WHEN —

- The person is transferred from one care setting or care level to another,
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

MODIFYING OR VOIDING TPOPP FORM

- A patient or representative can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a TPOPP form by any means that indicates intent to revoke.
- It is recommended that revocation be documented by drawing a line through Sections A through D, writing “VOID” in large letters, and signing and dating the line.



***Additional TPOPP forms are available by contacting the Medical Society of Sedgwick County 316-683-7557**

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED			
Kansas – Missouri Transportable Physician Orders for Patient Preferences (TPOPP)			
This Physician Order set is based on the patient's current medical condition and preferences. Any section not completed indicates full treatment for that section. Photocopy or fax copy of this form is valid.	Patient Last Name:	Patient First Name:	Middle Initial:
	Date of Birth:	Last 4 SSN:	Gender: M F
A. CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing. If patient is not in cardiopulmonary arrest, follow orders in B and C .			
Check One:	<input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)		
	<input type="checkbox"/> Do Not Attempt Resuscitation (DNAR/no CPR/Allow Natural Death)		

FOR MORE INFORMATION

Visit www.TPOPPWichita.org

See *TPOPP Video & Frequently Asked Questions*

Visit www.TPOPP@practicalbioethics.org