

Virginia's Durable DNR Order (DDNR) Program

Impact on EMS & Healthcare Agencies in Virginia

Virginia Department of Health

Office of Emergency Medical Services



Introduction to DDNR Program

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Program Presentation Highlights

- Program Presentation
- Durable DNR (DDNR) Order
- Advanced Directive vs. DDNR Order
- Types of DNR orders that can be honored
- Appropriate response to a valid/invalid DDNR Order
- Frequently Asked Questions



*What you need to know in
regards to the Virginia Do Not
Resuscitate Order*

Virginia Department of Health

Office of Emergency Medical Services



Virginia's Durable Do Not Resuscitate Order

- Virginia's Do Not Resuscitate Order, passed by the Virginia General Assembly, allows emergency medical services providers and qualified healthcare providers to honor a patient's request for humane comfort measures, while avoiding resuscitation in the event of cardiac or respiratory arrest.
- We will go into more detail as we continue.



*Confused about the **Differences** between
a Durable DNR Order,
Advanced
Directive
and a
Living Will?*



Advanced Directives

- (i) a **witnessed written document**, voluntarily executed by the declarant or
- (ii) a **witnessed oral statement**, made by the declarant subsequent to the time he is diagnosed as suffering from a terminal condition in accordance with **§ 54.1-2983**.



Living Wills

- Also an advanced directive, a Living Will outlines an individual's wishes for treatment in the event they are unable, because of disease or injury, to make their wishes known.
- Living wills cannot be honored by EMS providers because the living will is not a medical directive containing information required by law and is not required to be signed by the patient's bona fide physician.



*A DNR Order is **not** an Advanced Directive*

- Code of Virginia § 54.1-2982
- As the terms "advance directive" and "Durable Do Not Resuscitate Order" are used in this article, a **Durable Do Not Resuscitate Order is not and shall not be construed as an advance directive.**"



Durable Do Not Resuscitate Order

- **Code of Virginia § 54.1-2982**
- "Durable Do Not Resuscitate Order" means a written physician's order issued to withhold cardiopulmonary resuscitation from a particular patient in the event of cardiac or respiratory arrest.



What Can An EMS Provider Honor?

- Virginia Durable Do Not Resuscitate (DNR) Orders
- “Other” DNR Orders
- Approved DDNR bracelets or necklaces



Virginia's Authorized Durable DNR Order (2011)



STOP Do Not Resuscitate

Durable Do Not Resuscitate Order
Virginia Department of Health

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician-patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required)

2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.

B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required)

C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name _____ Physician's Signature _____ Emergency Phone Number _____

Patient's Signature _____ Signature of Person Authorized to Consent on the Patient's Behalf _____

Copy 1 - To be kept by patient.



Virginia's Authorized Durable DNR Order (2011)

- The 2011 DDNR form is a three part form.

Copy 1 – To be kept by patient.

Copy 2 – To be kept in patient's permanent medical record.

Copy 3 – Used to order Alternate DDNR jewelry



Virginia's Authorized Durable DNR Order (2011)



Durable Do Not Resuscitate Order
Virginia Department of Health

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician-patient relationship with the patient named above. I have certified in the patient's medical record that the doctor or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required)

2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.

B. While capable of making an informed decision, the patient has executed a written advanced directive which appears to be a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required)

C. The patient has executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient with medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to permit the comfort care or palliative care.

Physician's Printed Name _____ Physician's Signature _____ Emergency Phone Number _____

Patient's Signature _____ Signature of Person Authorized to Consent on the Patient's Behalf _____

Copy 1 - To be kept by patient

Copy 2 - To be kept in the patient's permanent medical record

Copy 3 - Attach to order Alternative DNR form

Order

Ih _____ Date _____

I, the patient named above, I have certified in order's behalf has directed that life-prolonging _____

g withholding, or withdrawing a specific (as required)

ing, withholding, or withdrawing a specific (as required)

able to understand the nature, extent or probable evaluation of the risks and benefits of _____

a written advanced directive which directs that _____

a written advanced directive which appears to direct that life-prolonging procedures be _____

the date noted above, to withhold _____

other advanced airway management, artificial (the patient's cardiac or respiratory arrest). I _____

id: to intravenous fluids, oxygen, or other _____

Emergency Phone Number _____

on the Patient's Behalf _____

Order

Ih _____ Date _____

I, the patient named above, I have certified in order's behalf has directed that life-prolonging _____

g withholding, or withdrawing a specific (as required)

ing, withholding, or withdrawing a specific (as required)

able to understand the nature, extent or probable evaluation of the risks and benefits of _____

a written advanced directive which directs that _____

a written advanced directive which appears to direct that life-prolonging procedures be _____

the date noted above, to withhold _____

other advanced airway management, artificial (the patient's cardiac or respiratory arrest). I _____

id: to intravenous fluids, oxygen, or other _____

Emergency Phone Number _____

on the Patient's Behalf _____

EMS - 1105, 6/2011



Virginia's Authorized Durable DNR Order (2011)

- The 2011 version of the State DDNR Order can be downloaded by health care personnel, physicians and facilities.

http://www.vdh.virginia.gov/OEMS/Files_Page/DDNR/AuthorizedDurableDNRForm.pdf

- The form **may be photocopied** and **EMS providers can honor a photocopy.**



Virginia's Authorized Durable DNR Order (2011)

- The 2011 version of the State DDNR Order contains the same information that was included on the older authorized yellow DDNR Order.
- All the information is on one side instead of on the front and back. Instructions are provided separately.



The 2011 DDNR Order replaces this older yellow DDNR Order

← Front



Durable Do Not Resuscitate Order
Virginia Department of Health

Order Number: _____ Date Order Written: _____
(Number assigned by physician)

Patient's Full Legal Name _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify: **(must check 1 or 2)**

1. The patient is CAPABLE of making an informed decision about providing, withholding or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required; **see reverse**.)
2. The patient is INCAPABLE of making an informed decision about providing, withholding or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above (the patient is incapable of making an informed decision), check 1, 2 or 3 below:

1. The patient has executed a written advance directive, which directs that life-prolonging procedures be withheld or withdrawn.
2. The patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required; **see reverse**.)
3. The patient has not executed a written advance directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required; **see reverse**.)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name _____ Physician's Signature _____ Emergency Phone Number _____

This form is a distinctive yellow.

Back →

Patient's Signature

I, the undersigned, hereby direct that in case of my cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated and not be continued once initiated. I understand that I may revoke these directions at any time by physical cancellation or destruction of this form or by orally expressing a desire to be resuscitated to qualified health care personnel. I also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

Signature of Patient

Signature of Person Authorized to Consent on the Patient's Behalf

I, the undersigned, hereby certify that I am authorized to provide consent on the patient's behalf by virtue of my relationship to the patient as _____ (in order of priority: designated agent, guardian or committee, spouse, adult child, parent, adult brother or sister, other relative in descending order of blood relationship). In that capacity, I hereby direct that in case of the patient's cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated and not be continued once initiated. I understand that I may revoke these directions at any time by physical cancellation or destruction of this form or by orally expressing a desire to be resuscitated to qualified health care personnel. I also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation of the patient.

Signature of Person Authorized to Consent on the Patient's Behalf

EMS Personnel Will Look for This Order in the Following Places:

- On the back of the door leading to the patient's bedroom
- On the bedside table, beside the patient's bed
- On the refrigerator
- In the patient's wallet
- On an approved alternate form of identification (bracelet or necklace)



Virginia's older DDNR Order

The previous goldenrod colored State DDNR form:

- **May still be honored** no matter when it was dated;
- Physicians may still complete the goldenrod State DDNR forms until supplies are exhausted;
- **Photocopies** of completed goldenrod colored State DDNR form **may be honored indefinitely**.



Virginia's Durable DNR Order

§ 54.1-2987.1

- A Durable Do Not Resuscitate Order may be **issued by a physician** for his patient with whom he has a bona fide physician/patient relationship **and** only with the consent of the patient *or*,



Virginia's Durable DNR Order

§ 54.1-2987.1

- if the **patient** is a **minor** or is otherwise **incapable of making an informed decision** regarding consent for such an order, upon the request of and with the consent of the person authorized to consent on the patient's behalf.



Virginia's Durable DNR Order

§ 54.1-2987.1

- This means that a DDNR order may be issued by a physician upon the request of a person authorized to consent on the patient's behalf in cases when the patient is a **minor** or **incapable** of making an informed decision regarding consent for a DDNR order.*



Durable Do Not Resuscitate Order

- Originally passed by the General Assembly in 1992; amended in 1994, 1999, 2011
- The Authorized DDNR Order Form can be honored by health care personnel in any setting:
 - pre-hospital setting
 - hospital
 - nursing home
 - other licensed institution or organization



Virginia's Durable DNR Order

- A Durable DNR order **does not expire**; it remains in effect until the patient or someone designated to act on the patient's behalf revokes the order.
 - *Note: previous versions of the DDNR Order also remain in effect until revoked.*



Virginia's Durable DNR Order

- A DDNR Order must be issued in writing by a physician who has a bona fide physician/patient relationship.
- It must be consented to by the patient or a person who is authorized to consent for the patient; i.e. the parent or guardian of a minor child

- Note: Legislation does not require the patient to be in a terminal condition to obtain a DDNR Order.



Physician Responsibilities

- Explain when the DDNR order is valid;
- Explain how to and who may revoke the DDNR;
- Document the patient's full legal name;
- Document the date the DDNR was executed;



Physician Responsibilities

- Obtain the patient's signature or the person who is authorized to consent on behalf of the patient;
- The physician's printed name and signature must be included;
- Note a valid contact number for the physician signing the DDNR order.



Virginia's Durable DNR Order

- Authorizes EMS providers to recognize an **approved Durable DNR bracelet or necklace** in place of the Durable DNR Order Form. *EMS providers DO NOT have to see the Durable DNR Order Form when patients are wearing authorized DDNR jewelry.*
- Authorizes qualified health care personnel, when acting within their scope of practice, to honor a Durable DNR Order



“Other” DNR Order

- EMS providers can also honor an **“Other” DNR Order** anytime that a person is **within a qualified health care facility or during transport** between health care facilities when attended by qualified health care personnel (i.e. by ambulance), or receiving hospice or health services at home pursuant to § 54.1- 2987.1



“Other” DNR Order (cont’d)

- An **“Other” DNR Order** may be in any form as long as it includes the same information as required for DDNR orders, although a patient/authorized representative need not sign the order.
- Examples of “Other” DNR orders include facility developed DNR forms, **POST** forms, or other documents that contain the equivalent information as the State form.



“Other” DNR Order (cont’d)

- EMS providers can honor an “Other” DNR Order onsite or when transporting a patient from one healthcare facility to another, however, *the EMS provider must take the “Other” DNR Order or a legible copy with the patient when transporting the patient in the event of a cardiac or respiratory arrest.*



What is considered a Health Care Facility

- *§ 54.1-2987.1. Part C:* "...facility, program or organization operated or licensed by the Board of Health or by the Department of Mental Health, Mental Retardation and Substance Abuse Services or operated, licensed or owned by another state agency..."
- The Board of Health licenses hospitals, outpatient surgical centers, nursing homes, home care organizations (visiting nurse), and hospice programs.



“Other” DNR Order (cont’d)

- *This section shall not prevent, prohibit or limit a physician from issuing a written order, other than a Durable Do Not Resuscitate Order, not to resuscitate a patient in the event of cardiac or respiratory arrest in accordance with accepted medical practice.”*



Who can sign a DNR Order?

Physicians, Nurse Practitioner, Physician Assistant

- § 54.1-2982. Definitions. "**Physician**" means a *person licensed to practice medicine* in the Commonwealth of Virginia or in the jurisdiction where the treatment is to be rendered or withheld. "Attending physician" means the primary physician who has responsibility for the treatment and care of the patient.



Who can sign a DNR Order?

§ 54.1-2957.02. When **nurse practitioner** signature accepted.

- Whenever any law or regulation requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit or endorsement by a nurse practitioner.



Who can sign a DNR Order?

§ 54.1-2952.2. When **physician assistant** signature accepted.

- Whenever any law or regulation requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit, or endorsement by a physician assistant. (Approved March 24, 2011)



DDNR Approved Jewelry

- DDNR bracelets or necklaces can be purchased from approved vendors.

Oneida Nameplate Company

Phone: 1 877 925-2586

Appomattox Drug Store

Phone: 1 800-330-7225

- The patient must furnish the vendor with a copy of their Virginia Durable DNR Order form as proof. Page three of the 2011 version of the State DDNR Order is used for this.
- The Office of EMS does not sell or provide these items.



DDNR Approved Jewelry

All items have:

- "Virginia, Do Not Resuscitate",
- the person's name,
- the doctor's name and phone number,
- any additional information that may fit such as an allergy or additional contact number.



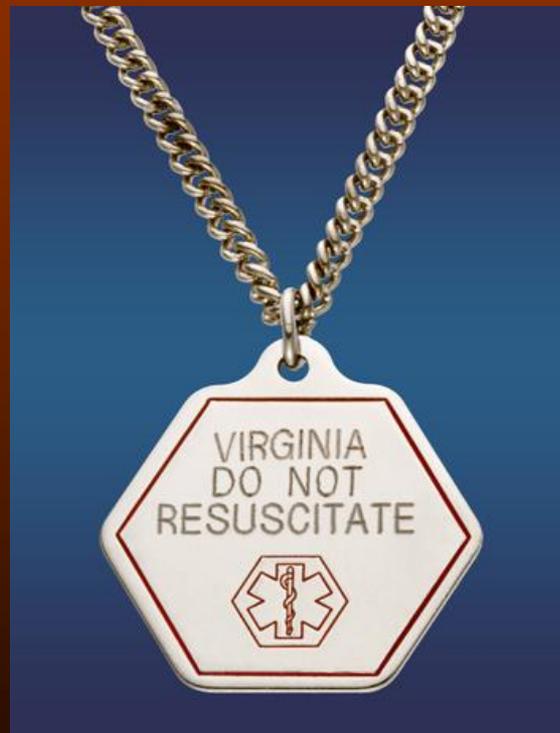
DDNR Approved Jewelry

- Sample Bracelet



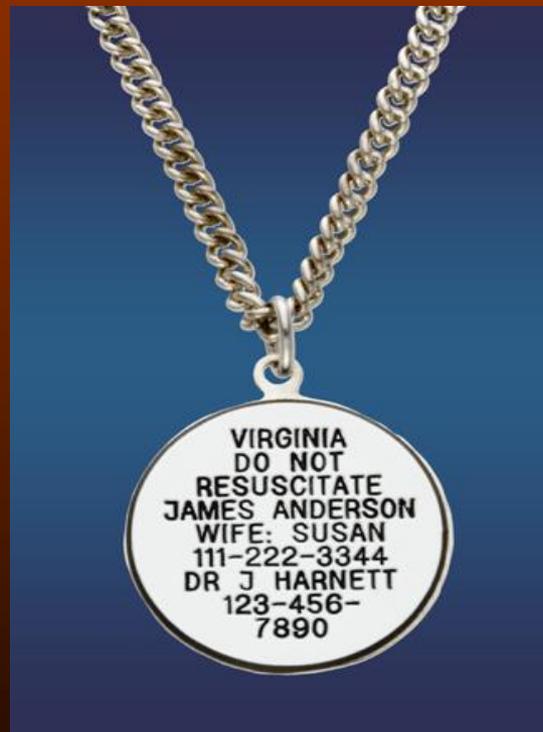
DDNR Approved Jewelry

- Sample Necklace - Front



DDNR Approved Jewelry

- Sample Necklace - Back



DNR Orders from Other States

- Virginia law **does not grant reciprocity** to qualified health care personnel to honor DDNR Orders from any other state. This is typical nationwide.
- Likewise, a Virginia Durable DNR Order will not be honored by other states.
- EMS providers are encouraged to contact medical control when encountering out of state DDNR Orders.



Who May Revoke a Virginia Durable DNR Order?

- The patient or the person authorized to consent for the patient if that person initiated the DDNR being revoked:
 - By destroying the Durable DNR Order or;
 - Removing the approved Durable DNR bracelet or necklace or;
 - By verbally withdrawing the order.



Who May Revoke a Virginia Durable DNR Order?

- Previously, a patient's next of kin, guardian of a minor, power of attorney etc. could rescind a DDNR at anytime the patient became incapable of speaking for themselves. Health care providers, including EMS providers, were required to honor the next of kin's wishes and attempt resuscitation.
- Senate Bill 1085 (2009) amended § 54.1-2987.1 to read that only the person named on a DNR Order may revoke the order; **the next of kin no longer may override a DDNR** when the patient becomes unable to speak for themselves.



EMS Management of DDNR Orders

When Outside of a Health Care Facility
Follow Virginia Durable DNR Protocol

- Perform a routine patient assessment.
- Perform Interventions until the patient's DDNR status can be confirmed.



EMS Management of DDNR Orders

Confirm DDNR status by seeing:

- An original signed copy of the State DDNR Order (this may be any of the three copies and does not have to be printed on a specific color paper.)
- A legible photocopy of a signed State DDNR Order
- Patient is wearing a Virginia Durable DNR bracelet or necklace as approved by the Office of EMS.



Virginia DDNR Protocol (Cont'd)

Make a good faith effort to verify the patient's identity.

- Positive identification by a family member, friends, other health care providers present who know the patient.
- Photo ID such as driver's license, or other identification with photograph and signature.



Virginia DDNR Protocol (Cont'd)

- If the DDNR Order form has been altered or defaced (unreadable), consider the Virginia Durable DNR Order **INVALID**.



Virginia DDNR Protocol (Cont'd)

Termination of Resuscitation

- If resuscitation efforts have been initiated prior to confirmation of a valid DDNR, resuscitation should be withdrawn when a valid DDNR Order is confirmed.
- Document the time that efforts were terminated and note the type DDNR Order presented on the EMS medical record.



Virginia DDNR Protocol (Cont'd)

- EMS Providers and other qualified health care personnel are afforded by law and promulgated regulations to **not resuscitate patients that possess a valid DDNR Order.**
- Notify local law enforcement as needed. Management by local law enforcement will vary.



Virginia DDNR Protocol (Cont'd)

- Fully **document** patient history, condition, and all treatment provided on the EMS medical record.
- Attend to the emotional needs of family members.



A Guiding Principle

Remember Durable Do Not
Resuscitate Order
does not mean

Do Not Treat!

or

Do Not Care!



Treating Patients with a DDNR Order

Comforting interventions that are encouraged include:

- Patient positioning
- Supplemental oxygen
- Opening airway manually (NOT intubation or bag/valve mask ventilation)
- Suctioning
- Bleeding Control
- Intravenous fluids
- Pain medications
- Be supportive to family members



Treating Patients with a DDNR Order

If a valid Durable DNR exists, interventions that should not be performed are:

- Artificial Ventilation
- Defibrillation
- CPR
- Endotracheal Intubation or other advanced airway management including supra-glottic devices such as the King airway or the LMA, or other airway devices that pass beyond the oral pharynx, such as the Combi Tube, PTL etc.
- cardiac resuscitation medications



Frequently Asked Questions

Q: Can EMS providers honor a DNR Order other than the State Durable DNR Order Form?

A: Yes, definitely, absolutely!

- When the patient is within a qualified health care facility or being transported between facilities, or receiving hospice or health care services at home **EMS may honor “Other” forms of DNR orders.**
- EMS and all other qualified health care personnel may honor past State/Authorized DDNR Orders.



Frequently Asked Questions

Q: If the patient is not wearing an approved Virginia DDNR bracelet or necklace that we can honor, **must we take the original copy** of the DDNR or EMS DNR Order form with us when we transport a patient?

A: The answer is **No**.

- During transport you will **need to have the original copy or a legible photocopy** of either the State Durable DNR Order Form or an “Other” DNR Order.



Frequently Asked Questions

Q: Can a private citizen download a Durable DNR Order Form to take to their doctor for her signature?

A: The answer is **Yes**.

- The State DDNR Order previously was restricted and on special security paper. Qualified health personnel will need to assure that the DDNR Order is signed by the patient's physician.



Frequently Asked Questions

Q: Can EMS providers honor a DNR Order other than the State Durable DNR Order Form?

A: **Yes**, definitely, absolutely!

- When the patient is within a qualified health care facility or being transported between facilities, receiving hospice or health services at home EMS may honor “Other” forms of DNR orders.
- EMS and all other qualified health care personnel may honor past State/Authorized DDNR Orders.



Additional Information

- OEMS has a “**DDNR FACT SHEET**” available for download for qualified health care personnel that summarizes the information in this presentation.
- There should only be **one original** DDNR form for a patient. Multiple originals should not be completed and issued.



Additional Information

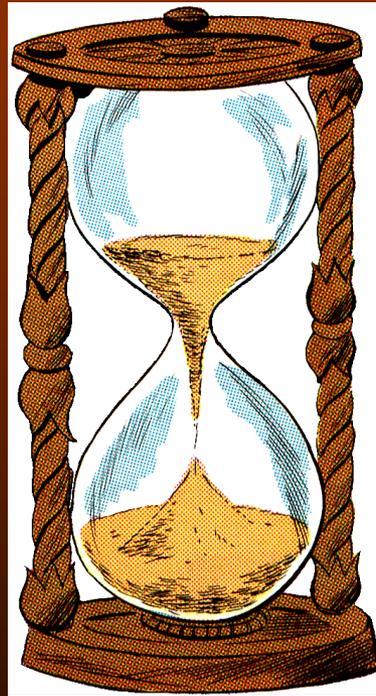
- Web site for the Virginia Office of EMS Durable Do Not Resuscitate Regulations, Protocols, Forms & other information:

www.VDH.Virginia.gov/OEMS

- The link for the DDNR Home Page is located on the **bottom left hand** corner.



Questions?



Virginia Department of Health

Office of Emergency Medical Services

