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**To:** Virginia EMS Agencies  
Regional EMS Councils  
Operational Medical Directors

**From:** Michael D. Berg  
Manager, Regulation and Compliance

**Subject:** Changes to current Durable Do Not Resuscitate (DDNR) *Code* language

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Two recent changes to the DDNR program will affect EMS providers, agencies, and educators . Effective July 1, 2009, only the person named on the DDNR form itself may revoke the DDNR. In addition, DDNR orders may now be signed by a licensed nurse practitioner. As a result of these changes, all EMS providers and agencies need to adjust their treatment and protocols accordingly.

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 in part:

*"B. If a patient is able to, and does, express to a health care provider or practitioner the desire to be resuscitated in the event of cardiac or respiratory arrest, such expression shall revoke the provider's or practitioner's authority to follow a Durable Do Not Resuscitate Order. In no case shall any person other than the patient have authority to revoke a Durable Do Not Resuscitate Order executed upon the request of and with the consent of the patient himself.*

*If the patient is a minor or is otherwise incapable of making an informed decision and the Durable Do Not Resuscitate Order was issued upon the request of and with the consent of the person authorized to consent on the patient's behalf, then the expression by said authorized person to a health care provider or practitioner of the desire that the patient be resuscitated shall so revoke the provider's or practitioner's authority to follow a Durable Do Not Resuscitate Order."*

Only the person named on a DDNR order (or person authorized to make the decision) may revoke the order; the next of kin no longer may override a DDNR when the patient becomes unable to speak for themselves. In the case of a minor, the person authorized to consent on the minor's behalf may revoke the order

This is a significant change in how EMS crews deliver emergency medical care. In addition, EMS agency leaders and EMS Medical Directors must realize the Code of Virginia supersedes all policies and protocols at both the state and local level. Typically, when an individual is unable to speak for themselves, EMS providers operate under the concept of "informed consent." However, when a situation involving a valid DDNR exists, EMS providers can no longer assume how the patient would want to be treated and must follow the DDNR as written

Based on a recommendation of a Joint Committee of the Boards of Nursing and Medicine, both the Board of Nursing and the Board of Medicine concur that a licensed nurse practitioner may sign DDNR forms en-lieu of a physician. In accordance with §§ 54.1-2957.02 and 54.1-2987.1 of the Code of Virginia and 18VAC90-30-120, and consistent with their normal delegated practice, nurse practitioners have the authority to write DDNR orders. In order to be clear and reduce confusion, a licensed nurse practitioner is an advanced practice nurse with prescriptive powers. Registered Nurses (RN) or Licensed practical/Vocational Nurses (LPN/LVN) are not included and cannot sign DDNR forms.

Additional revisions to the regulations related to the Durable Do Not Resuscitate (DDNR) program currently are pending the Governor's signature prior to release for public comment. The proposed changes to the DDNR regulations are posted on the Virginia Regulatory Town Hall site which can be found on-line at <http://townhall.virginia.gov/index.cfm>. The Virginia Regulatory Town Hall is the official Web site utilized by Virginia governmental agencies to post proposed regulations, notices and minutes to public meetings.