



Durable Do Not Resuscitate (DDNR) 2022 Update ADM - 103

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Durable Do Not Resuscitate Review

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Virginia Department of Health



Objectives

- Review Current DDNR Laws - COV 54.1-2987.1
- Review Current DDNR Regulations - 12VAC5-66
- Review Current DDNR Guidance Documents
- Review Current legally recognized Forms of DDNR
- Understand where to locate DDNR Resources
- Clarify misunderstandings related to end of life documents (DDNR & Advance Directives)
- Question and Answer Session
- Wrap Up

Code of Virginia

Durable Do Not Resuscitate Orders

54.1-2987.1

Article 8, Health Care Decisions Act

- Health care provider definition includes EMS personnel
- DDNR must be issued by a ***physician** for his patient with whom he has a bona fide physician/patient relationship as defined by VBOM
- DDNR order or “other” order regarding life-prolonging procedures executed in accordance with the laws of **another state** shall be deemed valid and given effect.
- If patient is able to, and does express the desire to be resuscitated, such expression shall revoke the providers authority to follow a DDNR order.
 - In no case shall any person other than the patient have authority to revoke a DDNR order executed upon the request and consent of the patient himself.

Code of Virginia

Durable Do Not Resuscitate Orders

54.1-2987.1

- DDNR form approved & provided by Virginia Board of Health (VDH) and delegated to the Office of EMS
- Shall not authorize any qualified EMS, or healthcare provider, who is attending the patient at the time of cardiac or respiratory arrest to provide, continue, withhold, or withdraw care if the provider knows that taking such action is protested by the patient
- No person (family) shall authorize providing, continuing, withholding, or withdrawing healthcare that such person knows, ought to know that taking such action is protested by the patient

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- Code of Virginia vests authority for DDNR regulations to the State Board of Health and directs the Board to prescribe by regulation the procedures and forms to authorize qualified healthcare personnel to follow DDNR orders.
- Chapter 66 Regulations require the following
 - DDNR must contain the signature and date of issue of both physician and person with whom a bona fide *physician/patient relationship exists.

**Nurse Practitioners/Physician Assistants signature is allowed if DDNR orders are included in the written protocol as a delegated act by the supervising physician. These guidance documents are available on OEMS website.*

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66



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 healthcare). (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 Administrative Code

Durable Do Not Resuscitate Orders

Physician Order for Scope of Treatment (POST) form

HIPAA permits disclosure to health care professionals and authorized decision makers for treatment	
Virginia Physician Orders for Scope of Treatment (POST) This is a Physician Order Sheet based on the patient's current medical condition and wishes. Any section not completed creates no presumption about the patient's preferences for treatment.	
Name Last / First / M.I. _____ Address _____ City / State / Zip _____ Date of Birth (mm/dd/yyyy) _____ Last 4 Digits of SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
A <input checked="" type="checkbox"/> one only	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing. <input type="checkbox"/> Attempt Resuscitation <input type="checkbox"/> Do Not Attempt Resuscitation (DDNR/DNR/No CPR) <i>If "Do Not Attempt Resuscitation" is checked, this is a DDNR order. See Page 2 for instructions for use.</i> If a previous Durable Do Not Resuscitate form or POST form indicating Do Not Attempt Resuscitation was signed by the patient, only the patient can consent to reversing such a Durable DNR Order.
When not in cardiopulmonary arrest, follow orders in B & C	
B <input checked="" type="checkbox"/> one only <i>If "Attempt Resuscitation" is checked in Section A, Virginia EMS protocol includes intubation when needed.</i>	MEDICAL INTERVENTIONS: Patient has pulse <u>and</u> is breathing. <input type="checkbox"/> Comfort Measures: Treat with dignity and respect. Keep warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Transfer to hospital <u>only</u> if comfort needs cannot be met in current location. Also see "Other Orders" if indicated below. <input type="checkbox"/> Limited Additional Interventions: Includes comfort measures described above. Do not use intubation or mechanical ventilation. May consider less invasive airway support (e.g., CPAP or BiPAP). Use additional medical treatment, antibiotics, and cardiac monitoring as indicated. Hospital transfer if indicated. Avoid intensive care unit if possible. Also see "Other Orders" if indicated below. <input type="checkbox"/> Full Interventions: In addition to Comfort Measures above, use intubation, mechanical ventilation, cardioversion as indicated. Transfer to hospital if indicated. Include intensive care unit. Also see "Other Orders" if indicated below. Other Orders: _____
C <input checked="" type="checkbox"/> one only	ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and fluids by mouth if feasible. <input type="checkbox"/> NO feeding tube (Not consistent with patient's goals given current medical condition) <input type="checkbox"/> Feeding tube for a defined trial period (specific goal to be determined in consultation with treating physician) <input type="checkbox"/> Feeding tube long-term if indicated Other Orders: _____
D <i>Must be signed by a physician, nurse practitioner or physician assistant</i>	PROVIDER SIGNATURE: My signature below indicates that I have discussed the decisions documented herein with the patient or the person legally authorized to consent on the patient's behalf and have considered the patient's goals for treatment to the best of my knowledge. DISCUSSED WITH (Required): <input type="checkbox"/> Patient <input type="checkbox"/> Agent named on Advance Directive <input type="checkbox"/> Other person legally authorized <input type="checkbox"/> Court appointed guardian SIGNATURE (REQUIRED): _____ DATE (REQUIRED): _____ PROVIDER NAME (REQUIRED): _____ PHONE: _____
Signature of Patient or Authorized Person (Required) Signature: _____ Date: _____ <i>If the patient signs and Do Not Attempt Resuscitation is checked in Section A, only the patient can revoke consent for the Do Not Resuscitate Order.</i> Print Name: _____ <i>If patient lacks capacity, describe authority to consent on the patient's behalf:</i> <i>If the patient has no Advance Directive, the following persons may consent for the patient in this order: Guardian, Spouse, Adult Children, Parents, Adult Siblings, Other Relative in descending order of blood relationship (Code of Virginia §54.1-2986)</i>	
FORM SHALL ACCOMPANY PATIENT WHEN TRANSFERRED OR DISCHARGED	

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patient label

HIPAA permits disclosure to health care professionals and authorized decision makers for treatment	
NAME: _____	Date of Birth: _____
CARE SETTING WHERE POST WAS COMPLETED <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Outpatient Practice <input type="checkbox"/> Other _____	
Name of Care Setting: _____ Name of Healthcare Professional Preparing Form: _____ Print Name: _____ Date: _____ Organization: _____	
This form is meant to reflect decisions for treatment based on the patient's current medical condition. It should be reviewed periodically and updated as needed with changes in condition, patient preferences, or setting.	
Instructions for Use of This Form	
Completing POST <ul style="list-style-type: none"> POST is not valid until signed by a physician, nurse practitioner or physician assistant who has a bona fide relationship with the patient. Nurse practitioners and physician assistants are authorized to sign POST forms under the Code of Virginia §54.1-2957.02 and §54.1-2952.2 respectively. Health care organizations may have policies that impose limitations on this authority based on the provider's individual scope of practice. Use of the original form is encouraged. A photocopy, fax or electronic version should be honored as if it were an original. 	
Using POST <ul style="list-style-type: none"> Patients may choose Full Interventions to authorize ventilation/intubation as a treatment for respiratory distress and still choose Do Not Attempt Resuscitation in the event of a full cardiopulmonary arrest. When comfort cannot be achieved in the current setting, the patient, including someone who has chosen "Comfort Measures," should be transferred to a setting able to provide comfort (e.g. treatment of a hip fracture). Review POST periodically and update if needed with changes in condition, patient preferences or setting. 	
Revoking/Making Changes to Section A <ul style="list-style-type: none"> Administrative Code of Virginia §12VAC5-66-10 states "Durable DNR order shall also include a Physician Orders for Scope of Treatment (POST) form." Therefore, provisions under Code of Virginia §54.1-2987.1 apply to POST Section A. If "Do Not Attempt Resuscitation" is checked in Section A, and Section D is completed, and the patient has signed this form, no one has the authority to revoke consent for the DDNR order other than the patient as stated in the Code of Virginia §54.1-2987.1. If "Attempt Resuscitation" is checked in Section A, a legally authorized decision maker may make changes to carry out the patient's preferences in light of the patient's changing condition. 	
Making Changes to Sections B and C <ul style="list-style-type: none"> To change any orders in these sections, the current POST form must be voided and a new POST form completed. If the POST is revoked and no new POST form is completed, full treatment and resuscitation may be initiated. If a patient tells a healthcare professional that they wish to revoke their consent to POST or change POST, the healthcare professional caring for the patient should draw a line through the front of the form and write "VOID" on the original, date and sign, and notify the patient's physician. A new POST form then may be completed if desired by the patient. If not in a healthcare facility, the patient (or person authorized to make decisions on the patient's behalf, in keeping with the patient's goals for treatment) may revoke consent for POST orders by voiding the form as described above and informing a healthcare professional. The healthcare professional must then notify the patient's physician so that appropriate orders may be written and a new POST form created if desired by the patient. If the patient signs this form and becomes unable to make healthcare decisions, a legally authorized decision maker may continue carrying out the patient's preferences in light of the patient's changing condition, and in consultation with the treating physician, may sign, revoke consent to, or request changes to the POST orders (except in Section A as noted above). 	
FORM SHALL ACCOMPANY PATIENT WHEN TRANSFERRED OR DISCHARGED	

POST forms are available to medical providers and organizations that have agreed to the standards set forth by the Virginia POST Collaborative. Contact: program.coordinator@virginiapost.org

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

Guidance Document: 90-33

Revised: Board of Nursing – March 19, 2009

Board of Medicine – February 14, 2019

Effective: May 16, 2019

Boards of Nursing and Medicine

Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR Orders)

In the Health Care Decisions Act (§ 54.1-2981 et seq. of the Code of Virginia), § 54.1-2987.1 provides that a Durable Do Not Resuscitate Order may be issued by a physician. § 54.1-2957.02 provides that, “Whenever any law or regulation requires a signature...by a physician, it shall be deemed to include a signature...by a nurse practitioner.”

Therefore, the Boards of Nursing and Medicine concur with the Committee of the Joint Boards that licensed nurse practitioners have the statutory and regulatory authority to write Do Not Resuscitate Orders in accordance with §§ 54.1-2957.02 and 54.1-2987.1 of the Code of Virginia and 18VAC90-30-120 of the Virginia Administrative Code.

The authority for a nurse practitioner to write DNR orders must be included in the written or electronic practice agreement as a delegated act by the collaborating patient care team physician and must be performed in consultation with the physician, unless the nurse practitioner has been authorized by the board for autonomous practice.

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

Guidance Document: 85-8

Adopted: 2/23/12
Reaffirmed: 10/18/18

Board of Medicine

Authority of Physician Assistants to write Do Not Resuscitate Orders (DNR Orders)

In the Health Care Decisions Act (§ 54.1-2981 et seq. of the Code of Virginia), § 54.1-2987.1 provides that a Durable Do Not Resuscitate Order may be issued by a physician. § 54.1-2952.2 provides that, “Whenever any law or regulation requires a signature...by a physician, it shall be deemed to include a signature...by a physician assistant.”

Therefore, the Board of Medicine concurs that licensed physician assistants have the statutory and regulatory authority to write Do Not Resuscitate Orders in accordance with §§ 54.1-2952.2 and 54.1-2987.1 of the Code of Virginia and 18VAC85-50-101 of the Virginia Administrative Code.

The authority for a physician assistant to write DNR orders must be included in the written protocol as a delegated act by the supervising physician and must be performed in consultation with the physician.

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- Acceptable Durable DNR Order
 - Official DDNR Form
 - provided by VDH-OEMS
 - located on OEMS website (download and print)
 - Only valid in English - (not valid in any other language)
 - Authorized Alternate DNR Order options
 - Durable DNR Jewelry
 - Must be purchased from the specific vendor approved by OEMS
 - Ordering information located on OEMS website

Authorized Virginia DDNR Jewelry



Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- Acceptable Durable DNR Order
 - Other DNR Orders (12VAC5-66-60)
 - Qualified health care personnel may honor a **legible or digital photocopy** of a DDNR as if it were an original.
 - **Written Physician DNR order** when admitted to facility or is in transit from a qualified healthcare facility; this order does not require the signature of the patient or person authorized to consent for the patient on the order itself.
 - **Direct Verbal order** issued by a licensed physician not to resuscitate when such physician is physically present.
 - **Out of State DDNR Forms** are valid in Virginia
 - Law requires a patient traveling to have one of these DDNR options accompany him.

Advance Directives - Living Wills

- These “End of Life Documents” are only relevant and legally binding while the patient is admitted to a medical facility.
- These documents have no legal weight, power, or effect when the patient is outside of, or in transit between a medical facility.
 - Living Will
 - Advance Directive
 - Healthcare Proxy
 - Power of Attorney (Medical)

A DDNR is the only legal document in the prehospital (EMS) environment that allows for a provider to withhold/withdraw resuscitation efforts in the event of a cardiac/respiratory arrest.

Who can withdraw a DDNR Order

- Only the person who signed the original DDNR order can withdraw the order per *Code of Virginia 54.1-2987.1.D*
 - Example: The patient sign's the original DDNR order in 2022; then in 2023 due to disease progression, the patient becomes unable to make decisions and the patient's spouse becomes their healthcare proxy (Medical Power of Attorney). The spouse does not have the legal authority or power to withdraw the DDNR, as they were not the original signer of the document.
 - Only when the proxy sign's the original DDNR can they withdraw the DDNR.

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- 12VAC5-66-80 DDNR Order Implementation Procedure
 - Qualified personnel shall comply with the following procedures and protocols when caring for a patient who is in cardiac or respiratory arrest and who is known or suspected to have a DDNR in effect.
 - Perform routine pt. assessment and resuscitation until a valid DDNR (original, copy, jewelry, or other DDNR) is confirmed.
 - Determine that the DDNR form or jewelry is not altered.
 - Verify, through drivers license or other identification with photograph and signature or by positive identification by a family member or other person who knows the patient, that the patient in question is the one for whom the DDNR was issued.
 - If the DDNR is intact, unaltered, and verified as issued for the patient, you may consider it valid.
 - Resuscitative measures to be withheld or withdrawn.

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- 12VAC5-66-80 DDNR Order Implementation Procedure
 - Resuscitative measures to be withheld or withdrawn
 - Cardiac Compression
 - Artificial Ventilation
 - Defibrillation
 - Endotracheal Intubation or other advanced airway management that pass beyond the oral pharynx
 - Administration of related procedures or cardiac medications

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- 12VAC5-66-80 DDNR Order Implementation Procedure
 - What you can provide to a DDNR patient during an arrest
 - Airway management - positioning, NPA/OPA devices
 - Suctioning
 - Oxygen
 - Pain Medications or IV fluids
 - Bleeding control
 - Patient Positioning
 - Other therapies deemed necessary to provide comfort care or to alleviate pain.

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- 12VAC5-66-80 DDNR Order Implementation Procedure
 - Revocation of a DDNR
 - If a patient is able to, and does, express to you the desire to be resuscitated in the event of cardiac or respiratory arrest, such expression shall revoke the providers authority to follow a DDNR order. In no case shall any person other than the patient have authority to revoke a DDNR.
 - Documentation when following a DDNR order
 - Document which DDNR type (Original, Alternate, Other, Jewelry) was used to confirm Durable DNR status and that it was intact, not altered, not canceled or officially revoked.
 - Record the name of the physician who issued the DDNR

Virginia Administrative Code

Durable Do Not Resuscitate Orders

12VAC5-31-66

- 12VAC5-66-80 DDNR Order Implementation Procedure
 - The following general principles shall apply to implementation of all DDNR Orders
 - If there is a misunderstanding with family members or others present at the patients location or if there are other concerns about following the Durable DNR order, contact the patient's physician or EMS medical control for guidance.
 - If there is any question about the validity of a Durable DNR order, resuscitative measures should be administered until the validity of the Durable DNR order is established.

Durable Do Not Resuscitate OEMS web-page

The screenshot displays the VDH Virginia Department of Health website. The header includes the VDH logo, the text "VIRGINIA DEPARTMENT OF HEALTH", and the tagline "To protect the health and promote the well-being of all people in Virginia". A search bar is located in the top right corner. Below the header is a navigation bar with links: HOME, ABOUT US, HOW DO I, HEALTH TOPICS A-Z, HEALTH DEPARTMENTS, DATA, NEWSROOM, PLAN FOR WELL-BEING, and CONTACT US.

The main content area is titled "DURABLE DO NOT RESUSCITATE PROGRAM". It includes a definition of the program, a section for "Durable DDNR Forms" with links to "Authorized DDNR Form and Instructions" and "How to Purchase DDNR Bracelets or Necklaces", and a section titled "What you need to know about DDNR and POST" with links to "DDNR FACT SHEET (Revised 12-2017)", "The Code of Virginia and Durable DDNR", "National POLST Paradigm", and "Virginia Post".

On the left side of the page is a sidebar menu with the following items:

- Office of Emergency Medical Services
- Virginia Certification/Ventilation
- Regulatory Enforcement Action Search
- Stay Connected
- Accreditation, Certification & Education
- Administration & Finance
- Community Health and Technical Resources
- Emergency Operations
- Regulation & Compliance Enforcement
- Agency Licensure
- Regulation
- Guidance Documents
- Criminal History Record
- Fingerprint Submission
- EMS Interstate Compact (REPLICA)
- Data Compliance Report
- Durable Do Not Resuscitate
- EMS Medical Directors
- Sample Policies/Agreements
- Trauma & Critical Care
- OEMS Information
- Other EMS Programs and Links

At the bottom of the sidebar menu, there is a link to "Email Newsletter".

Questions?



Take a Picture & save my contact information



Additional Questions?

Contact Information

Ron Passmore

804-888-9130

or

ron.passmore@vdh.virginia.gov



That's all Folks!