

Authorized Durable Do Not Resuscitate Order Form & Instructions

Purpose

The Durable Do Not Resuscitate (DDNR) Order and its regulations have been developed to carry out the intent of applicable Virginia law that provides a person the opportunity to execute a DDNR Order that comports with his/her wishes.

Applicability

The DDNR form may be honored by any "qualified health care personnel," which is defined as any qualified emergency medical services personnel and any licensed healthcare provider or practitioner functioning in any facility, program or organization operated or licensed by the State 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, or a licensed health care practitioner at any continuing care retirement community.

Instructions

12VAC5-66-70. Issuance of a Durable DNR Order Form or Other DNR Order.

A Durable DNR Order Form or Other DNR Order may be issued to a patient by a physician, with whom the patient has established a bona fide physician/patient relationship, only with the consent of the patient or, 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.

1. The use of the Virginia Department of Health's Office of Emergency Medical Services (VDH/OEMS) authorized Durable DNR Order Form is encouraged to provide uniformity throughout the health care continuum.
2. The authorized Durable DNR Order Form can be honored by qualified health care personnel in any setting.
3. Patients that are not within a qualified health care facility or receiving hospice or health care services at home must have an authorized Durable DNR Order Form (State Form) or alternate DDNR jewelry in order for the DDNR Order to be honored.
4. Other DNR Orders can be honored any time when a patient is within a qualified health care facility, during transfer between qualified health care facilities when the patient remains attended by qualified health care personnel or receiving hospice or health care services at home.
5. The physician shall explain to the patient or the person authorized to consent on the patient's behalf, the alternatives available for response in the event of cardiac or respiratory arrest. If the option of a Durable DNR Order is agreed upon, the physician shall have the following responsibilities:
 - a. Explain when the Durable DNR Order can be followed.
 - b. Explain how to and who may revoke the Durable DNR.
 - c. Document the patient's full legal name.
 - d. Document the execution date of the Durable DNR Order.
 - e. Obtain the signature of the patient or the person authorized to consent on the patient's behalf on all three forms; the patients copy, medical record copy, and the copy used for obtaining DNR Jewelry.

- f. The physician name should be clearly printed and the form signed.
- g. Note the contact telephone number for the issuing physician.
- h. Issue the original Durable DNR Order Form; Copy 1 is to be kept by the patient, Copy 2 is to be placed in the patient's medical record, and Copy 3 is kept by the patient to order DDNR Jewelry. All three copies may be honored by qualified health care personnel whether it is an original or photocopy.
- i. The person to whom a Durable DNR order applies or the person authorized to consent on the patient's behalf must present the following information to the approved vendor in order to purchase and be issued an approved Alternate Durable DNR necklace or bracelet. The necklace or bracelet must contain the following information:
 - i. The following words: Do Not Resuscitate;
 - ii. The patient's full legal name;
 - iii. The physician's name and phone number; and
 - iv. The Virginia Durable DNR issuance date.

Revocation

Revocation of a Durable DNR Order - A Durable DNR Order may be revoked at any time by the patient or an authorized decision maker if the decision maker initiated the DDNR Order (i) by physically destroying the Durable DNR Order Form or having another person in his/her presence and at his/her direction destroy the Durable DNR Order Form and/or any alternate form of identification; or (ii) by oral expression of intent to revoke. If an Other DNR Order exists and is revoked, health care personnel should assure the revocation is honored by updating or destroying the Other DNR Order.

Signature of the Patient

The patient shall be informed that they are signing that they direct that in case of cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation will not be initiated and not be continued once initiated. They shall understand that they 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. They shall also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

If the patient is a minor or not legally capable of making an informed decision the person authorized to consent on the patient's behalf shall sign that by virtue of their relationship to the patient (i.e. designated agent, guardian or committee, spouse, adult child, parent, adult brother or sister, other relative in descending order of blood relationship.) In this capacity, they direct that in the case of the patient's cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated and not be continued once initiated. They shall understand that they may revoke these directions at any time by physical cancellation or destruction of this form or by orally expressing this desire to be resuscitated to qualified health care personnel. They shall also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

More information can be found on-line at [Durable Do Not Resuscitate Program – Emergency Medical Services](#)



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



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



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

Guidance Document

“Other Do Not Resuscitate Order”

Virginia Office of EMS
Regulation & Compliance
Enforcement Division
1041 Technology Park Drive
Glen Allen, VA 23059
804-888-9130

March 18, 2022

To: Virginia licensed or certified health care providers to include EMS Providers

From: R.D. Passmore, NRP, TS-C – Director – Regulation & Compliance Enforcement Division

RE: Guidance Document – Accepted “Other DNR Order” forms per Virginia Administrative Code

Virginia Administrative Code – DDNR Regulations §12VAC5-66-60 – **Other DNR Orders**, states –

- A) *Nothing in these regulations shall be construed to preclude licensed health care practitioners from following any Do Not Resuscitate Order in accordance with the applicable policies and procedures of the health care facility in which they practice.*
- B) *Qualified health care personnel are authorized to honor any Other Do Not Resuscitate (DNR) Order as if it were a Durable Do Not Resuscitate Order when the patient is currently admitted to a hospital or other qualified health care facility or is in transit from a qualified health care facility provided that such order includes the same information as listed in subdivision 1 of 12VAC5-66-40, except that an Other DNR Order shall not be required to include the signature of the patient or a person authorized to consent for the patient on the order itself.*

Virginia Administrative Code – DDNR Regulation §12VAC5-66-10 – **Definitions**, defines “**Other DNR**” as “*Other Do Not Resuscitate Order*” or “*Other DNR Order*” means a written physician’s order not to resuscitate a patient in the event of cardiac or respiratory arrest on a form other than the authorized state standardized Durable DNR Form under policies and procedures of the health care facility to which the individual who is the subject of the order has been admitted.

Acceptable Virginia Durable DNR Orders shall also include:

- Alternate Durable DNR jewelry *as approved by the Virginia Office of EMS*
- Physician Order for Scope of Treatment (POST)
- Medical Orders for Scope of Treatment (MOST)
- Physician Orders for Life Sustaining Treatment (POLST)
- Medical Orders for Life Sustaining Treatment (MOLST)
- Out of State DNR Orders
- EMS Transfer Orders by sending Physician can include a written DNR order and does not require the patient, or a person authorized to consent for the patient, signature on the order itself.

All DNR Orders must be in English ONLY! Healthcare providers are not required to be proficient in any other language. DNR orders written in another language will likely not be followed or understood by the provider.

Durable DNR Order information can be found on the Office of EMS website by following this [link](#).



How to Purchase Durable Do Not Resuscitate Bracelets and Necklaces

Bracelets and Necklaces Vendors

Durable DNR bracelets and necklaces that can be honored in place of the Virginia Durable DNR Order by qualified health care providers are available from two approved vendors. Only approved necklaces or bracelets can be honored.

The two approved vendors have agreed to put the state required information on the items and require the purchaser to submit "Copy 3" of their Virginia Durable DNR Order. Prices start at \$25.00. **The Office of EMS does not sell or provide these items.** Anyone who has a Virginia Durable DNR order and wants an approved bracelet or necklace can purchase them from one of these vendors:

StickyJ Medical ID

10801 Endeavour Way #B
Seminole, FL 33777
Phone: (866) 497-6265 (toll free)
Fax: (727) 490-5446
E-mail:
customerservice@stickyj.com

Order Link (click name below):
[StickyJ Medical ID – Order Online](#)
[StickyJ Medical ID – Mail order Form](#)

Appomattox Drug Store, Inc.

P. O. Box 489
Appomattox, VA 24522
Phone: (800) 330-7225 / (434) 352-7161
Fax: (434) 352-2180
Email:
appomattoxdrugstore@jetbroadband.com

Order Link (click name below):
[Appomattox Drug Store - Order Form](#)

Information on the Office of EMS Web Page

Further information about the Durable DNR program is on the Office of EMS Web site at [Durable Do Not Resuscitate Program – Emergency Medical Services](#).

If you have questions about obtaining online Durable DNR forms or the Durable DNR Program please contact OEMS Support by E-mail at support@OEMSSupport.kayako.com or by phone at (804) 888-9131.

Durable Do Not Resuscitate (DDNR) FACT SHEET

Virginia Department of Health Office of Emergency Medical Services

Information for the public related to obtaining a DDNR order/form:

- Who Can Obtain a Durable Do Not Resuscitate (DNR) Order?

Persons desiring to have a DDNR order in place need to speak with a physician that they have a “bona-fide” patient-physician relationship with, such as your primary care physician. A nurse practitioner (NP) may also write a DDNR order following the same rules that apply when prescribing other treatments.

If the person, for whom a DDNR order is sought, is a minor or is otherwise incapable of making an informed decision regarding consent for such an order, the person authorized to consent on the person's behalf may initiate a DDNR order with the person's physician.

Information and Responsibilities for Health Care Providers Issuing (DNR) orders:

- The use of the State's DDNR form is encouraged for uniformity throughout the health care continuum.
- The State's DDNR form can be honored by qualified health care personnel in any setting.
- Patients that will not be within a qualified health care facility (i.e. at home) must have an authorized State DDNR form or alternate DDNR jewelry in order for the DDNR to be honored.
- “Other DNR” orders can be honored 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.)
- If the option of a DDNR is agreed upon, the physician shall have the following 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;
 - 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.

Information for Virginia Certified Emergency Medical Service (EMS) Providers:

- Do EMS Providers need to see an original Durable DNR or Other DNR Order?

NO; as of July 21, 2011 legible copies of a DDNR order may be accepted by qualified health care providers

- What types of DDNR forms or orders can be honored by EMS providers?
 - The VDH/OEMS “State” DDNR form (old or new) can be honored at any time.
 - Authorized “Alternate DDNR Jewelry” can be honored at any time, but it must contain the prescribed information.

- A verbal order from a physician can be honored by a certified EMS provider. The verbal order may be by a physician who is physically present and willing to assume responsibility or from on-line medical control.
- “Other” DNR Orders: this is the term used to define a physician’s written DNR order when it is in a format other than the State form. “Other” DNR Orders should be honored by EMS providers’ when the patient is within a license health care facility or being transported between health care facilities if the DNR 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.

How to Download the DDNR and Find Additional Information on the DDNR program:

As of July 21, 2011 the State DDNR form has been changed to a downloadable document that can be found on-line on the VDH/OEMS website at [Durable Do Not Resuscitate Program – Emergency Medical Services](#).

- The new downloadable DDNR form:
 - The revised DDNR form can be printed on any color paper (white paper printed on a color printer is the recommended.)
 - Health care providers may honor a legible copy of any of the three paged revised DDNR form. The patient copy, medical record copy, or DDNR jewelry copy all may be honored.
 - It is recommended that all photocopies of DDNR forms, of any type, be of actual size
- 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.

This Web site includes:

- The downloadable DDNR form
- DDNR Fact Sheet
- How to Fill Out the Durable Do Not Resuscitate Form
- How to Purchase DDNR Bracelets and Necklaces
- The applicable Virginia laws (Code of Virginia) related to DDNR
- Virginia Durable DNR Regulations

For technical assistance downloading the form you may contact Support at the Office of Emergency Medical Services at (804)888-9149 or support@OEMSSupport.kayako.com or write 1041 Technology Park Drive, Glen Allen, Virginia 23059.

