WEST VIRGINIA CODE: §16-30C-6

§16-30C-6. Issuance of a do-not-resuscitate order; order to be written by a physician, a physician's assistant, or an advanced practice registered nurse.

(a) An attending physician, a physician's assistant, or an advanced practice registered nurse may issue a do-not-resuscitate order for persons who are present in or residing at home or in a health care facility if the person, representative, or surrogate has consented to the order. A do-not-resuscitate order shall be issued in writing in the form as described in this section for a person not present or residing in a health care facility. For persons present in health care facilities, a do-not-resuscitate order shall be issued in accordance with the policies and procedures of the health care facility or in accordance with the provisions of this article.

(b) Persons may request their physicians, physician's assistants, or advanced practice registered nurses to issue do-not-resuscitate orders for them.

(c) The representative or surrogate decisionmaker may consent to a do-not-resuscitate order for a person with incapacity. A do-not-resuscitate order written by a physician, a physician's assistant, or an advanced practice registered nurse for a person with incapacity with the consent of the representative or surrogate decisionmaker is valid and shall be respected by health care providers.

(d) A parent may consent to a do-not-resuscitate order for his or her minor child, provided that a second physician, physician's assistant, or advanced practice registered nurse who has examined the child concurs with the opinion of the attending physician, physician's assistant, or advanced practice registered nurse that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards. If the minor is between the ages of 16 and 18 and, in the opinion of the attending physician, physician's assistant, or advanced practice registered nurse the minor is of sufficient maturity to understand the nature and effect of a do-not-resuscitate order, then no such order shall be valid without the consent of such minor. In the event of a conflict between the wishes of the parents or guardians and the wishes of the mature minor, the wishes of the mature minor shall prevail. For purposes of this section, no minor less than 16 years of age shall be considered mature. Nothing in this article shall be interpreted to conflict with the provisions of the Child Abuse Prevention and Treatment Act and implementing regulations at 45 CFR 1340. In the event conflict is unavoidable, federal law and regulation shall govern.

(e) If a surrogate decisionmaker is not reasonably available or capable of making a decision regarding a do-not-resuscitate order, an attending physician, physician's assistant, or advance practice registered nurse may issue a do-not-resuscitate order for a person with incapacity in a health care facility: *Provided,* That a second physician who has personally examined the person concurs in the opinion of the attending physician, physician's assistant, or advanced practice registered nurse that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards.

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(f) For persons not present or residing in a health care facility, the do-not-resuscitate order shall be noted on a physician, physician's assistant, or advanced practice registered nurse orders for scope of treatment form or in the following form on a card suitable for carrying on the person:

Do-Not-Resuscitate Order

"As treating physician, physician's assistant, or advanced practice registered nurse of _____ and a licensed physician, physician's assistant, or advanced practice registered nurse, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest. This order has been discussed with _____ or his/her representative _____ or his/her surrogate decisionmaker _____ who has given consent as evidenced by his/her signature below.

Provider Name

_____

Provider Signature _____

Address _____

Person Signature _____

Address _____

Surrogate Decision Maker Signature _____

Address _____".

(g) For persons residing in a health care facility, the do-not-resuscitate order shall be reflected in at least one of the following forms:

(1) Forms required by the policies and procedures of the health care facility;

(2) The do-not-resuscitate card as set forth in subsection (f) of this section; or

(3) The physician, physician's assistant, or advanced practice registered nurse orders for scope of treatment form.

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