



Medical Assistance In Dying (MAID) Procedure Checklist for Administration of Medications

Additional Patient Information

Attending Physician/Nurse Practitioner: _____

Family Physician/Nurse Practitioner: _____

Diagnosis: _____

Location: Hospital: _____ Patient's Home: _____ Other: _____

Pre-Procedure Requirements

- Vitalité Administrative Checklist
- Do Not Resuscitate Order
- Patient's Request Form
- Signed Consent
- Arrangements completed for medications to be dispensed on (date): _____
- Call to family to confirm date and time of procedure: _____
- Any special requests after death: _____
- Details of support required and confirmed: _____
- Equipment needs identified: _____
- Notes: _____

Day of Procedure

Date: _____

Health Care Providers present during administration of medications: _____

Family/Others present during administration of medications: _____

Medications to be administered available in kit and ready for use

Attending Physician/Nurse Practitioner's Statement:

The patient named above:

- Has verbally reiterated his or her request for medical assistance in dying after having been fully informed of his or her right to rescind the request at any time Yes No (if no, procedure must be suspended)
- Is acting voluntarily Yes No (if no, procedure must be suspended)

Physician/Nurse Practitioner (Print)

Signature of Physician/Nurse Practitioner

Date

Procedure suspended: Yes (see Physician/Nurse Practitioner Progress Notes)



Medical Assistance In Dying (MAID) Procedure Checklist for Administration of Medications

Medication Administration Record for Medications Administered Via the ORAL ROUTE

(this page only completed if self-administered MAID)

1. GASTRIC MOTILITY/ NAUSEA PREVENTION (ONE of the following)				
Date & Time	Medication	Dose	Route	Signature
	Metoclopramide	20 mg	PO one hour prior to ingesting Coma-Inducing Compound	
OR				
	Ondansetron	8 mg	PO one hour prior to ingesting Coma-Inducing Compound	
2. ANXIOLYTIC (only to be used if needed)				
Date & Time	Medication	Dose	Route	Signature
	LORazepam	0.5 to 1 mg	Sublingually 5 to 10 minutes before ingesting Coma-Inducing Compound, if needed for anxiety	
3. COMA INDUCING COMPOUND TO BE ADMINISTERED BY MOUTH				
Date & Time	Medication	Dose	Route	Signature
	Compound Components: PHENobarbital powder* 20 g Chloral hydrate powder* 20 g Morphine sulphate powder* 3 g Acesulfame Potassium 365 mg Steviol Glycosides 95% 370 mg Magnasweet® 360mg *active ingredients Suspending Liquid Components: Tutti Frutti Artificial Flavour 3.6 mL Marshmallow Artificial Flavour 2.4 mL Distilled Water 20 mL Ora-Plus/Ora-Sweet 50/50 qs to 90 mL	Entire prescription	PO Mix powder with Suspending Liquid to correct consistency Ingest in less than 4 minutes	
OR				
	Compound Components: PHENobarbital powder* 20 g Chloral hydrate powder* 20 g Morphine sulphate powder* 3 g Acesulfame Potassium 365 mg Steviol Glycosides 95% 370 mg Magnasweet® 360mg *active ingredients Suspending Liquid: Distilled water 120 mL	Entire prescription	NG or PEG Tube Mix powder with 120 mL water Administer in less than 4 minutes. Flush tube with 60-90ml of water after administration	

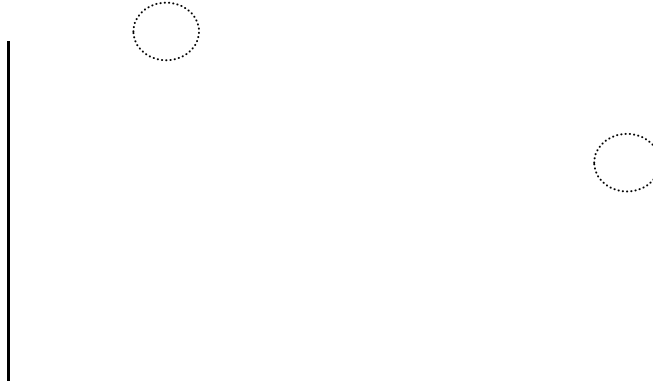
Medical Assistance In Dying (MAID) Procedure Checklist for Administration of Medications

Medication Administration Record for Medications Administered via the INTRAVENOUS ROUTE
(this page only completed if physician/nurse practitioner administered MAID or if self-administered MAID not effective after 1 hour)

1. ANXIOLYTIC				
<i>Flush injection device before starting protocol with 1 x 10 mL pre-filled syringe of sodium chloride 0.9%.</i>				
Date & Time	Medication	Dose	Route	Signature
	LORazepam 1mg tablets	2mg (2 tablets)	Sublingual	
OR				
	Midazolam 5 mg/mL	10 mg = 2 mL	IV over 4 minutes	
	Second dose, only if required			
2. LOCAL ANAESTHETIC (ONE of the following)				
Date & Time	Medication	Dose	Route	Signature
	Lidocaine 2% (20 mg/mL)	40 mg = 2 mL	IV over 30 seconds	
OR				
	Magnesium Sulphate Use if severe allergy (anaphylaxis) to lidocaine	1000 mg in 10 mL (diluted to 10 mL with sodium chloride 0.9%)	IV Administer slowly over 5 minutes	
3. COMA INDUCING AGENT (ONE of the following) Second dose included in each kit to be used if required (enter information in blank space if used)				
Date & Time	Medication	Dose	Route	Signature
	Propofol 10 mg/mL Shake before use Do not refrigerate	1000 mg = 100 mL (1000 mg contained in 4 syringes containing 250 mg each)	IV Administer each syringe slowly over 1.5 minutes	
	Second dose, only if required			
OR				
	PHENobarbital 120 mg/mL	3000 mg = 25 mL (further dilute to 50 mL with sodium chloride 0.9%)	IV Administer slowly over 5 minutes	
	Second dose, only if required			
<i>Flush injection device with 2 x 10 mL pre-filled syringes of sodium chloride 0.9% following administration of coma inducing agent.</i>				
4. NEUROMUSCULAR BLOCKING AGENT (ONE of the following)				
Date & Time	Medication	Dose	Route	Signature
	Rocuronium 10 mg/mL	200 mg = 20 mL	IV rapid	
OR				
	Cisatracurium 2 mg/mL	30 mg = 15 mL	IV rapid	
<i>Flush injection device with 1 x 10 mL pre-filled syringe of sodium chloride 0.9% following administration of neuromuscular blocking agent.</i>				



**Medical Assistance In Dying (MAID)
 Procedure Checklist for Administration of
 Medications**



5. MEDICATION TO ENSURE CARDIAC ARREST - OPTIONAL				
Date & Time	Medication	Dose	Route	Signature
	Bupivacaine 5 mg/mL	400 mg = 80 mL (400 mg contained in 4 syringes containing 100 mg each)	IV Over 30 to 60 seconds	

Flush injection device with 1 x 10 mL pre-filled syringe of sodium chloride 0.9% following administration of medication to ensure cardiac arrest.

Interdisciplinary Progress Notes

Date	Time 24hr	Focus	D – Data A – Action R – Response P - Plan

Physician/Nurse Practitioner Progress Notes

Date: _____ (yyyy-mm-dd)

Post Procedure

Date and Time of Death: _____ Pronounced by: _____
yyyy-mm-dd

Date and Time body was removed: _____
yyyy-mm-dd

Body taken to: _____

Comments : _____

Name (Print) Signature Date (yyyy-mm-dd) & Time

Copies sent to: Risk Management and Pharmacy