



Adressograph card, patient label or:

Name:

DOB:

Medicare #:

File #:

## MEDICAL ASSISTANCE IN DYING (MAID)

Self-Administered

### MEDICAL ORDERS

#### Verification of Prescriber's Declaration

The pharmacist, prior to processing the prescription, shall verify the prescriber's declaration. ***The intention is NOT that the pharmacist performs an assessment of the patient's eligibility criteria – all assessments are performed by physicians and/or nurse practitioners.***

PRESCRIBER'S DECLARATION	Physician's or Nurse Practitioner's Signature
<ul style="list-style-type: none"> <li>I affirm that the patient meets the criteria as defined for MAID</li> </ul>	
<ul style="list-style-type: none"> <li>I affirm that I received consent from the patient authorizing MAID</li> </ul>	
<ul style="list-style-type: none"> <li>I affirm that the patient has been informed that the medications prescribed for MAID may induce nausea and/or vomiting.</li> </ul>	

Scheduled date and time of administration:

Location:  Hospital  Home

Prescriber must check box to indicate drug being ordered. The prescriber must also complete and sign Form RC-79 (see page 3).

#### 1. NAUSEA PREVENTION / GASTRIC MOTILITY – Select ONE.

Medication	Total quantity per kit	Dosage
<input type="checkbox"/> Metoclopramide 10 mg tablets	2 tablets of 10 mg	Take 2 tablets (20 mg) one hour prior to ingesting Coma-Inducing Compound.
<b>OR</b>		
<input type="checkbox"/> Ondansetron 8 mg tablet	1 tablet of 8 mg	Take 1 tablet (8 mg) one hour prior to ingesting Coma-Inducing Compound.

#### 2. ANXIOLYTIC (Optional)

Medication	Total quantity per kit	Dosage
<input type="checkbox"/> LORazepam 0.5 mg tablets	2 tablets of 0.5 mg	1 to 2 tablets (0.5 to 1 mg) sublingually, 5 to 10 minutes before ingesting Coma-Inducing Compound, if needed for anxiety.

Signature (authorized prescriber)

yyyy-mm-dd

Time

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#### 3. COMA-INDUCING COMPOUND

Supply the following powders combined in a wide-mouth amber bottle :

Component	Quantity
PHENobarbital powder*	20 g
Chloral hydrate powder*	20 g
Morphine sulfate powder*	3 g
Acesulfame potassium powder	365 mg
Steviol Glycosides 95 % powder	370 mg
Magnasweet® powder	360 mg
*active ingredients	

#### 4. SUSPENDING LIQUID – to be provided with Coma-Inducing Compound Prescription. Select ONE.

**NOTE: If to be administered via PEG or NG tube, the required Suspending Liquid is 120 mL of water.**

Supply the following liquids combined in a separate amber bottle:

Component	Quantity
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

**OR**

Supply the following liquid in a separate amber bottle:

Component	Quantity
Distilled water	120 mL

**NOTE :**

- The prescription label must indicate that once the powders and suspending liquid are combined, the resulting mixture must be discarded if not used within 24 hours.
- The prescription label for the suspending liquid must indicate that the beyond use date of the suspending liquid is 7 days after the date when the liquid was prepared.

#### 5. OTHER MEDICATIONS – As deemed appropriate by the prescriber for symptom management :

The prescriber must provide the « DIRECTIONS FOR PATIENTS FOR SELF-ADMINISTERED MEDICAL ASSISTANCE IN DYING » along with verbal explanation of the instructions.

Signature (authorized prescriber)

yyyy-mm-dd

Time



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When MAiD is administered by the patient, IV drugs must be prescribed and provided for use, if death does not occur within one hour of ingestion of the oral drugs.

Thus, the prescriber must complete and sign Form RC-79 - MEDICAL ASSISTANCE IN DYING (MAID) - Administered by the physician or nurse practitioner to accompany any form RC-80.

PRESCRIBER INFORMATION			
Print Name			
Signature			
Date			
CPSNB <sup>1</sup> Licence Number/ NANB <sup>2</sup> NP License Number			
Mailing Address			
Telephone Number			
PHARMACIST INFORMATION			
Print Name			
Signature			
Date			
Pharmacy Mailing Address			
Telephone Number			
RECORD OF DISPENSING – SIGNATURE OF PHARMACY STAFF AND PRESCRIBER AT TIME OF DISPENSING			
Name of pharmacy staff		Signature	
Prescriber's signature			
Date and time			

<sup>1</sup> CPSNB = College of Physicians and Surgeons of New Brunswick

<sup>2</sup> NANB NP = Nurses Association of New Brunswick Nurse Practitioner