



Medical Assistance in Dying ADULT

PHARMACY REQUIRES AT LEAST 48 HOURS
NOTICE FOR ALL MAiD REQUESTS

Patient Name: _____

HCN: _____

Allergies: _____

NO KNOWN Allergies

Verification of Request:		
<ul style="list-style-type: none"> Physician initials each of the three criteria of the Affirmation section. Prior to processing the medication orders, the pharmacist verifies (by initialing) that the prescribing physician has initialed the three criteria. Copies of the documents to be provided to pharmacist prior to dispensing. 		
Criteria: The Pharmacist can only release medication for MAiD to the prescribing physician.	Physician's Initials	Pharmacist's Initials
I have:		
<ul style="list-style-type: none"> Affirmed that the patient has been assessed to have decisional capacity Affirmed that the patient has been determined to suffer from a grievous and irremediable medical condition Received consent from the patient authorizing medical assisted dying 		
Collaboration:		
The prescribing physician and pharmacist must discuss:	Physicians Initials	Pharmacists Initials
<ul style="list-style-type: none"> The protocol selected The time the medications are required Administration of medications in syringes. If prepared at bedside, administered within one-hour post preparation Procedures for returning unused medications to pharmacy 		
Flush IV line after each medication to ensure entire dose is given AND to avoid incompatibilities		
Physician's Orders:		Physician's Initials
<u>Antiemetic: (Optional, at discretion of physician)</u> <ul style="list-style-type: none"> METOClopramide 10 mg IV (The onset of pharmacologic action following IV administration is 1 to 3 minutes, time to peak concentration IV is 15 minutes) 		
<u>Anxiolytic:</u> <ul style="list-style-type: none"> MIDazolam 2.5 mg to 10 mg IV over 2 minutes. May repeat additional dose x 1 PRN (The onset of sedation occurs 3 to 5 minutes after an IV MIDazolam dose in adults) 		
<u>Local Anaesthetic:</u> <ul style="list-style-type: none"> LIDOcaine 2% without epinephrine 40 mg IV over 30 seconds 		
<u>COMA Inducing Agent:</u> <ul style="list-style-type: none"> PROpofol 200mg/20ml IV by slow injection over 1 minutes. Repeat for a total of 5 doses (PROpofol 1000mg over 5 minutes, onset within 60 seconds for most patients) 		
<u>Neuromuscular Blocker Injection</u> <ul style="list-style-type: none"> ROCuronium bromide 200 mg/20 mL – by rapid IV injection OR if ROCuronium is not available CISATracurium 20mg / 10 mL – 30mg (15mL) by rapid IV injection 		

IV Flush:

- Normal Saline 0.9% - 10 mL x 6

Flush IV line after each medication to ensure entire dose is given AND to avoid incompatibilities

Two kits are to be prepared. Unused medication is returned to Pharmacy by the physician within 48 hours.

Kit # issued: _____

Physician's Name: _____

Date: _____

Physician's Signature: _____

Pharmacist's Name: _____

Date: _____

Pharmacist's Signature: _____

Unused medication is returned to Pharmacy by the physician within 48 hours. Signatures acknowledging the return of kits post MAiD procedure as below:

Kit # returned: _____

Physician's Name: _____

Date: _____

Physician's Signature: _____

Pharmacist's Name: _____

Date: _____

Pharmacist's Signature: _____

For Pharmacy Use Only

Entered By:

Filled By:

Checked By:

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Appendix

Medications used in MAiD

1. **ANXIOLYSIS**

Anxiolysis is by slow direct intravenous injection of midazolam is indicated before coma induction.

Table 1
Anxiolysis

	DOSAGE BASED ON PATIENT STATUS	ROUTE AND DURATION OF ADMINISTRATION	ONSET OF ACTION
Midazolam 2.5 mg/mL	MID azolam 2.5 mg to 10 mg IV over 2 minutes. May repeat additional dose x 1 PRN based on patient response	Direct IV injection, over 2 minutes	3 to 5 minutes

2. **LOCAL ANESTHETIC USE**

Intravenous injection of these medications is often painful and an injection of parenteral lidocaine without epinephrine or, if there is a known allergy to lidocaine, an injection of magnesium sulfate, must be given first.

Table 2
Local Anesthetic Use

MEDICATION	DOSAGE	ROUTE OF ADMINISTRATION	DURATION OF ADMINISTRATION	EXPECTED EFFECTS
Parenteral LIDocaine 2% without EPINEPHrine	40 mg (2mL)	Direct IV Injection	30 seconds	Local Analgesia

3. **ARTIFICIAL COMA INDUCTION**

An artificial coma that is deep enough to prevent the patient from feeling the effects of the neuromuscular blocker must be induced. With the products and doses recommended in this protocol, the risk of loss of consciousness being inadequate or too brief is very low.

The medication used to induce an artificial coma is propofol.

Table 3
Artificial Coma Induction

MEDICATION	DOSAGE	ROUTE OF ADMINISTRATION	DURATION OF ADMINISTRATION	EXPECTED EFFECTS	ADVERSE EFFECTS
Propofol 200mg/20mL	1000 mg (5x20 mL) At the slightest doubt, continue coma induction by increasing the dose of medication	Slow Direct IV Injection	5 minutes (200mg by slow IV injection over 1 minute x 5)	Cardio-vascular and respiratory depression	Pain on Injection

4. **NEUROMUSCULAR BLOCKER INJECTION**

Intravenous injection of a sufficient dose of neuromuscular blocker causes paralysis of the striate muscles (except the myocardium) within minutes. The resulting respiratory arrest leads to death by anoxia.

Table 4
Neuromuscular Blocker – Medications for injection, in order of administration

MEDICATION	DOSAGE	ROUTE OF ADMINISTRATION	DURATION OF ADMINISTRATION	EXPECTED EFFECTS
ROCuronium Bromide 10 mg/mL (1st Line)	200 mg (20 mL)	Rapid Direct IV Injection		Respiratory arrest, followed by cardiac arrest and death
Cisatracurium Besylate 2 mg/mL (2nd Line)	30 mg (15 mL)	Rapid Direct IV Injection		Respiratory arrest, followed by cardiac arrest and death