

Medication Administration Record for Medical Assistance in Dying - IV Protocol

Patient Information: Name: _____ DOB: _____ HCN: _____		Date of provision of MAID:		
		Time of loss of consciousness:		
Medication		Practitioner Administered		
		Dose/Route	Time	Initial
1. Anxiolytic				
midazolam 10 mg IV over 2 minutes, a repeat dose may be necessary				
2. Local Anesthetic (choose either option 'a' or 'b' as appropriate)				
a. lidocaine 40 mg IV over 30 seconds, a repeat dose may be necessary				
b. magnesium sulfate 1000 mg (diluted to 10 mL with normal saline) IV over 5 minutes, a repeat dose may be necessary				
3. Coma-inducing Agent				
propofol 1000 mg IV over 5 minutes, if an additional dose is required, give: propofol 500 mg IV over 2.5 minutes				
4. OPTIONAL - Normal saline flush –If IV tubing is of significant length and volume, consider IV flush with 10 mL normal saline.				
7. Neuromuscular Blocker (choose either option 'a' or 'b' as appropriate)				
a. rocuronium 200 mg by rapid IV injection, a repeat dose may be necessary				
b. cisatracurium 40 mg by rapid IV injection, a repeat dose may be necessary				

8. Normal saline flush – 10 mL			
9. Additional medications (please specify)			
Practitioner Name:			
Practitioner Signature:			

Medication Administration Record for Medical Assistance in Dying - Oral Protocol

Patient Information: Name: _____ Date of Birth: _____		Date of provision of MAID: _____		
HCN: _____	Allergies: _____	Time of loss of consciousness: _____		
Medication		Self-administered		
		Dose/Route	Time	Initial
1. Gastric Motility/Nausea Prevention (administer both metoclopramide and haloperidol, ondansetron is optional)				
haloperidol 2 mg PO/SC/IV one hour prior to ingestion of coma-inducing compound		_____	_____	_____
metoclopramide 20 mg PO/SC/IV one hour prior to ingestion of coma-inducing compound		_____	_____	_____
ondansetron 8 mg PO/SC/IV one hour <u>prior</u> to ingestion of coma-inducing compound (if intolerant to metoclopramide)		_____	_____	_____
2. Anxiolytic				
lorazepam 0.25-0.5 mg SL PRN if the patient has significant anxiety		_____	_____	_____
3. Coma-inducing Compound				
diazepam powder 1 g		_____	_____	_____
digoxin tablets 50 mg		_____	_____	_____
propanolol tablets 2 g		_____	_____	_____
<input type="checkbox"/> morphine sulfate powder 15 g* - included <i>*omit morphine if patient has had a recent opioid rotation from morphine due to neurotoxicity</i>		_____	_____	_____
Mix coma-inducing compound into 100-125 mL of water, clear juice, or alcoholic beverage. Agitate until smoothly mixed and milk-like. Ingest entire contents immediately within 1-2 minutes.		_____	_____	_____
4. Additional medications (please specify)				
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
Practitioner Name: _____				
Practitioner Signature: _____				

Medication Administration Record for Medical Assistance in Dying - Symptom Management Protocol

Patient Information:		Date of provision of MAID:		
Name:	Date of Birth:			
HCN:	Allergies:			
Medication		Administered		
		Dose/Route	Time	Initial
1. Managing Emesis (choose option 'a', 'b', or 'c' as appropriate)				
<p>a. haloperidol 5 mg SC/IV immediately, then 0.5-1 mg SC/IV every 2 hours PRN</p>				
<p>b. metoclopramide 10 mg SC/IV immediately, then 10-30 mg SC/IV every hour PRN</p>				
<p>c. ondansetron 8 mg SC/IV immediately, then 8 mg SC/IV every 8 hours PRN</p>				
2. Managing Respiratory Secretions (choose option 'a', 'b', or 'c' as appropriate)				
<p>a. glycopyrrolate 0.4 mg SC/IV immediately, then 0.2 – 0.4 mg SC/IV every 2 hours PRN</p>				
<p>b. scopolamine 0.4 mg SC/IV immediately, then 0.4 mg SC/IV every 2 hours PRN</p>				
<p>c. atropine 0.6 mg SC/IV immediately, then 0.6 mg SC/IV every 4 hours PRN</p>				
3. Managing Seizures (choose option 'a' or 'b' as appropriate)				
<p>a. midazolam 5 mg SC/IV immediately and repeat every 10 minutes PRN</p>				

b. lorazepam 2 mg SC/IV immediately and repeat every 20 minutes PRN			
4. Managing Pain or Distress (choose option 'a', 'b', or 'c' as appropriate)			
a. morphine SC/IV _____ mg every_hours prn			
b. hydromorphone SC/IV _____ mg every_hours prn			
c. fentanyl SC/IV _____ mcg every_hours prn			
Practitioner Name:			
Practitioner Signature:			