Section II – Prescriptions for Medical Assistance in Dying

Prescriptions

Demographic Information	
Patient Name: Date of birth: HCN: Address: Allergies:	Providing Practitioner Name: License Number: Telephone Number: Address

Verification of Request

The Providing Practitioner shall affirm and initial all of the criteria. Prior to processing the prescription, the pharmacist shall verify with the Providing Practitioner that all assessments have been completed and that the patient has been deemed to satisfy all of the criteria. Verification occurs when the pharmacist asks the Providing Practitioner whether each of the criterion listed below have been met and an affirmative response is received for each criterion. The pharmacist shall document verification by initialing beside each criterion. Review of documentation is not required by the pharmacist.

I have:	**Practitioner Initials**	**Pharm Initials**
• 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; and		
• affirmed that the patient has provided consent for Medical Assistance in Dying		

Collaboration

The Providing Practitioner and the pharmacist must discuss:	**Practitioner Initials**	**Pharm Initials**
• the protocol selected, including review of all medications and order of administration		
• additional or alternative medications required		
• the scheduled time for the provision of Medical Assistance in Dying		
• the time required to procure, prepare and transport the medications		
• how to complete the medication administration record		
• procedure for returning unused medications to the pharmacy		

It is REQUIRED that the Providing Practitioner be in attendance during self-administration of the oral protocol in the event of medical complications or failure of the medication.

In the event of intolerance to the medications, an extended dying period, or failure to die after self-administration of the oral protocol, the decision may be made to proceed with the IV protocol. Active consent to proceed to the IV protocol will have to be obtained at the time of consent being obtained for Medical Assistance in Dying and will be part of the consent for the procedure. Arrangements must be made with pharmacy in advance to ensure the IV protocol is available to the providing practitioner in the case that conversion is required.

Refer to the Protocol Based Drug Information below for detailed instructions on medication prescribing and preparation.

Pharmacist Initials: _____ Pharmacist signature: _____ Date: _____

Practitioner Initials: _____ Practitioner signature: _____ Date: _____

Medical Assistance in Dying – Prescriptions for IV Protocol

Patient Name:	Providing Practitioner Name:
Date of Birth:	License Number:
HCN:	Telephone Number:
Address:	Address:
Allergies:	

Select orders by placing a (✓) in the associated box. *Note to Practitioner:* **if desired, an additional dose may be prescribed in case of breakage.**

Pharmacy should supply medications in a ready-to-administer format. If not possible, provide vials/ampoules for the Practitioner to prepare prior to the procedure.

☐ IV Start Kit

☐ Provide duplicate doses of the selected medications in section 1, 2, 3, 5 and 7. Provide them in commercially available vials/ampoules in a separate medication box, to be used in the event of breakage of primary kit.

1. Anxiolytic

☐ midazolam 10 mg IV over 2 minutes, a repeat dose may be necessary (Dispense: 20 mg).

2. Local Anesthetic

☐ lidocaine 40 mg IV over 30 seconds, a repeat dose may be necessary (Dispense: 80 mg)

OR if allergic to lidocaine

☐ magnesium sulfate 1000 mg (diluted to 10mL with normal saline) IV over 5 minutes, a repeat dose may be necessary (Dispense: 2000 mg)

3. Coma-inducing Agent (if a deep coma cannot be confirmed, an additional dose may be required)

☐ propofol 1000 mg IV over 5 minutes, if an additional dose is required, give: propofol 500 mg IV over 2.5 minutes (Dispense: 1500 mg)

☐

4. O P T I O N A L - Normal Saline Flush

If IV tubing is of significant length and volume, consider IV flush with 10 mL normal saline. (Dispense: 10 mL normal saline flush syringe)

5. Neuromuscular Blocker

☐ rocuronium 200 mg by rapid IV injection , a repeat dose may be necessary (Dispense: 400 mg)

OR if rocuronium not available

☐ cisatracurium 40 mg by rapid IV injection, a repeat dose may be necessary (Dispense: 80 mg)

6. Normal Saline Flush

Flush IV with 10 mL normal saline to prevent incompatibility and to ensure full dose administered (Dispense: 10 mL normal saline flush syringe)

Providing Practitioner Signature	**Date**

Medical Assistance in Dying – Prescriptions for Oral Protocol

Patient Name:	Providing Practitioner Name:
Date of Birth:	License Number:
HCN:	Telephone Number:
Address:	Address:
Allergies:	

Select orders by placing a (✓) in the associated box. *Note to Practitioner:* **if desired, an additional dose may be prescribed in case of breakage.**

Administration via enteral tube is not recommended due to lack of data and potential for clogging due to the large volume of powder. The IV protocol is the recommended alternative for patients with enteral tubes.

During administration of the oral protocol, it is REQUIRED for the Providing Practitioner to be in attendance to manage medical complications and/or proceed with either the Symptom Management Protocol or conversion to the IV Protocol if necessary.
It is recommended that the Providing Practitioner prepare the suspension.

- ☐ IV Start Kit
- ☐ Provide additional doses of selected medications in following sections 1, and 2

1. Gastric Motility/Nausea Prevention

☐ haloperidol 2 mg PO one hour prior to ingestion of coma-inducing compound (Dispense: 2 mg)

☐ haloperidol 2 mg SC/IV one hour prior to ingestion of coma-inducing compound (Dispense 5 mg)

PLUS

☐ metoclopramide 20 mg PO one hour prior to ingestion of coma-inducing compound (Dispense: 20 mg)

☐ metoclopramide 20 mg SC/IV one hour prior to ingestion of coma-inducing compound (Dispense: 20 mg)

OR if intolerant to metoclopramide

☐ ondansetron 8 mg PO/ODT one hour prior to ingestion of coma-inducing compound (Dispense: 8mg)

☐ ondansetron 8 mg SC/IV one hour prior to ingestion of coma-inducing compound (Dispense: 8mg)

2. Anxiolytic

☐ lorazepam 0.25 – 0.5 mg SL PRN if the patient has significant anxiety (Dispense: 1 x 0.5 mg tab)

Note: if patient is benzodiazepine-naïve, a reduced dose of 0.25 mg is recommended (1/2 of a 0.5 mg tab)

3. Coma-inducing Compound (must include diazepam, digoxin, propranolol)

☐ Compound of: diazepam powder 1 g
digoxin tablets 50 mg (200 x 0.25 mg tablets)
propranolol tablets 2 g (50 x 40 mg tablets)

☐ Include: morphine powder 15 g*

* ***Omit morphine if patient has had a recent opioid rotation from morphine due to neurotoxicity.***

Directions: Mix powder into 100-125 mL of water, clear juice, or alcoholic beverage. Shake or stir well until smoothly mixed and milk-like. Ingest entire contents immediately within 1-2 minutes.

Providing Practitioner Signature	**Date**

Medical Assistance in Dying – Prescriptions for Symptom Management Protocol

Patient Name:	Providing Practitioner Name:
Date of Birth:	License Number:
HCN:	Address:
Address:	Telephone Number:
Allergies:	

Select orders by placing a (✓) in the associated box.

For use in conjunction with the self-administered oral protocol. *Note to Practitioner:* **if desired, an additional dose may be prescribed in case of breakage.**

☐ IV Start Kit

☐ Provide additional doses of selected medications in following sections 1, 2, 3 and 4

1. Managing Emesis (choose <u>one</u> option as appropriate or depending on availability)

☐ haloperidol 5 mg SC/IV immediately then 0.5 – 1 mg SC/IV every 2 hours PRN (Dispense:_____mg)

☐ metoclopramide 10 mg SC/IV immediately then 10 – 30 mg SC/IV every hour PRN (Dispense:_____mg)

☐ ondansetron 8 mg SC/IV immediately then 8 mg SC/IV every 8 hours PRN (Dispense:_____mg)

2. Managing Respiratory Secretions (choose <u>one</u> option as appropriate or depending on availability)

☐ glycopyrrolate 0.4 mg SC/IV immediately then 0.2 – 0.4 mg SC/IV every 2 hours PRN (Dispense:____mg)

☐ scopolamine 0.4 mg SC/IV immediately then 0.4 mg SC/IV every 2 hours PRN (Dispense:___mg)

☐ atropine 0.6 mg SC/IV immediately then 0.6 mg SC/IV every 4 hours PRN (Dispense:_____mg)

3. Managing Seizures (choose <u>one</u> option as appropriate or depending on availability)

☐ midazolam 5 mg SC/IV immediately and repeat every 10 minutes PRN (Dispense:____mg)

☐ Lorazepam 2 mg SC/IV immediately and repeat every 20 minutes PRN (Dispense:_ mg)

4. Managing Pain or Distress (choose <u>one</u> option as appropriate or depending on availability)
Specify dose and frequency.

☐ morphine_____mg SC/IV_____PRN (Dispense: _____ mg)

☐ HYDROmorphone _____mg SC/IV_____PRN (Dispense:_____mg)

☐ fentanyl_____ mg SC/IV _____PRN (Dispense:_____mcg)

Providing Practitioner Signature	**Date**