

MEDICAL ASSISTANCE IN DYING (MAID)

Physician or Nurse Practitioner Administered

Addressograph card, patient label or:

Name:

DOB:

Medicare #:

File #:

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"> I affirm that the patient meets the criteria as defined for MAID 	
<ul style="list-style-type: none"> I affirm that I received consent from the patient authorizing MAID 	

Scheduled date and time of administration:

Location: Hospital Home

Note: If patient will be receiving MAID outside of a hospital facility, two kits will be provided and if receiving MAID inside a hospital facility, one kit will be provided. If there is a need for two kits for a patient receiving MAID inside a hospital facility, check this box .

Prescriber must check box to indicate drug being ordered – select ONE per section 1 to 4. Section 5 is optional.

1. ANXIOLYTIC			
Benzodiazepine	Total quantity per kit	Dosage	Notes
<input type="checkbox"/> LORazepam 1 mg tablets	4 tablets of 1 mg each	2 mg (2 tablets) sublingual	Kit contains an extra dose to be used if required.
OR			
<input type="checkbox"/> Midazolam 5 mg/mL	20 mg (4 mL)	10 mg (2 mL) IV over 4 minutes	

2. LOCAL ANAESTHETIC – select ONE local anaesthetic			
Local Anaesthetic	Total quantity per kit	Dosage	Notes
<input type="checkbox"/> Lidocaine 20 mg/mL	100 mg (5 mL)	40 mg (2 mL) IV over 30 seconds	1 st line choice
OR			
<input type="checkbox"/> Magnesium sulfate 200 mg/mL	2000 mg (10 mL)	1000 mg (5 mL) in 10 mL Slow IV over 5 minutes (5 mL diluted with 5 mL sodium chloride 0.9% = total of 10 mL)	2 nd line choice, only if severe allergy (anaphylaxis) to lidocaine.

Signature (Authorized Prescriber)

yyyy-mm-dd

Time



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3. COMA-INDUCING AGENT – select ONE coma-inducing agent

Coma-inducing agent	Total quantity per kit	Dosage	Notes
<input type="checkbox"/> Propofol 10 mg/mL	2000 mg (200 mL)	1000 mg (100 mL) Slow IV over 6 minutes. If coma is not induced, increase the dose	Shake before use. Do not refrigerate. Second dose included in kit to be used if coma is not induced.
OR			
<input type="checkbox"/> PHENobarbital 120 mg/mL	6000 mg (50 mL) PLUS 50 mL sodium chloride 0.9% for injection (for dilution)	3000 mg (25 mL) Slow IV over 6 minutes. Use 2 syringes containing 1500 mg (12.5 mL) diluted to 25 mL with sodium chloride 0.9%. If coma is not induced, increase the dose	2 nd line choice Second dose included in each kit to be used if coma is not induced.

4. NEUROMUSCULAR BLOCKADE – select ONE neuromuscular blocker

Neuromuscular blocker	Total quantity per kit	Dosage	Notes
<input type="checkbox"/> Rocuronium 10 mg/mL	200 mg (20 mL)	200 mg (20 mL) Rapid IV	
OR			
<input type="checkbox"/> Cisatracurium 2 mg/mL	40 mg (20 mL)	30 mg (15 mL) Rapid IV	

Signature (Authorized Prescriber)

yyyy-mm-dd

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5. MEDICATION TO ENSURE CARDIAC ARREST – OPTIONAL

Medication to ensure cardiac arrest	Total quantity per kit	Dosage	Notes
<input type="checkbox"/> Bupivacaine 5 mg/mL	400 mg (80 mL)	400 mg (80 mL) Administer IV over a period of 30 to 60 seconds.	Optional medication

FLUSH THE INJECTION DEVICE before starting administration of first medication, after administering the coma-inducing agent, after injecting the neuromuscular blocker and after injecting bupivacaine (if applicable).

PRESCRIBER INFORMATION

Print Name	
Signature	
Date	
CPSNB ¹ Licence Number/ NANB ² 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			

¹ CPSNB = College of Physicians and Surgeons of New Brunswick

² NANB NP = Nurses Association of New Brunswick Nurse Practitioner