

Medical Orders Form for Medical Assistance in Dying (MAiD)

Contact the Home and Community Care Support Services HNHB at **1-800-810-0000**

HCCSS HNHB Orders preferred 72 hours prior to procedure.

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____ City _____ Province _____ Postal Code _____

Patient Phone # _____ Contact Name _____ Contact Phone _____

Medical Orders

Date and Time of Planned Procedure _____

- I verify that all legislative and regulatory requirements for medical assistance in dying will have been met.

Nursing Services & Medical Supply Kits for IV Starts

- Nursing Service for Initiation of 2 peripheral IVs according HCCSS HNHB service offer and medical assistance in dying process.
- Date and Time of IV Initiation _____
- HNHB MAiD Medical Supplies Kit for IV start
- Nursing presence required for procedure? Yes or No

Medication Kit

- MAiD Medication Kit. **Note:** Prescribers must speak directly with a Calea Pharmacist to obtain the Calea Medical Assistance in Dying Prescription. Call Calea Pharmacy (Monday to Friday 8:30am to 8:30pm). Phone: 1-855-842-3560. Press 4 for pharmacy. 48 hours' notice to the pharmacy is required prior to dispensing.

OR

- Physician has arranged Medication Kit from alternate source.

Pronouncement & Certification of Death

- Physician/ Nurse Practitioner will pronounce.
- Physician/ Nurse Practitioner will notify the Office of the Chief Coroner at 1-855-299-4100.

Additional Orders or Instructions:

Signature

Ordering Practitioner Name _____ CPSO/CNO# _____

Phone _____ After Hours _____

Signature _____ Date _____

Please print or complete electronically and fax to 1-866-655-6402.