



## Medical Assistance in Dying (MAID) Procedural Record

Please ensure form is completed and uploaded to patient's CHRIS file.

Patient Name:		Date of Birth:
Address:		City:
Postal Code:	Health Card Number:	

Date of <i>Procedure</i> :	Time of Procedure (24-hr clock):
Location of <i>Procedure</i> (Address):	

Administering Nurse Practitioner (NP):	CNO#:
Second Regulated Health Professional:	

List all persons in attendance of procedure:

Name (Last, First):	Relationship:

Preliminary Information – Prescriber, please place your initials in the column when complete	Initials
Informed Consent obtained and reconfirmed <b>OR</b>	
A Waiver of Final Consent was enacted ( <i>see additional notes</i> )	

Patient and attendees are aware of the sequence of events for administration, for certifying death, and contacting the Office of the Chief Coroner	
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**Designated caregiver to respond to the Office of the Chief Coroner call:**

Name:	Relationship:	Phone:
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**Intravenous (IV) Access:**

IV Site #1	Location:	Patency Confirmed:	Yes	No	
IV Site #2	Location:	Patency Confirmed:	Yes	No	

Additional Notes:

**Considerations:**

Does the patient have an Implantable Cardioverter Defibrillator (ICD)? If yes, has been turned off? Everyone present in the room is aware to turn off phones/landlines to avoid interruptions?

Patient Name:

Date of Birth:

**Procedural Documentation**

<b>Start Time of Procedure (24-hr clock):</b>
<b>IV Access site used (check box of site used):</b> IV Site #1    IV Site #2    Other:

**Medication Administration Record**

Sequence #	Medication	Route	Dose (mg)	Time Administered	Initials
<b>Kit #1 – Prescriber, please cross out medications not required*</b>					
1	Midazolam (required)	IV			
2a	Lidocaine without Epinephrine (optional)	IV			
2b	Propofol (required)	IV			
3	ROCuronium Bromide (required) <b>OR</b>	IV			
4	Bupivacaine 0.5% (optional)	IV			
<b>Kit #2 – Prescriber, please cross this section out if it is not required</b>					
1	Midazolam (required)	IV			
2a	Lidocaine without Epinephrine (optional)	IV			
2b	Propofol (required)	IV			
3	ROCuronium Bromide (required) <b>OR</b>	IV			
4	Bupivacaine 0.5% (optional)	IV			

**Additional Procedural Notes:**

<b>Time of Death (24-hr):</b>	<b>Time Office of the Chief Coroner (416-314-4000 or 1-855-299-4100 ) called (24-hr):</b>
<b>Name of Nurse Investigator at the Office of the Chief Coroner:</b>	
<b>If message left, time of return call (24-hr):</b>	
<b>Medical Certificate of Death (MCOB) Completed:</b>	Electronic    Paper
<b>After Death Service/Funeral Home/Mosque which MCOB sent:</b>	
<b>If patient has a Trillium Gift of Life Network (TGLN) number #</b>	<b>, provide notification of death</b>
to TGLN at 1-800-263-2883	
<b>Bereavement Resources provided to family (Hospice, Bereaved Families of Ontario)</b>	
<b>Care Coordinator notified:</b>	
<b>Medication Disposal Arranged (per local guidelines):</b>	
<b>Additional Notes:</b>	
<b>Prescriber Name (Print):</b>	
<b>Prescriber Signature:</b>	<b>Date:</b>

\*Canadian Association of MAID Assessors and Providers (CAMAP): [camapcanada.ca/wp-content/uploads/2020/05/IV-protocol-final.pdf](http://camapcanada.ca/wp-content/uploads/2020/05/IV-protocol-final.pdf)