



## Medical Assistance in Dying (MAID) Prescription/Order Form

By completing this form, the prescriber confirms that all safeguards have been met for the patient to be eligible to receive MAID. Please ensure form is completed for accuracy. Once completed fax to **1-888-334-6559**.

|   |                     |                                      |                     |
|---|---------------------|--------------------------------------|---------------------|
| Patient Name:                                       |                     | Date of Birth:                       |                     |
| Address:  |                     | City:                                |                     |
| Postal Code:  | Health Card Number: |                                      |                     |
| Allergies:  |                     |                                      |                     |
| Scheduled Date of Medication Delivery (dd-mm-yyyy): |                     |                                      | Time (24-hr clock): |
| Location of Medication Delivery (Name and Address): |                     |                                      |                     |
| Scheduled Date of Procedure (dd-mm-yyyy):           |                     | Scheduled Time of Procedure (24-hr): |                     |
| Location of Procedure (Address):                    |                     |                                      |                     |

**Select Medications – Pharmacy will dispense two (2) kits:** Prescriber, please select which medications are to be included in the MAID Kit by placing your initials in the column to the left of the medication. **NOTE:** The Route for administration of the below is IV.

| Indication   |                     |                       |                |                  | Initial | Medication*                              | Concentration | Dose   | Volume to Dispense (for 2 kits) |
|--|---------------------|-----------------------|----------------|------------------|---------|--|---------------|--------|---------------------------------|
| Axiolysis/Sedation                                   | Coma Inducing Agent | Neuromuscular Blocker | Cardiac Arrest | Local Anesthetic |         |  |               |        |                                 |
| √  |                     |                       |                |                  |         | Midazolam (required)                     | 1mg/ml        | 10 mg  | 20ml                            |
|  | √                   |                       |                |                  |         | Propofol (required)                      | 1000mg/100ml  | 1000mg | 200ml                           |
|  |                     | √                     |                |                  |         | ROCuronium Bromide (required)            | 10mg/ml       | 200mg  | 40ml                            |
| <b>*OPTIONAL MEDICATIONS</b> (only select if needed) |                     |                       |                |                  |         |  |               |        |                                 |
|  |                     |                       |                | √                |         | Lidocaine without Epinephrine (optional) | 20mg/ml       | 40mg   | 4ml                             |
|  |                     |                       | √              |                  |         | **Bupivacaine 0.5% (optional)            | 5mg/ml        | 500mg  | 200ml                           |
| Other:   |                     |                       |                |                  |         |  |               |        |                                 |
| Comments/Special Instructions:                       |                     |                       |                |                  |         |  |               |        |                                 |

**Select Other Orders:** Medications to be administered IV push according to peripheral IV site and IV cannula size. Flushing with normal saline after each medication administration is not necessary and prolongs the procedure; however, flushing after the last medication is appropriate if the injection port is further from the patient when using IV extension tubing.\*

- Vascular access is adequate:** No further intervention required
- If no vascular access:** Insert 2 peripheral IV access devices (22 gauge minimum) saline locks same day
- If no vascular access:** Insert 2 peripheral IV access devices (22 gauge minimum) normal saline at 20ml/hr IV pre-MAID procedure

|                  |                |              |      |            |  |  |
|------------------|----------------|--------------|------|------------|--|--|
| Prescriber Name: |                |              |      | Signature: |  |  |
| CPSO/CNO #:      | Primary Phone: | After-hours: | Fax: |            |  |  |

## Medication Administration Guidelines and Sequencing\*

| Sequence # | Purpose   | Medication                       | Administration/Dosing Guidelines  |
|------------|---|----------------------------------|---|
| 1          | Anxiolysis/Sedation/<br>Amnesia to Propofol-Induced Pain              | Midazolam                        | 2.5 to 10mg IV push<br>(To be titrated based on patient response)   |
| 2a         | Local Anesthetic to Reduce<br>Propofol-Induced Pain <i>(optional)</i> | Lidocaine without<br>Epinephrine | 40mg IV push  |
| 2b         | Coma Inducing   | Propofol                         | 1000mg by slow IV injection<br>Use 2 syringes containing 500mg<br><br>If any doubt about coma induction,<br>increase the dose (second dose may be<br>found in each kit)<br><br>Shake before use |
| 3          | Neuromuscular Blocker   | ROCuronium Bromide               | 200mg by rapid IV push  |
| 4          | Cardiac Arrest<br><i>(optional)</i>                                   | Bupivacaine** 0.5%               | 500 mg IV push  |

\*\* Bupivacaine 0.5% is not covered by Ontario Drug Benefits

\*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)