



**MEDICAL ASSISTANCE IN DYING (MAiD)
(ADULT)**

Standardized Prescription Protocols

Patient Name: _____	DOB: _____	HCN: _____
Address: _____		
Physician Name: _____	Telephone Number: _____	

ALLERGIES: _____ <input type="checkbox"/> NO KNOWN		
VERIFICATION OF REQUEST	Physician's Initials	Pharmacist's Initials
<ul style="list-style-type: none"> Copy of the MAiD Affirmation Form must be presented to the pharmacist prior to dispensing. 		
COLLABORATION	Physician's Initials	Pharmacist's Initials
The prescribing physician and pharmacist must discuss: <ul style="list-style-type: none"> The protocol selected. The time the medications are required. Administration of medications in syringes. If prepared at bedside, medication is to be administered within one hour post preparation. Procedures for returning unused medications to pharmacy. 		

PHYSICIAN'S ORDERS

<u>Anxiolytic:</u>	Physician's Initials		Physician's Initials
<ul style="list-style-type: none"> Midazolam 10 mg/10 mL vial - Give 2.5 mg - 10 mg (2.5-10 mL) by direct IV injection over 2 minutes based on patient response. 			
<u>Local Anaesthetic:</u>	Physician's Initials	<u>OR</u> If allergic to LIDocaine	Physician's Initials
<ul style="list-style-type: none"> LIDocaine 2% without EPINEPHrine 20 mg/mL poly amp - Give 40 mg (2 mL) by direct IV injection over 30 seconds. 		<ul style="list-style-type: none"> Magnesium Sulphate 500 mg/mL - Give 1000 mg (2 mL). Dilute to 10 mL with Normal Saline 0.9% in syringe. - Administer slow IV over 5 minutes. 	
<u>COMA Inducing Agent:</u>	Physician's Initials	<u>OR</u>	Physician's Initials
<ul style="list-style-type: none"> Propofol 1000 mg/100 mL IV - By slow direct injection over 5 minutes. 		<ul style="list-style-type: none"> PHENobarbital 120 mg/mL - Give 3000 mg (25 mL). - Dilute with 50 mL Normal Saline 0.9%. - Administer by slow direct IV injection over 5 minutes, with additional dose if needed. 	



IV Flush: <i>**Must be given before and after Neuromuscular Blocker Injection**</i>		Physician's Initials
<ul style="list-style-type: none"> Normal Saline 0.9% - 10 mL 		
Neuromuscular Blocker Injection:	Physician's Initials	OR
<ul style="list-style-type: none"> ROCuronium bromide 10 mg/mL - Give 200 mg (20 mL) by rapid direct IV injection. 		<p>if ROCuronium is not available</p> <ul style="list-style-type: none"> Cisatracurium 2mg/mL - Give 30 mg (15 mL) by rapid direct IV injection.
IV Flush: <i>**Must be given before and after Neuromuscular Blocker Injection**</i>		Physician's Initials
<ul style="list-style-type: none"> Normal Saline 0.9% - 10 mL 		

Two kits are to be prepared. Unused medication is returned to Pharmacy by the physician within 48 hours.

Physician's Name: _____ Date: _____

Physician's Signature: _____

Pharmacist's Name: _____ Date: _____

Pharmacist's Signature: _____

See Appendix – "Medications Used in MAiD" for specific details

<i>For Pharmacy Use Only:</i>	
Entered By: _____	Filled By: _____
Checked By: _____	



Appendix

Medications Used in MAiD

1. ANXIOLYSIS

Anxiolysis is by slow direct intravenous injection of midazolam and is indicated before coma induction.

Table 1
Anxiolysis

	DOSAGE BASED ON PATIENT STATUS	ROUTE AND DURATION OF ADMINISTRATION	ONSET OF ACTION
Midazolam 1 mg/mL	2.5 to 10 mg (2.5 to 10 mL) to be titrated based on patient response	Direct IV injection, over 2 minutes	3 to 5 minutes

2. LOCAL ANESTHETIC USE

Intravenous injection of these medications is often painful and an injection of parenteral lidocaine without epinephrine or, if there is a known allergy to lidocaine, an injection of magnesium sulfate, must be given first.

Table 2
Local Anesthetic Use

MEDICATION	DOSAGE	ROUTE OF ADMINISTRATION	DURATION OF ADMINISTRATION	EXPECTED EFFECTS
Parenteral LIDocaine 2% without EPINEPHrine	40 mg (2 mL)	Direct IV Injection	30 Seconds	Local Analgesia
OR, if allergy to lidocaine				
Magnesium Sulfate 500 mg/mL	1000 mg (2 mL) (dilute to 10 mL with NaCl 0.9%)	Slow Direct IV Injection	5 Minutes	Local Analgesia

3. ARTIFICIAL COMA INDUCTION

An artificial coma that is deep enough to prevent the patient from feeling the effects of the neuromuscular blocker must be induced. With the products and dosages recommended in this protocol, the risk of loss of consciousness being inadequate or too brief is very low.

The medications used to induce an artificial coma are either a general anesthetic such as propofol or a barbiturate such as phenobarbital.



If there is a severe allergy to one of the medications (note that propofol contains egg and soy in its excipients), it is best to use the other one, unless contraindicated.

Both propofol and phenobarbital must be injected directly and slowly, over 5 minutes.

Table 3
Artificial Coma Induction

MEDICATION	DOSAGE	ROUTE OF ADMINISTRATION	DURATION OF ADMINISTRATION	EXPECTED EFFECTS	ADVERSE EFFECTS
Propofol 10 mg/mL	1000 mg (2 x 50 mL) <i>At the slightest doubt, continue coma induction by increasing the dose of the medication</i>	Slow Direct IV Injection	5 Minutes (2.5 minutes per syringe)	Cardio-vascular and respiratory depression	Pain on Injection
PHENobarbital 120 mg/mL	3000 mg (25 mL) (dilute to 50 mL with NaCl 0.9%) <i>At the slightest doubt, continue coma induction by increasing the dose of the medication</i>	Slow Direct IV Injection	5 Minutes	Deep Coma	Pain on Injection

4. NEUROMUSCULAR BLOCKER INJECTION

Intravenous injection of a sufficient dose of neuromuscular blocker causes paralysis of the striate muscles (except the myocardium) within minutes. The resulting respiratory arrest leads to death by anoxia.

Table 4
Neuromuscular Blocker – Medications for injection, in order of administration

MEDICATION	DOSAGE	ROUTE OF ADMINISTRATION	DURATION OF ADMINISTRATION	EXPECTED EFFECTS
ROCuronium Bromide 10 mg/mL (1 st Line)	200 mg (20 mL)	Rapid Direct IV Injection		Respiratory arrest, followed by cardiac arrest and death
Cisatracurium Besylate 2 mg/mL (2 nd Line)	30 mg (15 mL)	Rapid Direct IV Injection		Respiratory arrest, followed by cardiac arrest and death

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