HOME AND COMMUNITY CARE SUPPORT SERVICES
South East

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
***OPTIONAL MEDICATIONS** (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.**

For assistance completing this form call: **Medical Pharmacies at 1-844-292-7585 ext. 35901**

☐ **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:**

Ontario

Medication Administration Guidelines and Sequencing*

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