

Community Orders for Medical Assistance in Dying (MAiD)

Patient Information

Surname		First Name	
Home Address			<input type="checkbox"/> Same as procedure address
City		Postal Code	Phone Number
Health Card Number	Version Code	Date of Birth (YYYY-Month-DD)	

Procedure and Delivery Details

Procedure Date (YYYY-Month-DD)		Procedure Time (HH:MM AM/PM)	
Procedure Address (if different from home address)		City	Postal Code
Prescriber-Directed Delivery Address		City	Postal Code

Delivery Instructions

Orders with less than 48 hours notice require a call to 519-474-5754 to confirm

Medication and supplies to be delivered to: Patient home address Procedure address Prescriber-directed address

Important Instructions

FOR SUPPLY/MEDICATION CHANGES, call Ontario Health atHome (519) 474-5754

Fax completed form to (519) 472-3257.

Orders for Nursing (choose all that apply)

Nursing to insert two peripheral IVs Patient has existing nursing/will have access Nursing presence required for procedure

*Note that Ontario Health atHome may also initiate nursing services

Prescription for MAiD

- Midazolam _____ mg to be dispensed per kit (1mg/mL vial)
 Rocuronium _____ mg to be dispensed per kit (10 mg/mL vial)
 Propofol _____ mg to be dispensed per kit (10mg/mL vial)
 Lidocaine _____ mg to be dispensed per kit (2% - 20 mg/mL)

Attestation

- The patient has provided informed consent to receive MAiD.
 I have assessed the patient and they were found to meet the eligibility criteria for MAiD.
 The patient has been independently assessed by another provider who also found that they met the eligibility criteria for MAiD.

Declaration

Physician/Nurse Practitioner Name	CPSO/CNO Registration Number
Cell Phone Number	Fax Number

Physician/Nurse Practitioner Signature

Signature Date (YYYY-Month-DD)

Surname

First Name

Health Card Number

NOTE: Prescriber must arrange with pharmacy or bio-waste pickup (Ontario Health atHome) to have unused medication picked up immediately following procedure, or to take medication with them for pick up the following day.

**** Orders with less than 48 hours notice require a call to 519-474-5754 to confirm****

For support, or to ensure receipt of a new order sent between 2:00 pm Friday and 8:00 am Monday (and holidays), please call **519-474-5754**

PIN6112 MAiD Kit (will include the following) - To be dispensed with medication orders

- PS4017: 1 x Antiseptic 70% Isopropyl Alcohol Pad 200/Box
- PIN6280: 3 x Extension Set, Smallbore with MicroClave, 7", Approx 0.24ml, Clamp, Rotating Luer
- PIN6251: 1 x Admin Set, Continu-flo, 3 Needleless Luer Activated Valve, 105"
- PIN6247: 3 x IV Catheter, SuperCath 5 with Blood Control, Safety, 20GA X 1.25" (31mm)
- PIN6245: 3 x IV Catheter, SuperCath 5 with Blood Control, Safety, 22GA X 1" (25mm)
- PIN6253: 10 x Solution, 0.9% Sodium Chloride Prefilled Syringe, Preservative-free, 10ml
- PIN6214: 1 x Solution, 0.9% Sodium Chloride, Injection, 500ml Bag
- PS4928: Nitrile Powder-Free Gloves, Sterile, Medium, Pr
- PS4368: 3 x Disposable Underpads, 43 x 61 cm (17" x 24")
- PS4338: 1 x Conforming Gauze Bandage, Stretch, 2" X 4.1 Yd, 12/Box
- PS4053: 1 x Sharps Container, 0.95 litre, Yellow
- PS4582: 3 x Tegaderm IV Advanced Securement Dressing, 6.35 X 7cm (2.5 X 2.75")
- PS4340: 4 x Gauze Sponge, Non-Woven, 4 Ply, Sterile, 5 X 5 cm (2 X 2"), 2/pkg
- PS4042: 2 x Syringe, Luer Lock, 10ml
- PS4046: 3 x Syringe, Luer Lock, 35cc
- PS4041: 2 x Syringe, Luer Lock, 3ml
- PIN6316: 3 x Syringe, Luer Lock, 50ml
- PS4025: 8 x Needle, Blunt Fill, 18G X 1"
- PS4569: 1 x Plastic Porous Surgical Tape, Hypoallergenic, Clear, 2.5cm X 9.1m roll (1" X 10yd)

Additional Supplies – Will be authorized internally for nursing provider use

Please send the following additional items along with the MAiD Kit:

- PS4034: 1 x Biohazard Specimen Bags, 3 Wall Zip, 8"X10", EA
- PS4027: 2 x Tourniquet Strap, LF, 1X18"
- PIN6243: 2 x IV Catheter, SuperCath 5 with Blood Control, Safety, 24GA X 0.75" (19mm)
- PIN6318: 10 x Dual cap, Male/Female, Luer Lock
- PIN6316: Syringe, Luer Lock, 50ml

How to Complete Form

STEP 1 Patient identifiers	Ensure all mandatory identifiers are completed on the prescription form. These identifiers are required by law to dispense narcotics and controlled substances.
STEP 2 Delivery instructions	Please provide time and date of proposed MAiD, as well as any other instructions to get medications and supplies to the right place at the right time. Providers are responsible for ensuring that all unused medications are returned to pharmacy.

Surname

First Name

Health Card Number

STEP 3 Orders for nursing	College of Nurses of Ontario requires that written orders are received for nurses to start peripheral IVs for MAiD. Additional orders or direction for nursing can also be written in the box.
STEP 4 Medications	This prescription contains orders for the most commonly dispensed MAiD medications. Please contact Ontario Health atHome if different medications are preferred to discuss availability and if they are approved for reimbursement through the Ministry of Health MAiD program. Prescribers are encouraged to order the anticipated amount of required medication. Contact Ontario Health atHome with any medication or supply inquiries: 519-474-5754.
STEP 5 Attestation	If all boxes are not checked at the time that medication is dispensed, a copy of the prescription template will be sent out with the medications. Please check the outstanding attestation box and return to Pharmacy with the remaining medications.
STEP 6 Declaration (MD/NP identifiers)	Ensure all mandatory identifiers are completed on the prescription form. These identifiers are required by law to dispense narcotics and controlled substances.
STEP 7 Complete form and fax	Completed forms should be faxed to Ontario Health atHome at (519) 472-3257.
Special note	The MAiD kit contents are listed above. If additional or different supplies are needed, please add to the Additional Supplies section. These supplies are all eligible for reimbursement through the Ministry of Health MAiD program.