Health PEI
Provincial Medical Assistance in Dying (MAiD) Program
Fax 902-288-1049

[Patient Label]

Medical Assistance in Dying (MAiD)

Prescription for Intravenous Drug Protocol – Administered by MD/NP

Planned procedure date and time: _____ Allergies:_____

☐ Prescriber has confirmed that patient has met criteria for MAiD

☐ **Please prepare & provide SECOND identical IV MAiD KIT** Prescriber Initials: _____

Pharmacy Info

☐ **QEH Pharmacy**	☐ **PCH Pharmacy**
Phone: 902-894-2025	Phone: 902-438-4295
Fax: 902-894-2911	Fax: 902-438-4296
Hours: Mon-Fri: 8 am – 8 pm Sat-Sun: 8 am – 4 pm	Hours: Mon-Fri 8 am – 4 pm

To ensure availability, please contact Pharmacy ASAP to arrange for MAiD IV provision kit:

- Standard IV MAiD Kit - minimum of 2 standard operating hours in advance of anticipated need.
- Non-Standard IV MAiD Kit – minimum 1-2 business days in advance of anticipated need

Standard IV Kits Contents

Medication & Dosage	When & dosage to administer
Anxiolytic	
✓ 20 mg midazolam	10 mg IV over 2 minutes. May repeat additional x 1 PRN
Local Anesthetic	
✓ 40 mg lidocaine injectable	40 mg IV over 30 seconds
Coma-Inducing Agent	
✓ 1,000 mg propofol injectable	1,000 mg IV over 5 minutes. May repeat 1 additional x 1 PRN (use second IV kit for PRN dosing)
Neuromuscular Blocker	
✓ 200 mg rocuronium injectable	200 mg by rapid IV injection

☐ Issue **Non-Standard IV Kit Contents (same as above with the following exceptions)**

☐ Omit propofol	
☐ 3,000 mg phenobarbital injectable	3,000 mg by IV over 5 minutes. May repeat additional dose x 1 PRN (use second IV kit for PRN)
Cardiac Arrest Inducing Agent (OPITIONAL add-on, at description of provider)	
☐ 400 mg bupivacaine	400 mg by IV over 30-60 seconds

Physician/Nurse Practitioner Signature (Prescriber)

My signature serves to prescribe the medications indication above for this patient.

_____	_____	_____	_____
Name (Print)	Signature	License #	Date

Return kits and unused medications to the pharmacy immediately after completing the procedure