Health PEI
Provincial Medical Assistance in Dying Program
Fax: 902-288-1049

Patient Label

Medical Assistance in Dying (MAiD)

Prescription for Oral Drug Protocol – Administered by MD/NP

Oral MAiD kit is sourced off Island – a minimum of 10 business days' notice is required to obtain medications

Planned procedure date and time: _____ Allergies:_____

☐ Prescriber has confirmed that patient has met criteria for MAiD 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
Pharmacy to prepare and provide <u>pre-medication agents, ONE</u> bottle of Oral Medication, and <u>TWO</u> identical IV MAiD kits	

Oral Maid Kit Contents

Medication & Dose	When & dosage to administer
Gastric Motility/Anti Emetic/Antinauseant	
✓ metoclopramide 20 mg (one dose)	orally one hour prior to ingesting Coma-inducing agent
✓ ondansetron 8 mg (one dose)	orally one hour prior to ingesting Coma-inducing agent
✓ Haloperidol 5 mg injectable (Provide 2 x 2 mL of 5 mg/mL)	subcutaneous or intravenous over 1-minute PRN for emesis during procedure. May repeat additional dose x 1 PRN
Anxiolytic	
✓ Lorazepam oral tablets (Provide 8 x 0.5 mg tablets)	0.5 – 2 mg sublingually, 5-10 minutes prior to ingesting coma-inducing agent if required for anxiety. May request additional dose x 1 PRN
Coma-Inducing Agent	
✓ Secobarbital sodium 15 g (Prepared in an oral solution of distilled water, propylene glycol, alcohol, syrup, and flavoring)	Ingest the entire contents of provided bottle within 4 minutes, if possible, as directed by provider

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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.