Health PEI
Provincial Medical Assistance in Dying (MAiD) Program
E: pmc@ihis.org / P-902-288-1260

Patient Label

Medical Assistance in Dying (MAiD)
Procedure Documentation

Date and Time of planned MAiD Provision: _____

Location: _____

Pre-Procedure Checklist

❑ Yes ❑ No	Date/time/location of procedure confirmed with patient. People who may be attending: _____ _____
❑ Yes ❑ No ❑ N/A	Confirm with patient desired rituals (music, pets, cultural/religious practices, etc): _____ _____
❑ Yes ❑ No ❑ N/A	WFC Completed
❑ Yes ❑ No	Prescription faxed to pharmacy
❑ Yes ❑ No	Patient has a confirmed DNR Directive
❑ Yes ❑ No	IV access arranged
❑ Yes ❑ No ❑ N/A	Expected Death in The Home (EDITH) Form completed
❑ Yes ❑ No	Funeral Home notified of date/time/location of planned procedure Funeral Home: _____
❑ Yes ❑ No	Documents to take: Form 7 – Patient Confirmation and Provider Declaration of Safeguards Form ◆ Completed Death Certificate ◆ Condolence Card
❑ Yes ❑ No	Pharmacy meeting has occurred to review and obtain medications

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HCP/Clinicians Present: _____

_____

Family/Friends Present: _____

Vascular access: ❑ 2 x peripheral IVs ❑ PICC ❑ Midline ❑ Port-a-Cath

❑ Patient signed Form 7 (Track 1) **OR** ☐ Form 4 (Track 2)– Patient Confirmation and Provider Declaration of Safeguard Form **OR** ❑ WFC Enacted

❑ **Usual Medication Protocol**

Category	**Medication (IV Injectable)**	**Dose**	**Time Administered**	
			Initial Dose	PRN Dose
Anxiolytic	20 mg midazolam	20 mg IV over 2 minutes. *May repeat additional 1 PRN*		
Local Anesthetic	40 mg lidocaine	40 mg IV over 30 seconds		N/A
COMA Inducing Agent	1,000 mg propofol	1,000 mg IV over 5 minutes. *May repeat additional x 1 PRN (use 2nd IV kit for PRN dosing)		
Neuromuscular Blocker	200 mg rocuronium	200 mg by rapid IV injection		N/A

Other Medications	**Dose**	**Time Administered**
❑ Bupivacaine	400mg IV over 2 minutes	
❑ 2nd MAiD kit		

Pronounced by: _____ Time of Death: _____

Progress Notes: _____

_____

_____

❑ Completed death certificate given to funeral home

❑ Condolence card and grief resources provided to family

❑ Family/friends consents to phone call Person to contact: _____

Phone number: _____

❑ Debriefing session to HC teams offered

❑ Meds returned to pharmacy

❑ Case reported to Health Canada MAiD Reporting Portal

Confirmation #: _____

Signature: _____ Date: _____