

Medical Assistance in Dying (MAID) Procedural Record

Please ensure form is completed and uploaded to patient's CHRIS file.

Patient Name:		Date of Birth:
Address:		City:
Postal Code:	Health Card Number:	

Date of <i>Procedure</i> :	Time of Procedure (24-hr clock):
Location of <i>Procedure</i> (Address):	

Administering Nurse Practitioner (NP):	CNO#:
Second Regulated Health Professional:	

List all persons in attendance of procedure:

Name (Last, First):	Relationship:

Preliminary Information – Prescriber, please place your initials in the column when complete	Initials
Informed Consent obtained and reconfirmed OR	
A Waiver of Final Consent was enacted (<i>see additional notes</i>)	

Patient and attendees are aware of the sequence of events for administration, for certifying death, and contacting the Office of the Chief Coroner		
Designated caregiver to respond to the Office of the Chief Coroner call:		
Name:	Relationship:	Phone:
Intravenous (IV) Access:		
IV Site #1	Location:	Patency Confirmed: Yes No
IV Site #2	Location:	Patency Confirmed: Yes No
Additional Notes:		

Considerations:

Does the patient have an Implantable Cardioverter Defibrillator (ICD)? If yes, has been turned off?
Everyone present in the room is aware to turn off phones/landlines to avoid interruptions?

Patient Name:

Date of Birth:

Procedural Documentation

Start Time of Procedure (24-hr clock):			
IV Access site used (check box of site used):	IV Site #1	IV Site #2	Other:

Medication Administration Record

Sequence #	Medication	Route	Dose (mg)	Time Administered	Initials
Kit #1 – Prescriber, please cross out medications not required*					
1	Midazolam (required)	IV			
2a	Lidocaine without Epinephrine (optional)	IV			
2b	Propofol (required)	IV			
3	ROCuronium Bromide (required) OR	IV			
4	Bupivacaine 0.5% (optional)	IV			
Kit #2 – Prescriber, please cross this section out if it is not required					
1	Midazolam (required)	IV			
2a	Lidocaine without Epinephrine (optional)	IV			
2b	Propofol (required)	IV			
3	ROCuronium Bromide (required) OR	IV			
4	Bupivacaine 0.5% (optional)	IV			

Additional Procedural Notes:

Time of Death (24-hr):	Time Office of the Chief Coroner (416-314-4000 or 1-855-299-4100) called (24-hr):
Name of Nurse Investigator at the Office of the Chief Coroner:	
If message left, time of return call (24-hr):	
Medical Certificate of Death (MCOB) Completed:	Electronic Paper
After Death Service/Funeral Home/Mosque which MCOB sent:	
If patient has a Trillium Gift of Life Network (TGLN) number # _____ , provide notification of death to TGLN at 1-800-263-2883	
Bereavement Resources provided to family (Hospice, Bereaved Families of Ontario)	
Care Coordinator notified:	
Medication Disposal Arranged (per local guidelines):	
Additional Notes:	
Prescriber Name (Print):	
Prescriber Signature:	Date:

*Canadian Association of MAID Assessors and Providers (CAMAP): camapcanada.ca/wp-content/uploads/2020/05/IV-protocol-final.pdf