

Community Orders for Medical Assistance in Dying

Patient Name:	Date:	Patient Phone:
Patient Address:		Patient DOB:
City/Town:	Postal Code:	Patient HCN: VC:

Order for Nursing

- Nursing to insert 2 peripheral IVs Nursing presence required for procedure

Prescription for MAID (Two identical kits will be dispensed)

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

Call Yurek's Pharmacy to discuss addition of any other medications to the kit.

1-888-631-6502
Fax Complete Form to (519) 472-3257

Supplies Provided with Kit

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| <ul style="list-style-type: none"> • 2 Peripheral IV start kits • 4 X 10cc luer lock syringes • 8 X 20cc luer lock syringes • 4 X 60cc luer lock syringes | <ul style="list-style-type: none"> • 1 sharps container • 1 X 3 way stop cock • 1 sterile drape • 10 x 16G needles • 10 X 10cc prefilled Saline Flushes | <ul style="list-style-type: none"> • 20 luer lock caps • 1 X Gravity tubing • 1 X 100mL Normal Saline • Medication labels |
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Additional requested supplies:

Attestation

- The patient has provided informed consent to receive MAID
- I have assessed the patient and found to meet the eligibility criteria for Medical Assistance in Dying
- The patient has been independently assessed by another provider who also found that they met the eligibility criteria for MAID.
- The patient has given informed consent for their personal health information to be shared by email where fax is not feasible

Delivery Instructions:

Procedure Date & time:

- Deliver to patient's home
- Physician / NP to pick up from Yurek's
- Deliver to physician's or NP's office day prior to procedure (Monday am for Monday MAID)

Address:

Physician/NP Signature	Print Physician/NP Name	CPSO/CNO #
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Office	Pager	Cell	Fax
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NOTE: Prescriber must arrange with pharmacy to have unused medication picked up immediately following procedure, or if not feasible, prescriber is responsible to take medication with them for pick up the following day or return to Pharmacy.

Step 1 Physician / NP & 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 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 this box.
Step 3 Medications	This prescription contains orders for the most commonly dispensed MAID medications. Please contact Yurek Pharmacy if different medications preferred to discuss availability and if they are approved for reimbursement through the MOHLTC MAID program. Prescribers are encouraged to order the anticipated amount of required medication. Yurek’s will dispense double the requested quantity to have a backup kit on hand. Contact Yurek’s with any medication or supply inquiries: 1-888-631-6502
Step 4 Supplies	A list of standard supplies is included on the form. These supplies are all eligible for reimbursement through the MOHLTC MAID program. If additional or different supplies are being requested, please indicate in this box.
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 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. Arrangements can be made for providers to pick up medications at Yurek’s Specialties (526 Newbold St, London) and Brown’s Pharmacy (331 Durham St East, Walkerton) <i>Providers are responsible for ensuring that all unused medications are returned to pharmacy through confirmation that Yurek’s will be picking up or taking medications with them to arrange pick up the next day or dropping them off at Yurek’s/Brown’s.</i>
Step 7 Complete form & fax	If Nursing Support is being requested, fax the completed form to the SW LHIN Complex Team. The SW LHIN will electronically send orders to Yurek’s and the Nursing Agency: 519-472-3257 If no nursing support is being requested, Providers can fax directly to Yurek’s: 1-888-637-3690