



QUINTE HEALTHCARE CORPORATION

Intravenous Protocol for Medical Assistance in Dying

THE FOLLOWING MEDICATIONS ARE TO BE ADMINISTERED BY THE PHYSICIAN ON THE MAID ASSESSMENT TEAM.

It is recommended that a "Do Not Disturb" sign be placed on the door to the patient's room and that all cell phones and pagers of staff participating in the procedure are either turned off or left with a colleague to decrease the potential for interruptions during the procedure.

1. Intravenous access

The absence of reliable intravenous access represents an absolute contraindication.

For peripheral lines:

- Two IV's size 20G or larger (18G, 16G) are required
- Ensure sites are secure
- Flush each IV with 3 mL of normal saline to ensure patency. Patency is evidenced by the ability to flush with little or no resistance. There should be no evidence of interstitial flow, swelling around the site, or pain while flushing.
- One IV must be set up with a gravity line – ensure line runs freely. The second site may be a saline lock.

For central lines or peripherally-inserted central catheters (PICC):

- Site is secured
- Blood can be withdrawn
- Flush with 10 mL of normal saline to ensure patency. Flush is given with little or no resistance
- Gravity set flows freely

2. Intravenous setup

Intravenous setup includes a Normal Saline (NS) 1L bag connected to a free-flowing gravity set. Gravity is preferred to reduce noisy alarms, temperamental tubing sets and a machine-dictated delay in diagnosing compromised or interstitial venous access. Electronic pumps and pump tubing sets are not recommended.

All other intravenous infusions must be discontinued.

The intravenous setup must be connected directly to the venous access device, and cannot be connected via a "Y" connection to any other setup.

Run IV at a rate of 50 to 100 mL/hr until time of injection, and then run "wide-open"

3. Medications

The pharmacy department will prepare two complete kits. Kit one will contain pre-filled syringes of the medications (**syringes 1-8**) and **Kit 2 will contain vials of the medications that can be drawn up if required (vials A-E)**. The kits will be dispensed from the pharmacy department on a patient-specific basis pursuant to an order received by the pharmacist using the pre-printed Physician's Order form ("Medical Assistance in Dying (MAID) Order Set") from the physician or Nurse Practitioner.

Physician or Nurse practitioner is to administer all medications from **Kit 1 (1-8)** completely and sequentially as detailed below. The Interval between syringes is not to exceed 10 seconds.

Midazolam 10 mg (1 mg/mL = 10 mL)

Label as **Syringe 1: midazolam**

Label as **Vial A: midazolam**

For deep sedation/coma

Advise those who are present that the patient may gasp following administration of this medication. Inject over 10 seconds

Lidocaine 2% 100 mg (20 mg/mL = 5 mL)

Label as **Syringe 2: lidocaine**

Label as **Vial B: lidocaine**

Necessary for peripheral venous access only

For reduction of discomfort on injection of propofol

Do not give if there is an allergy to lidocaine.

If there is a lidocaine allergy, use:

Magnesium sulfate 1 gram (500 mg/mL = 2 mL)

Label as **syringe 2: magnesium**

Label as **vial B: magnesium**

Necessary for peripheral venous access only

Inject over 5 seconds

Propofol 1000 mg (10 mg/mL = 100 mL) Use 5 x 20 mL syringes

Label as **Syringe 3 through 7: propofol**

Label as **Vial C: propofol (100 mL)**

For induction of coma, myocardial depression, respiratory depression, and vasoplegia

Warn the patient that there may be some discomfort on injection, and that the goal of lidocaine is to relieve this but some patients may still experience pain.

Advise those who are present that after the injection is completed an assessment of awareness will be completed.

Inject syringes 3, 4, 5, 6 and 7 continuously (one after the other) over 30 seconds to 1 minute each

After completing the injection, check eyelash reflex and response to verbal stimulus. If still responding to stimuli, administer second set of propofol in second kit (Vial C). If second kit is required, propofol will have to be drawn up by the physician. If there is no response to stimuli, then proceed to injection of Rocuronium.

Rocuronium 200 mg 10 mg/mL = 20 mL)

Label as Syringe 8: Rocuronium

Label as Vial D: Rocuronium

For muscle paralysis

Inject over 20 seconds

Rocuronium should always be administered after propofol, even if respiratory and/or cardiac arrest has already occurred with propofol alone. Rocuronium is extremely painful.

STEP	SYRINGE / VIAL LABEL	DRUG	RATE OF ADMINISTRATION	COMMENTS
1	Syringe #1 Vial A*	Midazolam 10 mg	Over 10 seconds	Advise those who are present that the patient may gasp following administration of this medication.
2	Syringe #2 Vial B*	Lidocaine 100mg	Over 5 seconds	Necessary for peripheral venous access only.
3	Syringes #3-7 Vial C*	Propofol 200 mg (20 mL) each (5 syringes) Propofol 1000 mg (100 mL)	EACH syringe Over 1 minute *If second set required, MD or NP must draw up propofol into syringe	Advise those who are present that after the injection is completed an assessment of awareness will be completed
4	Check eyelash reflex and whether there is any response to verbal stimulus.			
4B	If still responding to stimuli. administer second set of propofol in second kit Check eyelash reflex and response to verbal stimulus immediately after Vial D			
5	Syringe #8 Vial D*	Rocuronium 200mg	Over 20 seconds	Rocuronium is intensely painful on injection. Therefore coma should be ascertained following administration of propofol.

*KIT 2 (Vials A-D)

For patients with lidocaine allergy:

STEP	SYRINGE / VIAL LABEL	DRUG	RATE OF ADMINISTRATION	COMMENTS
1	Syringe #1 Vial A*	Midazolam 10 mg	Over 10 seconds	Advise those who are present that the patient may gasp following administration of this medication.
2	Syringe #2 Vial B*	Magnesium sulfate	Over 5 seconds	Necessary for peripheral venous access only.
3	Syringes #3-7 Vial C*	Propofol 200 mg (20 mL) each (5 syringes) Propofol 1000 mg (100 mL)	EACH syringe Over 1 minute *If second set required, MD or NP must draw up propofol into syringe	Advise those who are present that after the injection is completed an assessment of awareness will be completed
4	Check eyelash reflex and whether there is any response to verbal stimulus.			
4B	If still responding to stimuli. administer second set of propofol in second kit Check eyelash reflex and response to verbal stimulus immediately after Vial D			
5	Syringe #8 Vial D*	Rocuronium 200mg	Over 20 seconds	Rocuronium is intensely painful on injection. Therefore coma should be ascertained following administration of propofol.

*KIT 2 (Vials A-D)