Academy of
Aid-in-Dying Medicine
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Instructions/checklist for hospice staff managing oral self-administration of medical aid in dying:

- ☐ Attending/prescribing provider name and contact information:
- ☐ In case the above provider is unavailable, backup/alternative provider name and contact information:

7 days (or more) before the planned procedure:

1. Instruct the patient and family on planning and what to expect:
    - Constipation or loose stools must be carefully managed, using medications if needed. The goal is to have a formed, easily passed bowel movement every 3-5 days to ensure the aid-in-dying medications are easily absorbed.
    - Any nausea or vomiting must be thoroughly controlled for 72 hours, ideally with non-sedating medications.
    - Before proceeding, the patient should be tolerating eating at least small amounts for 72 hours.
    - The patient will need to swallow 2 oz (1/4 cup) of medication within two to three minutes to complete the full dose. They should practice swallowing 2 oz (1/4 cup) of slightly thick liquids for several days before the procedure to ensure they can do so easily on the day. If it is easier, a straw can be used.
    - Patients should continue taking all medications, including comfort medications, on that day, unless instructed otherwise by the attending provider or their backup.
    - Patients are never required to make plans or to proceed with aid in dying and should be reassured that they may change plans at any point.
    - On the designated aid-in-dying day, the patient must have capacity and be sufficiently oriented to convey an understanding of their disease, prognosis, and end-of-life options, including aid-in-dying.
    - The patient should stop eating after midnight the night before the procedure and consume only clear liquids after that. Ideally, the procedure should be initiated in the morning to allow time for attendance.
    - Patients may feel more comfortable wearing an incontinence brief in case of urination, but they are unlikely to pass stool during or after the procedure.
    - Discuss who will prepare the medications. If staff are required not to touch these dangerous medications, consider referring to doulas who may. If loved ones must manage this, explain how to do so safely. (See below.)
    - Discuss who may remain at the bedside during the ingestions until the patient is deeply comatose. If staff are required to leave the room during these critical moments, although no law mandates it, consider referring to doulas for this essential care.
    - Please have 8 oz (1 cup) of clear filtered apple juice and non-fat popsicles or sorbet on hand.
    - The patient must swallow the medications without assistance, but staff or family can help hold the cup and straw if needed.
    - The aid-in-dying medications are bitter and can cause a burning sensation, which can be soothed by a non-fat popsicle or a few teaspoons of non-fat sorbet just before and after swallowing the medications.
    - Sitting upright while swallowing can help prevent coughing, and it is recommended to stay upright until sedation begins to take effect. After that, the patient can be gently laid down, allowing the family to come in close for comfort.

- Typically, the time to enter sleep or a coma is 5 to 10 minutes, while the time until death generally ranges from 1 to 2 hours but can vary anywhere from 1 day to 10 minutes.
- Any discomfort from ingestion passes quickly as sedation begins to take effect. The usual symptoms of the dying process do not cause discomfort for the patient in a coma. The patient's lips may turn blue, their face may appear pale, and their jaw may relax. There may be slight stiffening and relaxation of the body, along with sudden deep breathing, which may stabilize and become shallow.
- The patient's heart and lungs will slow and gently stop; death can be determined once there is no detectable neck pulse and no breath for 10 minutes.
- Discuss who will stay in the home or be reachable if the death takes longer than usual. Consider assigning triage to call every 2-3 hours to offer reassurance and guidance as necessary.
- Reassure that a nurse visit can be provided after the patient has died, for post-mortem support and care.

2. Prepare and update comprehensive contingency plans with patients and their families in case aid in dying is no longer a safe option or is not clinically advisable. These plans should outline who will provide bedside attendant care, the typical signs and symptoms to expect, the care that may be needed, and which medications might be beneficial.
3. Ensure that facility staff are informed and prepared; SNFs can legally opt out and prohibit aid in dying on their premises. If the patient is in a short-term rental, the owner/operators should be notified and made aware that this individual is a hospice patient who is likely to die soon. A friend or loved one's home is also a viable alternative.
4. Once the medications are on hand, inspect them, verify the Rx (DDMAPH, patient's name, and DOB), and ideally store them in the lockbox.
5. Assess GI function: intake, output, symptoms (N/V, bowel sounds, constipation, diarrhea, ascites), and the use of medications that may impact gastrointestinal absorption or function.
6. Assess cognition: orientation, use of comfort or any sedating medications, ability to understand their disease process and options, and ability to communicate an informed decision.
7. Assess the patient's ability to swallow 2 oz (1/4 cup) of slightly thickened liquid.
8. Call the prescribing provider or their backup. Report the patient's plans for ingestion, GI and cognition assessment findings, and review medications to continue or discontinue before the procedure.

<u>1 day before the planned procedure:</u>

1. Be sure 8oz clear filtered apple juice and non-fat sorbet or popsicle are on hand.
2. Review what to expect on the day of the procedure. (see above).
3. Assess GI function. (see above)
4. Assess cognition: (see above)
5. Assess the patient's ability to swallow: (see above)
6. Review NPO instructions and medications to continue or discontinue.
7. Report assessment findings, the patient's continued plans for ingestion, and review medications to continue or discontinue before the procedure with the attending provider or their backup.
    - Do not proceed with oral aid in dying (call prescriber) if
        - Any uncontrolled nausea or vomiting
        - indications of bowel obstruction or gastroparesis
            - severe nausea vomiting
            - not tolerating PO for 72hrs, no bowel sounds + no BM in over 5 days
        - The patient cannot easily swallow 2 oz (1/4 cup)
        - The patient has clearly and likely permanently lost capacity.

- Cannot communicate a clear understanding about prognosis, and end-of-life options, including aid-in-dying.

The day of the planned death, upon arrival :

1. Verbally confirm that the patient wishes to proceed with aid in dying, can swallow the medications, and is oriented and has capacity.
2. Confirm that any nausea or vomiting has been fully controlled, and that the patient has maintained NPO/clear liquids only after midnight.
3. Review what to expect with the patient and family (see above).
4. As permitted, safely prepare medications: place a barrier, wear gloves, and use a mask. Pour 2 oz (1/4 cup) of clear filtered apple juice directly into the medication bottle. Cap, shake, then recap.
5. Bring the capped medication bottle to the bedside along with a short glass cup, paper towels, popsicles, or sorbet, and a straw if needed.

During self-administration (staff, doula, or family member):

1. Sit the patient upright in or on the edge of the bed.
2. Provide a popsicle or a few bites of sorbet.
3. Shake the capped bottle vigorously for 30 seconds. Carefully uncap and decant the liquid medications into the cup. recap and place bottle safely out of reach.
4. Give the patient the cup (and straw if needed) and support if required.
5. Instruct the patient that they may proceed.
6. Once the patient has swallowed the medication, offer another popsicle or small bites of sorbet (totaling 1/2 cup or less). Family may want to provide this final comforting sweetness to the patient.
7. Recap the bottle and place it, along with the used cup, in a safe location, away from others.
8. Note the time of ingestion and the time of sedation.
9. Once sedation has started, lay the patient down and invite the family to come in close for comfort and support.
10. Support families and normalize the signs and symptoms of the dying process, especially agonal breathing. While this may be disturbing to loved ones, comatose patients do not experience it as uncomfortable.
11. Once the patient has been thoroughly unconscious for at least 30 minutes and the family feels comfortable, you may clean up and consider departing.
12. Carefully rinse the cup and medication bottle. Remove the label from the bottle, dispose of it and all potentially contaminated materials in a plastic bag, and take it all the way out to the outdoor trash bin.
13. Instruct the family on what to expect, including signs and the most likely timeline, whom to contact if they have any concerns, and to call hospice once the patient has died (no neck pulse and no breath for over 10 minutes) or whenever they need support.