Academy of Aid-in-Dying Medicine
www.AADM.org

Intake and monitoring checklist

Patients name, DOB:
Age and terminal Dx:

Attending/Prescriber name and contact:
Backup provider name and contact:

Interpreter or other communication needs:
Location: home, SNF, B&C, ALF, short term rental, shelter
Mobility:
Family, loved ones, significant others:
Hospice:

Eligibility Status:
- Verbal requests completed or planned:
- Consulting provider visit completed or planned
- Written request completed or planned
- Rx filled/held (at which pharmacy?) or Rx filled/delivered (in lockbox?):

General plans (if any) or sense of urgency:
General details (who will be there, prepare meds, mange non-oral if needed, and remain bedside):

Contingency (non-aid-in-dying) plans:

Expected route and ability to complete self-ingestion:
- Oral: able to easily swallow 2oz? Tolerate bitter burning sensation?
- Non-oral (PEG, rectal, ostomy): able to press plunger to empty 60mL syringe? Retain 2 oz in GI tract?
- If needed which provider will assess patient, insert and manage catheter?

Red flags/Past medical history of: cachexia (or recent poor PO intake), obesity, extreme fitness, ascites, GI obstructions (partial or complete), brain cancer, young or very healthy other than primary terminal illness?

GI function:
- Intake (fluids and foods), nausea or vomiting, meds used to control
- Bowels: BMs, constipation or diarrhea, meds used to control
- Urine output (color, general quantity)

Cognitive function:
- Orientation, any waxing and waning of clarity?
- Ability to communicate understanding of disease, prognosis, treatment and medical aid in dying
- Ability to follow instructions
- History of brain cancer – primary or metastatic

Medication use:
- Opioid use
- Benzo
- Other sedating meds

Baseline vitals:

Current prognosis/disease status, or progression toward active dying of phase:
Palliative needs, uncontrolled symptoms, and plans to address:

Family Consensus, acceptance, needs:

Family and patient and patient grief needs:

Other concerns: