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

supporting best practices for the care of patients

monitoring checklist

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

Status:

- Verbal requests completed or planned (+/- interpreter):
- Written request completed or planned (+/- interpreter)
- Rx filled/held (at which pharmacy?) or Rx filled/delivered (in lockbox?):
- Procedure planning
  - no specific plans yet, or planning when XYZ occurs, or date planned
  - Planned location
  - which loved ones will attend

Expected route and ability to complete self-ingestion:

- Oral: able to swallow 2oz, tolerate bitter/slightly burning sensation?
- PEG, ostomy, rectal: able to press plunger, empty 60mL syringe? Retain 2 oz in GI tract?

GI function

- Food and fluid Intake
- BMs/ bowel sounds
- N/V? Meds used to control:
- Constipation or diarrhea? Meds used to control
- Cachexia?
- Ascties? Last tap?
- Ostomy?
- Urine output

Cognitive function

- AOx
- Can pt communicate an understanding of terminal disease, prognosis, symptoms, and treatments?
- Can pt communicate an understanding of medical aid in dying procedure and results?

Opioid use - long-acting and short-acting (doses taken 24hrs), any recent changes

Benzo - doses taken on average in 24hrs, any recent changes

Other sedating meds

Baseline vitals

Palliative needs, uncontrolled symptoms, and plans to address:

Patient and family updated and understand:

- Current disease status, or progression toward the active dying phase
- Contingency planning

Family consensus/acceptance:

Family and patient and patient grief needs

Other concerns:

~last edited 5/2025