



## MEDICAL ASSISTANCE IN DYING (MAiD) - ASSESSMENT FORM

When complete, FAX to 902-454-0379

MAiD Case Number: \_\_\_\_\_

<b>Patient Name:</b>		<b>HCN:</b>	<b>DOB (YYYY/MON/DD):</b>		
<b>Assessment Date:</b> (YYYY/MON/DD)		<b>Assessment Time:</b> (Required Information (HH:MM))		<b>Specific Assessment Location:</b> (Required Information (i.e., Patient Home, Halifax Infirmary, etc.))	
<b>Type of Assessment:</b>	<input type="checkbox"/> 1st Assessment <input type="checkbox"/> 2nd Assessment	<input type="checkbox"/> Physician <input type="checkbox"/> Physician	<input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Practitioner		
<b>Medical Diagnosis Leading to MAiD Assessment:</b>					
<b>Other Relevant Diagnoses:</b>					
<b>Assessment Checklist</b>				<b>YES</b>	<b>NO</b>
• 18 years of age or older and have decision-making capacity					
• Eligible for publicly funded health care services					
• Request is voluntary and not the result of external pressure					
• Informed consent has been provided to receive MAiD, meaning that the person has consented to receiving MAiD after they have received all information needed to make this decision					
• Has a serious and incurable illness, disease or disability					
• Is in an advanced state of irreversible decline in capability					
• Experiencing enduring and intolerable physical or psychological suffering that cannot be alleviated under conditions the person considers acceptable					
• Provided with a copy of the 'Professional Standard regarding Medical Assistance in Dying' of the College of Physicians and Surgeons of Nova Scotia and/or the Nova Scotia College of Nursing's document entitled 'Medical Assistance in Dying: A Practice Guideline for Nurse Practitioners'					
• Provided with a copy of the appropriate 'MAiD Request and Consent Form (RFND vs Non-RFND)'					
• Has signed and dated the appropriate 'MAiD Request and Consent Form (RFND vs Non-RFND)', including the signature of one independent witness. Date (YYYY/MON/DD):					
• Has been fully informed of their right to rescind their request for MAiD at any time					
• A natural death <b>IS</b> reasonably foreseeable.					
• If a natural death <b>IS NOT</b> reasonably foreseeable, and the person is not at risk of losing capacity, the start date of 90-day waiting period is (date (YYYY/MON/DD) <b>MUST</b> be entered):				X	X
• Is a <b>specialist consultation</b> required to assist in determining capacity/eligibility <b>If yes, please indicate speciality area required:</b>					
If either assessor is of the opinion that the person is at risk of losing decision-making capacity before their preferred date to receive MAiD, both assessors will agree upon a course of action and inform the MAiD Nurse Navigator.					

<b>Physician/Nurse Practitioner Assessment Outcome: Please INITIAL ONE of the following:</b>	<b>Initial Below</b>
I have determined that the above-named patient <b>meets the eligibility criteria</b> for MAiD.	
I have determined that the above-named patient <b>does not meet the eligibility criteria</b> for MAiD.	
Unable to determine eligibility, pending further information. Please document on Page 2.	

Physician/Nurse Practitioner (print) \_\_\_\_\_ Signature of Physician/Nurse Practitioner \_\_\_\_\_ License Number \_\_\_\_\_ Date (YYYY/MON/DD) \_\_\_\_\_

I confirm that this clinical encounter will be documented in the patient's health record. \_\_\_\_\_ (please initial)





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Assessment Notes and Other Information:
<b>NOTE:</b> If natural death <b>IS NOT</b> reasonably foreseeable, a discussion and/or consultation with a clinician with expertise in the condition that lead to the request for MAiD is required. <b>Please confirm details with MAiD Nurse Navigator.</b>

Optional: Palliative Performance Scale (PPS):
Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are to be repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, "leftward" columns (columns to the left of any specific column) are "stronger" determinants and generally take precedence.

PPS Level	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity and work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable to do normal job /work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable to do hobby/ house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance necessary	Normal or reduced	Full or Confusion
40%	Mainly in bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy with/without confusion
30%	Totally bed bound	Unable to do most activity Extensive disease	Total care	Normal or reduced	Full or Drowsy with/without confusion
20%	Totally bed bound	Unable to do most activity Extensive disease	Total care	Minimal Sips	Full or Drowsy with/without confusion
10%	Totally bed bound	Unable to do most activity Extensive disease	Total care	Mouth care only	Full or Drowsy with/without confusion
0%	Death	-	-	-	-

