MAID (MEDICAL ASSISTANCE IN DYING) − PROCEDURE DOCUMENTATION

Patient Information:	
MAID Case #:	
First Name:	**Last Name:**
Health Card Number:	**Date of Birth (YYYY/MON/DD):**

Date of Procedure (YYYY/MON/DD)**:**		
Procedure Location:	❑ Private Residence	❑ Nursing Home / LTC Facility
	❑ Hospital / NS Health Facility	❑ Other

Health Care Providers Present:	
Name	**Designation**
Family / Friends Present:	

Pre−Procedure Requirements (all answers MUST be Yes):	
The first and second assessments have been completed and agree that the patient meets MAID eligibility criteria.	❑ **Yes**
The *MAID Patient Request and Consent Form* has been signed and dated, including the signature of one independent witness. Dated (YYYY/MON/DD): _____	❑ **Yes**
Immediately prior to providing MAID, the patient was given the opportunity to withdraw their request for and consent to MAID, or Waiver of Final Consent has been signed and dated: Dated (YYYY/MON/DD): _____	❑ **Yes**

Procedure Details − Intravenous Access: Complete relevant portion below
IV Inserted in advance (or PICC Line / Port−a−Cath Accessed): ❑ Yes By: _____
IV Inserted by Provider: ❑ Yes **Site 1:** _____ Size _____ G / **Site 2:** _____ Size _____ G ***OR*** PICC Line / Port−a−Cath Accessed by Provider: ❑ Yes
❑ Saline lock only ***OR*** ❑ Solution _____ at _____ mL/h Time started: _____
IV site used for procedure: _____

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Medications Administered:

Time	Medication	Dose	Route	Signature

If this procedure took place on an Advanced Request / Waiver of Final Consent, please note details here:

Date (YYYY/MON/DD):	Time of Death	Death Pronounced by:
Death Certificate completed **(in blue pen)**: ❑ Yes		
Plan for body retrieval discussed with family and care team: ❑ Yes		
Comments:		
NB: It is the responsibility of the providing clinician to complete the Health Canada MAID Portal.		

Attending Physician / Nurse Practitioner (print)	**Attending Physician / Nurse Practitioner (sign)**
License Number:	Date (YYYY/MON/DD): _____ Time: _____