Academy of
Aid-in-Dying Medicine

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Instructions for RNs for rectal self-administration of medical aid in dying:

Attending/prescribing MD name and contact information:
Back-up/alternate MD name and contact information:

3 -7 days before the planned procedure:

1. Instruct the patient and family on what to expect for preparations and on the day of the procedure:
    - The catheter is a small flexible tube inserted 2 inches in the rectum, anchored internally by a small water-filled balloon. The tubing is threaded up between the legs to the waistband. Patients usually do not feel the catheter or discomfort once the catheter is inserted, and they can be fully dressed and sit upright for the procedure. Patients self-administer the 2 oz of medications by depressing the plunger and emptying a 2 oz syringe into the tubing, about 1/2 the volume of an enema. (consider bringing these supplies to demonstrate to the patient and family).
    - Constipation or loose stools should be carefully managed using medications if needed, with the goal of a soft but formed, easily passed bowel movement every 3-5 days to ensure the aid in dying medications are easily absorbed.
    - Bisacodyl (stimulant) suppositories should not be used in the 48 hrs before the rectal procedure to minimize the risk of rectal stimulation expelling the aid-in-dying medications from the rectum.
    - Continue all medications, including comfort medications, unless otherwise ordered by the attending MD.
    - The patient should practice depressing the plunger and fully emptying a 60mL syringe filled with water into a bowl to ensure they can easily do so on the day.
    - On the planned aid-in-dying day, the patient must be sufficiently oriented to communicate to the bedside staff an understanding of their disease, prognosis, and their end-of-life options, including aid-in-dying.
    - The patient should stop eating after midnight the night before the procedure and consume clear liquids only after that.
    - Patients may feel more comfortable wearing an incontinence brief in case of urination but are unlikely to pass stool.
    - Staff will arrive between 10 am and noon to insert the catheter, mix the medications, and provide bedside support throughout the process.
    - Please have 8 oz of clear filtered apple juice.
    - The patient must be able to depress the plunger and empty the 60mL syringe without assistance, but staff or family can help anchor the catheter if needed.
    - The 2 oz of liquid medication can cause a slight burning sensation, which will pass quickly once sedation begins.
    - Once the sedation takes effect, the patient can be gently laid down, and the family can come in close for comfort.

- Typically, the time to sleep or coma is 5-10 minutes, and the time to death is 1 day to 10 minutes.
- The patient's lips may become blue, their face may become pale, and their jaw may relax. There can be slight stiffening and relaxation of the body and sudden deep breathing, which may stabilize and become shallow for several hours.
- The staff will stay until the patient is deeply comatose for at least 30 minutes and until the family is sufficiently comfortable.
- 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 over 10 minutes.
- The triage team will call every 2-3 hours to reassure and offer guidance if needed.
- A nurse visit can be provided whenever needed, including once the patient has died, for post-mortem care.

2. Prepare, update, and review contingency plans with patients and families in case aid in dying becomes not an option or clinically not advisable.
3. Be sure facility staff are prepared if needed.
4. Inspect the medications, confirm the Rx (DDMAPH, patient's name, and DOB), and put them in the lockbox.
5. Bring supplies to the home: 2x 26-28fr Foley 30mL balloon, two x 60mL catheter-tipped syringes, 30mL leur syringe for balloon, small foley clamp, graduated cylinder (to hold filled syringe upright), chux, gloves, and lubricant. Be sure the family has 8 oz clear filtered apple juice on hand.
6. Perform a rectal exam, assessing for stool quality and quantity, obstructions, sphincter tone, and general tissue condition (warm, moist, non-friable).
7. Administer a saline enema. Assess for leakage during administration and ability to retain 2-4 oz of the enema for 10 minutes. May repeat as needed.
8. Assess the patient's ability to fully depress and empty a 60mL catheter-tipped syringe filled with water.
9. Report assessment findings and review medication to continue or discontinue before the procedure with the MD.

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

1. Be sure 8oz clear filtered apple juice is on hand.
2. Review what to expect on the day of the procedure (see above).
3. Review contingency plans in case aid in dying becomes not an option or clinically not advisable.
4. Be sure 8oz clear filtered apple juice is on hand.
5. Assess GI function: intake, output, symptoms (N/V, bowel sounds, constipation, diarrhea), medications.
6. Assess cognition: orientation, sedating medications, ability to communicate disease, prognosis, and end-of-life options, including aid-in-dying.
7. Assess the patient's ability to depress the plunger and empty the 60 mL syringe.
8. Perform a rectal exam, assessing for stool (quality and quantity), obstructions, sphincter tone, and general tissue condition (warm, moist, non-friable).
9. Administer a saline enema. Assess for leakage during administration and ability to retain 2-4 oz of the enema for 10 minutes. May repeat as needed to empty the rectal vault fully.
10. Report assessment findings and review medications to continue or discontinue with MD
    - Do not proceed with aid in dying if the patient has
        - Palpable rectal obstructions (stool or tumor)
        - very thin, friable rectal tissue
        - very weak sphincter tone such that a 2-4oz enema cannot be retained
        - The patient appears not to have capacity

- Cannot communicate about disease, prognosis, and end-of-life options, including aid-in-dying.
- The patient appears not to have sufficient strength to self-administer by depressing the syringe plunger.

The day of the planned death, upon arrival:

1. Assess/verbally confirm - pt has the strength to self-administer, is sufficiently oriented, and maintained NPO/clear liquids only after midnight.
2. Instruct the patient and family on what to expect during the procedure (see above).
3. Perform a rectal exam to ensure no stool is in the rectum; administer an enema if needed.
    a. NOTE: wait an hour after the last enema before proceeding to minimize the risk of expelling medications.
4. Insert a 26-30fr catheter with a 30mL balloon into the rectum. Then, Inflate the balloon fully and tug it back against the internal sphincter to seal it. Thread the catheter between the legs along the peritoneum, tuck it into the clothing waistband, and clamp it.
5. Prepare medications: Pour 45mL clear filtered apple juice into the bottle, cap it, and shake it. Then, decant the suspension into a cup and draw this up into a 60 mL catheter-tipped syringe. Then, add 10-15 mL more filtered apple juice into the cup and draw it into the syringe, filling the syringe to a **total volume of 2 oz/60 mL**. Then, cap the syringe and put it **cap-side up** into the graduated cylinder to the bedside, **carefully keeping the tip upright**. The medications clump up easily in the tip and can cause a plug.

During self-administration

1. Have the Patient sit upright or lie on their left side through administration until sedation begins.
2. Just before self-administration, flush the catheter with 10- 15 mL of water (using a second 60 mL syringe) to check the catheter for clogs and to assess for any anal leakage that might indicate the balloon has failed. If plugs or leaks are observed, insert the second/spare catheter.
3. Hold the filled capped syringe tip up and shake vigorously for 30 seconds.
4. Uncap and insert the syringe into the catheter.
5. Unclamp the catheter and anchor for the patient if needed.
6. Instruct the patient that they may proceed and depress the plunger.
7. Once the patient has depressed the plunger, clamp the line, remove the syringe, and place in a safe location (up high, away from others).
8. Note the time of ingestion and the time of sedation.
9. Once sedation has begun, lie the patient down on their left side.
10. Support the family to move in close for comfort and normalize Sx/Sy of the dying process.
11. Once the patient has been unconscious for at least 30 minutes and the family is comfortable, the RN may clean up and depart.
12. Carefully rinse the cup and medication bottle. Remove the label from the bottle and dispose of the bottle syringes, graduated cylinder, and any contaminated materials in a plastic bag brought to the outside bin.
13. Instruct the family that triage will call every 2-3 hrs and to call hospice once the patient has died (no neck pulse and no breath over 10 minutes) or any time they need support.
14. RN will leave the catheter in the rectum post-mortem to contain residual medications and ensure staff safety.

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