

Date: \_\_\_\_\_ Time: \_\_\_\_\_

= Always applicable     = Check if applicable

**ADMISSION INSTRUCTIONS**

- Assessments for medical assistance in dying provision reviewed and available to provider
- Consent and eligibility for medical assistance in dying confirmed
- Consent for organ donation confirmed

**MONITORING**

- Continuous pulse oximetry
- \*AND\***
- Continuous ECG monitoring

**PATIENT CARE**

- Intravenous access as per MAiD process

**BLOOD WORK**

- Blood work as requested by BCT
- Blood cultures       CBC       Chemistry

**INFECTION SURVEILLANCE**

- Rapid COVID NP test

**DIAGNOSTICS**

As requested by BC Transplant

- CXR

**MEDICATIONS**

**Anticoagulation:**

- Heparin 30,000 units IV push prior to medical assistance in dying provision

\_\_\_\_\_  
Prescriber's signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
College ID

Date (dd/mm/yyyy) / /	Time	Prescriber's Signature	Printed Name or College ID #
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