

Appendix B: Drug Information For Aid-in-Dying Prescription

Table 1. DDMAPh is the current oral medication regimen recommended from [American Clinicians Academy on Medical Aid in Dying \(acamaid.org\)](https://www.acamaid.org/).¹ The drug information provided is a reference on the medications' common medical uses, dosing, and toxicities.

| Recommended Dose | Class | Use | Therapeutic Dose Range ² | Above Max Dose | Toxicity ³ |
|-------------------|--|--|---|---------------------------|--|
| Digoxin 100 mg | Cardiac glycoside – positive inotropic effects (modifying force and speed of contraction of the muscles) Positive inotropes: - Slow the heart rate. - Makes cardiac muscles contractions stronger. - Raise cardiac output of blood pumped out. | 1. Atrial fibrillation rate control alternative. Supraventricular tachyarrhythmias. 2. Heart Failure with a reduced ejection fraction. Target serum digoxin concentration 0.5 to <0.9 ng/mL. Use declining. | 0.25 mg - 0.5 mg once. Repeat 0.25 mg every 6 hours, max 1.5 mg in 24hr (loading). 0.125 mg to 0.25 mg once daily. | 200 x single dose loading | Narrow Therapeutic Index (Therapeutic precision is required to avoid toxicity). - Cardiac arrest from 10 mg of digoxin or more. - Severe bradycardia, heart block, vomiting, shock. - Hyperkalemia (potassium greater than 5 meq/L) (not the cause of death). |
| | | | | 67 x daily dose loading | |
| Diazepam 1 gm | Benzodiazepine | 1. Anxiety. 2. Muscle spasm alternative. 3. Seizures first line. 4. Alcohol withdrawal. | Up to 40 mg / day in divided doses. | 25 x daily dose | Safe up to 2000 mg with only minor toxicity. - Risks from concomitant use with opioids. Leads to profound sedation, respiratory depression, coma, death. |

¹ American Clinicians Academy on Medical Aid in Dying. <https://www.acamaid.org/pharmacologyinfoupdates/> Accessed February 5, 2024

² Lexicomp. <https://online.lexi.com/lco/action/home> Accessed February 5, 2024.

³ Micromedex. <https://www.micromedexsolutions.com/micromedex2/librarian/> Accessed February 6, 2024.

| Recommended Dose | Class | Use | Therapeutic Dose Range ¹ | Above Max Daily Dose | Toxicity ² |
|-----------------------|--|--|--|---|---|
| Morphine 15 gm | Opioid, analgesic | 1. Acute pain / Chronic pain 2. Pain and sedation critically ill patients in the ICU (off label). | May give orally up to 30 mg every 4 hours as needed for severe, acute pain in hospitalized opioid naïve patients at low risk for respiratory depression (180 mg / day in divided doses). | 500 x single dose opioid naïve 83 x daily dose | - Euphoria - Respiratory depression, - Hypoxia, rarely seizures from hypoxia. - Coma. - Bradycardia |
| Amitriptyline 8 gm | Tricyclic Antidepressant / Anticholinergic | 1. Major depressive disorder alternative | Initial dose max 50 mg / day. Titrate up over weeks to usual dose of 100 to 300 mg/ day. | 160 x daily dose initial 27x daily dose titrated | - Greater than 5 mg/kg (eg: 250 mg in a 50 kg – 110 lbs adult) - Coma - Seizures, - Ventricular dysrhythmias, - Respiratory failure - Hypotension - Slowed GI motility retaining oral drug. |
| Phenobarbital 5 gm | Barbiturate Antiseizure agent | 1. Sedation before surgery 2. Second line for seizure. (status epilepticus). 3. Seizures maintenance dose | Max 400 mg / day. | 13 x daily dose | - Use with opioids may result in profound sedation, respiratory depression, coma, death. - Death is most commonly caused by respiratory depression and cardiovascular collapse. (Coma, hypotension, decreased heart contractility, hypothermia, and respiratory failure). |

¹ Lexicomp. <https://online.lexi.com/lco/action/home> Accessed February 5, 2024.

² Micromedex. <https://www.micromedexsolutions.com/micromedex2/librarian/> Accessed February 6, 2024.