

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/pharmacologyinfoupdates/).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 26, 2025

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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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.