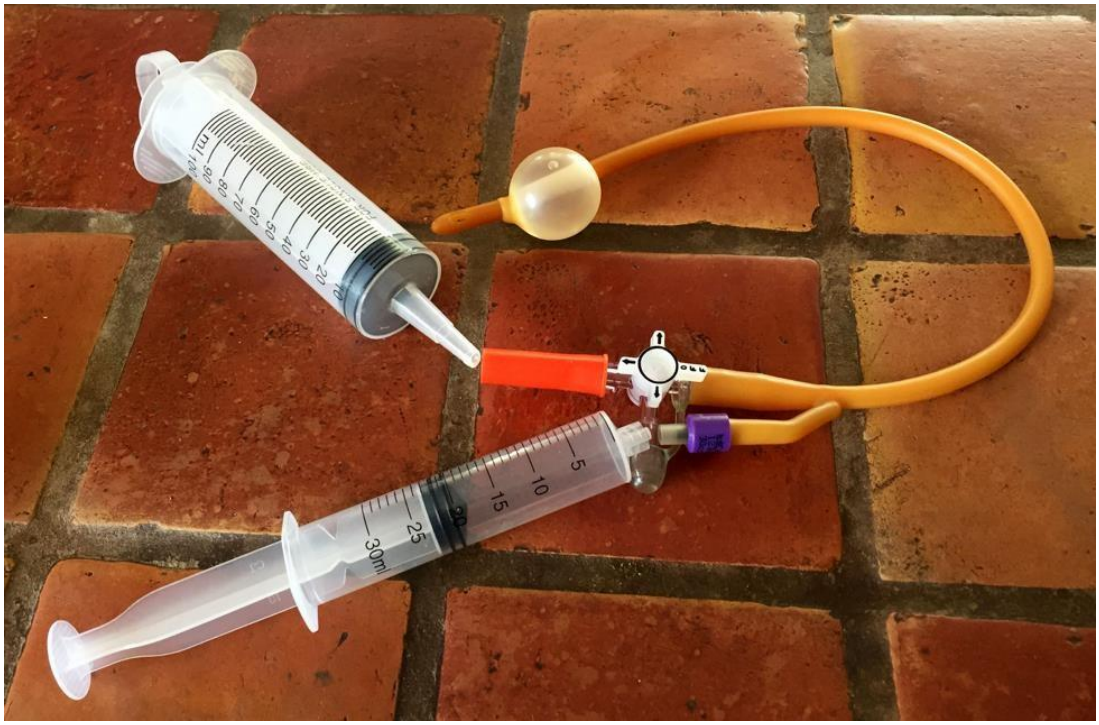
Rectal Administration of Aid-in-Dying Medications

(NOTE: This is a medical procedure and requires a trained clinician who can evaluate the patient for this procedure, do a rectal exam to be sure that the procedure can be safely accomplished, and be responsible for potential complications. We do not recommend that this be done by families alone without significant direct clinician participation.) by Thalia DeWolf, RN, CHPN



For questions and/or information, email ACAMAID@ACAMAID.org

An Essential Warning: Aid-in-dying medications are a thick suspension of powders. They can clog a Macy Catheter. So while Macy Catheters are indeed wonderful and useful devices for end-of-life care, they should not be used for medical aid in dying. See below for proper materials.

Pre-care: An intact, empty, warm, moist, well-perfused rectum assures thorough absorption of rectally administered aid-in-dying medications. Be sure your patient has good bowel care in the 72 hours before aid in dying. A daily soft BM is recommended. The best practice is to do an enema the day before or the morning of aid in dying. Within 24 hours of the procedure (or at the time of the procedure) a digital rectal exam must be performed by an experienced clinician (RN or physician) The clinician must ascertain that the lumen is patent and will accept the catheter; that the rectal vault is not filled with stool (small amounts of stool will not interfere with absorption of medications, large amounts, especially of thick, pasty stool,

are likely to bind the medications and prevent absorption; that tumor has not invaded the rectum; that the rectum is warm and well-perfused).

Supplies:

20-22fr foley catheter with a three-way stop cock (Lopez enteral valve), and a 100mL catheter tipped syringe, and a 30mL Luer lock syringe to inflate the balloon. See the attached picture

(all available on Amazon)

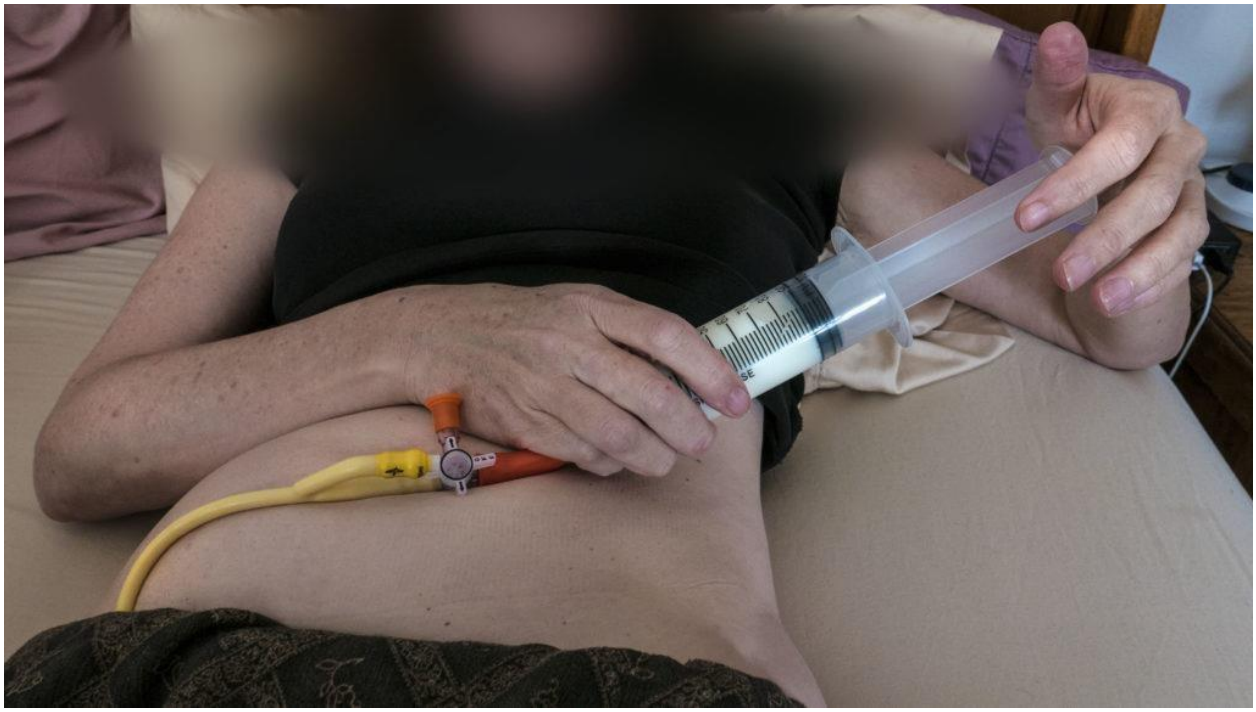
1. **stop-cock (Lopez) Amazon Link**
2. **100mL cath tipped syringe (non-medical/non-sterile): Amazon Link**
3. **catheter 22fr, 30mL – I like a slightly smaller bore but I couldn't find one on amazon with a 30mL balloon: Amazon Link**
4. **30mL leur lock syringe for balloon**

Procedure

1. Rectal exam – make certain there is access for meds – no new tumors blocking passage, and no accumulated stool in the rectal vault. If needed, use enema or disimpact.

2. Insert the assembled catheter at least 6 inches into the rectum, inflate the balloon to 20mLs (requires a Leuer syringe!), and gently tug the balloon back against the internal sphincter to seal rectum.

3. Thread the port/stop-cock end of the catheter up between the legs, along the perineum, up through to the waist (not along the side of the thigh as this makes occlusion of the catheter more likely). Pants or undergarments can be pulled up over this, and the port/stopcock can be accessed at the waistline.



4. Med administration, pre-fill syringes with no more than 100mls of liquid. Most patients can tolerate about 100mLs (per surge) without stimulating any contractions which might expel the meds. You may need to assist with attaching the catheter tipped syringe into the stopcock outlet, opening the valve properly by turning the stopcock, and guiding patient to slowly depress the plunger to self-administer. Then turn the stop-cock (close the valve) and remove the syringe, so meds don't leak out. (we have not bothered with flushes, as the catheter holds less than 3mLs total).

– antiemetic pre-meds can be dissolved in 2oz warm water. Administer this 45 minutes before digitalis.
(NOTE: The usual pre-medication with metoclopramide for oral administration of aid-in-dying medications need not be given for rectal med administration. Ondansetron is still recommended to prevent centrally-induced nausea when the medications are absorbed.)

-mix the digitalis with 2oz (60mLs) filtered apple juice. Pts administer this 30 minutes before the DMA.

– mix the DMA with 90-95mLs of filtered apple, or until the volume adds up to no more than 100mLs.

5. Time to sleep and time to death has not varied much from oral administration; 3-10 to deep sleep, and 2-4 hrs to death. Families may benefit with support through the normal signs and symptoms of dying including agonal breathing, changes in color, etc…

Post mortem care:

Do not remove catheter postmortem – so that no leakage occurs.