

## Red Flag Risk checklist for potentially complicated and/or prolonged AID deaths

(NOTE: This should be checked before prescribing medications, and again close to the aid-in-dying date. Conditions change.)

- Gut issues:
  - Severe cachexia and/or prolonged time with no oral nutrition—associated with duodenal villous atrophy and poor med absorption.
  - Gastroparesis (delayed gastric emptying)
    - Poorly controlled nausea/vomiting = gastroparesis
    - Anticholinergic medications (Compazine, Haldol, Benadryl, hyoscyamine, others)
  - Severe constipation/obstipation
  - Partial or complete bowel obstructions.
  - GI disease, including pancreatic cancer, colon cancers, hepatic metastases
  - Ascites that is tense (peritoneal mets, and/or portal hypertension with concomitant bowel edema and compression. (For tense ascites, recommend paracentesis the day before aid in dying.)
- Swallowing concerns:
  - Too weak to actively swallow
  - Oropharyngeal or esophageal obstruction, even if partial
  - Intolerance to swallowing bitter or bad-tasting liquids.
- Medication-related concerns:
  - Very high opiate or benzo tolerance. (NOTE: This risk factor is improved with the newer [aid-in-dying protocols that include phenobarbital.](#))
- General Factors:
  - Obesity
  - Extreme exercise history/cardiac fitness, even if remote in time.
  - Young, <55 years, or very healthy other than the primary cause of death
  - EtOH, >fifth of liquor or case of beer/day—associated with sedative resistance
- Mental Health Concerns:
  - IV (or other) drug abuse, recent or remote (may have inconsistent/incomplete drug- use reporting)
  - Waxing and waning mental capacity, and/or ability to follow instructions.

If significant Red Flags, revised AID plans, change in pharmacology and/or route of administration; other change:

Family/Patient informed: