

American Clinicians Academy on Medical Aid in Dying

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Rectal Administration of Aid in Dying Medications

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Thalia DeWolf, RN, CHPN
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For questions and/or further information please email ACAMAID@ACAMAID.org

To view a video illustrating these instructions more fully, please see <https://vimeo.com/603594763>

*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 the procedure can be safely accomplished, and be responsible for potential complications. We do not recommend this be done by families alone without significant direct clinician support.

Supplies:

1. 20-22fr Foley Catheter
2. Three-way stopcock (Lopez enteral valve)
3. 100mL catheter tipped syringe (non-sterile is fine)
4. 30mL Leur-lock syringe (to inflate balloon)



Assemble the valve by pushing the long orange port's straighter, rimmed end onto the shorter clear plastic ribbed arm, leaving the graded end open to receive the syringe (see catheter/valve combination photo). Push the Foley catheter onto the longer ribbed clear plastic arm.



The valve stopcock shown in the open position; notice the two arrows ← → indicating the open directions

* The valve/stopcock is not essential but does facilitate the ease of medication administration. Without it, insert the syringe directly into the Foley and use a clamp to seal off the catheter to prevent leakage when the syringe is detached.

* **Aid-in-dying medications are a thick suspension of powders, which may clog a Macy Catheter**, which has a narrow, 14fr lumen. So, while Macy Catheters are highly useful devices for end-of life care, they should not be used for medical aid in dying.

* Two 60cc catheter-tipped syringes can be substituted for the 100cc syringe, but this necessitates quickly swapping out the 60cc syringes during the procedure to get the full administration of medications within the two minutes before sedation begins.

* We recommend bringing two Foley catheters, in case the first occludes.

* Supplies are generally available on [Amazon.com](https://www.amazon.com) and [Medline.com](https://www.medline.com)

*NOTE: **It is legal** for the family or a clinician to mix and prepare aid-in-dying medications, and to attach the syringe to the catheter, but the **patient must push the plunger to “self-administer” the medications.**

~ See California’s end of life option act

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15

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. Gently increase laxatives, if needed to ensure a daily, easily passed BM.
- Essential: Administer 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 should be performed by an experienced clinician (nurse or physician). The clinician must ascertain that:

- The rectal opening is patent and will accept the catheter.
- The rectal vault is not filled with stool.
 - Small amounts of firm stool, high in the rectal vault, will likely not interfere with absorption of medications. But large amounts, especially of thick, pasty stool, may bind the medications and interfere with absorption, or clog the catheter.
- Tumor has not invaded the rectum.
- The rectum is warm, moist, and well-perfused.

Procedure:

1. Rectal exam (see above for details). Make certain there is access for medications; no new tumors blocking passage, and no accumulated stool. If needed, use an enema or disimpact the rectal vault.
2. Insert the assembled catheter 3-4 inches into the rectum, inflate the balloon to 20mLs (requires a Leuer lock syringe), and gently tug the balloon back against the internal sphincter to seal the rectal outlet. (NOTE: Unlike placing a Foley in a bladder, do not insert the catheter deeply or it will run into stool high in the rectal vault.)
3. Thread the free 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 may occlude the catheter). Pants or undergarments can be pulled up over this, so that stop-cock/port can be accessed at the waistline. (See the above photo.)
4. Attach the valve/stopcock to the Foley and with the valve open (arrows lined up), flush the Foley using a catheter-tipped syringe filled with 15-30mLs of water, to ensure patency of the tubing and ease of self-administration. The patient can depress the plunger to practice self-administration. Then, close the valve.
5. Mix the aid-in-dying medications with 3 ounces (90mL) of clear filtered apple juice (or water), and then fill the syringe (or syringes) with no more than 100mLs of liquid. Most patients can tolerate about 100mLs (per surge) without stimulating any contractions which might expel the medications. No pre-procedure anti-nausea medications are required for aid in dying by rectal administration.
6. When the patient is ready, assist the patient as needed with attaching the syringe into the valve/stopcock arm, opening the valve by turning the stopcock. You can anchor the valve/stopcock while the patient depresses the plunger to self-administer the medications.
7. After self-administration, turn the stopcock to close the valve so medications don't leak out. Then remove the syringe. (A flush is not required).

Time to sleep and time to death has not varied much from oral administration; 3-10 minutes to deep sleep and coma, and 2-5 hours to death. Do not remove the catheter postmortem so that no leakage occurs.

Families have less anxiety and better emotional outcomes if supported through the normal signs and symptoms of dying, including agonal breathing, changes in color, etc. Please see the Academy's Nursing Best Practices videos for details. <https://www.acamaid.org/ce-master/>.