**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: no specific threshold, use judgment)
* 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: