

Euthanasia Methods:

1. Pentothal/Sodium Thiopental [Pentothal - general anaesthetic] / Barbiturates including Nembutal (Pentobarbital)
2. Cyanide [Lethal Substance]
3. Sodium Nitrite (SN)
4. Hanging
5. Jumping
6. Fentanyl (Opioid)
7. ~~Lethal Injection - Euthanasia via Doctor~~
8. ~~Carbon Monoxide (CO)~~
9. ~~1,4 butanediol megathread:~~
 - a. ~~<https://sanctioned-suicide.net/threads/1-4-butanediol-megathread.10115/>~~
10. Flubromazolam + GBL
 - a. <https://sanctioned-suicide.net/threads/2-more-weeks-and-i-should-be-out-of-here.119091/#post-2002582>
11. Propofol
12. Conotoxins
13. Phenol
14. ~~Drowning~~
15. ~~Not recommended methods~~
 - a. ~~<https://sanctioned-suicide.net/threads/not-reliable-methods-to-ctb-megathread.164866/>~~

To use Euthanasia methods

1. Pentothal/Sodium Thiopental [Pentothal - general anaesthetic]
2. Cyanide [Lethal Substance]
3. Sodium Nitrite (SN)
4. Hanging
5. Jumping

Case Studies of Suicide

Random Stuff

1. Advance Health Directive =>
https://en.wikipedia.org/wiki/Advance_healthcare_directive
2. Methods which don't lead to bad aftereffects in case of survival:
 - a. Nembutal/Barbiturates
 - b. SN
 - c. Cyanide? Find out
3. Cyanide Verification
 - a. Ordered test with lab. Order another lab?
 - b. Order another cyanide brand
 - c. Reliability of Cyanide seems greater than Sodium Nitrite, with higher chances of Vomiting.

- d. Dying in one's sleep is also preferred. Drugs that put you in sleep before death are also preferred.
- e. Barbiturates enhance the effect of GABA in brain. GABA causes sedation and sleep. An overdose of barbiturate can depress the brain function so severely that respiration ceases and the person dies.
- 4. Suicide Methods
 - a. https://en.wikipedia.org/wiki/Suicide_methods
- 5. Google Searches:
 - a. <https://www.youtube.com/@OnlyDeaths>
 - b. <https://lostallhope.com/suicide-methods/cyanide-potassium-chloride>
 - c. <https://lostallhope.com/suicide-methods/statistics-most-lethal-methods>

Fears:

1. If I don't die now, I might not get the chance to die at all? I mean on my own terms. I mean if I live now, what if after 30 years I can't find Euthanasia? What then?

I cannot die a slow, painful death. That's out of the question. If my health deteriorates further, I'll go. I'm at the breaking point. By guaranteeing me Euthanasia, I can live my life with no worries.

Goal:

1. Go to sleep. Then die in sleep.
2. Unconscious, then die.

Exit Plan

Consider taking Thiopental and Cyanide both, so one kills you for sure. No, thiopental is most likely an antidote for Cyanide. As well as Sodium Nitrite.

Exit Plan via Thiopental

1. Oral Route
 - a. 15-20g just taken by itself (oral) should end life. (From PPH Essentials)
 - b. To end life:
 - a. Dissolve 10-15g Thiopental powder in 200ml water and drink
 - b. [Optional: Alcohol can be used as an additional drink to speed unconscious - maybe redbull?]
2. [Optional] Pain Killer/Benzo: For mild headache that may occur, anxiety, shorten time to unconsciousness as well.
 - a. 600mg of Ibuprofen or 1000mg of paracetamol
 - b. Benzo: 10 minutes prior to Thiopental, Ativan = 2-6 Tablets

Doesn't cause suffocation. Puts you to sleep and then you die. Should be peaceful death.

After a few minutes – surely fewer than 10, the first movement was not yet finished – Gerard fell asleep. Exactly as he would fall asleep when he was very tired, as he was so often in those days. His eyes shut, quietly, and his breathing slowed. There was no struggle, no

spasms, no throes. He was still holding my hand, and I his. After – I don't know exactly how long, but not many more minutes, Ms Krause came back, looked carefully, and said: "It's over now."

Oral administration is also used. A Swiss pharmacist reported in 2022 that the dose for assisted suicide had been raised to 15 grams because with lower doses death was preceded by a coma of up to 10 hours in some cases. The Dutch have found that about a quarter of the cases of assisted suicide by mouth go over the thirty-minute mark at a dose of 9g.

Fasting before Thiopental to reduce chances of Vomiting:

1. Don't eat any food for 8 hours prior. Stop drinking fluids for 2 hours before.
2. Take an antiemetic if you have one.

Exit Plan via Cyanide:

1. Empty Stomach. Drink Lemon Juice. ½ glass. 1 lemon
2. [Post 15 minutes] Drink 1-1.5g of cyanide dissolved in half a glass of cold water [Yellow Sugar Free Spoon (0.5g, so 2-3x) or ¼ tsp measured spoon (contains 1.2-1.5g) etc]. After dissolving, wait 3-4 minutes.
3. Drink.
4. Larger doses could cause burning of the throat.

Double Dose. Take Cyanide + Drug to ensure death.

Doesn't cause suffocation as in hanging. Should be happy hypoxia (histotoxic hypoxia).

Can take Benzo/Painkiller alongside to deal with any kind of pain associated. No need though.

Exit Plan via SN

1. Materials Needed:
 - a. SN: 15g - 25g [3 tsp of the 1 TSP measured spoon]
 - b. Anti Vomit [Perinorm (Metoclopramide) available in box]
 - c. Acidity reduction [Eno? Esomac D - 40, Rablet D 20]
 - d. [Optional] Pain Killer/Benzo: For mild headache that may occur, anxiety
 - i. 600mg of Ibuprofen or 1000mg of paracetamol
 - ii. Benzo: Lorazepam = 20-40mg
 - iii. Propranolol - 2 tablets, 40 mg => Taking SN + Propranolol at the same time will have opportunity to puke it all, so I'm considering to take propranolol 1-2 hour before final mix.
 - e. [Optional]
 - i. Mucopain Gel (Benzocaine) - For numbing the tongue - A local anaesthetic.
 1. This powerful gel is specially formulated with benzocaine, a local/topical anaesthetic that provides fast and effective numbing action. Additionally, reduces pain as well.

2. When used for local anaesthesia or in nerve blocks, Benzocaine typically begins working within 1-2 minutes and lasts for about half an hour.
 - ii. Lidocaine
 1. A spray would be better than gel/ointment.
 2. Lidocaine typically begins working within a few minutes (3-4 minutes) and lasts for half an hour to three hours
 3. Lidocaine is generally stronger and more potent than benzocaine.
 2. Procedure:
 - a. Fasting for some hours with only water (Could skip dinner)
 - b. Take anti-emetic (Metoclopramide 10mg) - 1 to 3 Tablets and Esomac D (40mg)
 - c. Wait 30-40 minutes
 - d. Dissolve 15-25g of Sodium Nitrite in 50-100ml of glass of water [Don't add too much water]
 - e. Drink it and lie down on bed
 3. Sample Procedure
 1. 60 minutes before SN: Paracetamol 1000mg, Clobazam 10mg,
 2. 40 minutes before SN: Metoclopramide 30mg, Ondansetron 8mg, Omeprazole 80mg
 3. 00 minutes: 25g of SN and 400mg Propranolol in plain water, another glass for backup
 - Doesn't cause suffocation as in hanging. Should be happy hypoxia (Hypemic Hypoxia)
 - Crux: No After Effects
- <https://sanctioned-suicide.net/threads/testing-sn-how-to-get-to-hospital-fast.74903/>

Exit Plan via Hanging

Guide on Hanging:

1. <https://sanctioned-suicide.net/threads/evelyns-complete-guide-on-how-to-hang-yourself-with-both-partial-and-full-suspension-hanging.175612/>
2. <https://sanctioned-suicide.net/threads/a-small-amount-of-information-regarding-hanging-video.177766/>
3. <https://sanctioned-suicide.net/threads/collection-of-videos-of-successful-partial-suspension-hanging-attempts.175517/>

Exit Plan via Jumping

Hypoxia

1. Hypoxia: The Peaceful Pill Book describes a range of methods that will bring about a good, peaceful and reliable death. All of the methods examined are effective. A main strategy to bring about death is to block the supply or utilisation of oxygen by the cerebral cells. 'Hypoxia' is the general term used to cover all of the processes that do

this and there are different names given to the varying ways in which cerebral hypoxia is achieved.

- a. Happy hypoxia depends on oxygen levels dropping to lethal levels, while avoiding any increase in carbon dioxide (which leads to the associated distressing symptoms).
 - b. Histotoxic Hypoxia occurs when there is oxygen delivered to the cells of the brain, but damage to the cellular metabolism, of the cells makes this oxygen unusable.
 - c. Hypoxic hypoxia occurs when there is not enough oxygen getting into the lungs. This can be caused by placing oneself in a low-oxygen environment (eg. in a plane that depressurises, or using a nitrogen-filled plastic Exit bag).
 - d. Hypemic Hypoxia occurs when the blood is unable to carry enough oxygen. This occurs when the haemoglobin in red blood cells is effected (eg. by a substance such as sodium nitrite, or a gas like carbon monoxide); making the blood incapable of transporting oxygen from the lungs to the brain.
 - e. Hypoxia
 - i. Hypoxic Hypoxia
 - ii. Hypemic Hypoxia
 - iii. Ischemic Hypoxia
 - iv. Histotoxic Hypoxia
 - f. Substances
 - i. Thiopental/Nembutal - Hypoxic hypoxia (Lowering cerebral oxygen by depressing breathing)
 - ii. Cyanide - Histotoxic hypoxia (Oxygen delivered to the cerebral cells, but blocking cell metabolism)
 - iii. Sodium Nitrite - Hypemic hypoxia (Blood unable to transport oxygen to cerebral cells)
 - iv. Carbon Monoxide - Hypemic hypoxia (Blood unable to transport oxygen to cerebral cells)
2. Potentiation is a term used to describe additional steps, measures, or drugs taken to enhance the efficacy of a proposed lethal act. In the case of the ingestion of drugs of uncertain purity, potentiation may be in the form of an additional drug that enhances the main drug's lethality. For example, a drug that ends life by depressing respiration by causing cerebral hypoxia, can be enhanced with the inclusion of an additional sedative that further depresses respiration.
 - a. Alcohol can also be useful as a post-medication which can be taken to remove the aftertaste of a lethal barbiturate like Nembutal. Something sweet, like a cocktail or a mocktail, most likely.
 3. "Valium (Diazepam, Benzo) if you can get it" - "Benzodiazépines like Valium and Ativan could be good taking before the lethal dose"
 4. Also, visualizing yourself carrying out your method in the weeks, or months, or longer leading up to when you, actually, execute your method for real, could help."
 5. Besides the obvious choice of drugs to calm yourself before the attempt.

Cyanide

1. Controversial reports from various sources, with most claiming it is a peaceful death. With one or two reports of unpleasant deaths

Questions @Cyanide Exit:

1. Verify the Patel Cyanide is "Cyanide" - Already producing HCN gas but failed the strip test. Turned pink and not violet? Strip test also passed.
 - a. Wait until 15 March for another batch of strips?
 - b. Only NaCN and KCN dissociate in water. So, it is dissociating, so KCN confirmed.
2. What happens if I survive Cyanide ingestion?
 - a. Unlikely.
 - b. Saved by doctors with antidotes:
<https://timesofindia.indiatimes.com/city/mumbai/student-takes-cyanide-saved-after-24-hr-race-for-antidote-from-hyd/articleshow/79292104.cms>
 - c. The student has developed tremors in his hands and slurred speech.
3. How does Cyanide react with HCl?
 - a. Produces HCN gas
4. **If Cyanide is verified, then just need to ingest it to bring about death. Yes, verified.**
5. Is death by Cyanide happy hypoxia? Yes.

Exit Plan via Cyanide:

1. Empty Stomach. Drink Lemon Juice.
2. [Post 15 minutes] Drink 1-1.5g of cyanide dissolved in half a glass of water [Yellow Sugar Free Spoon (0.5g, so 2-3x) or ¼ tsp measured spoon (contains 1.2-1.5g) etc] After dissolving, wait 3-4 minutes.
3. Drink.
4. Larger doses could cause burning of the throat.
5. Cyanide poisoning is an example of histotoxic hypoxia. In cyanide poisoning, the concentration of oxygen is perfectly normal in both the extra- and intracellular fluid. It is the cell that is unable to utilize the oxygen present in/around it. Histotoxic Hypoxia occurs when there is oxygen delivered to the cells of the brain, but damage to the cellular metabolism, of the cells makes this oxygen unusable.

Double Dose. Take Cyanide + Drug to ensure death.

Can take Benzo/PainKiller alongside to deal with any kind of pain associated.

Shelf Life

1. Sodium Cyanide is 84 months
2. Potassium Cyanide is atleast 60-72 months. Pate says min 1 year
3. Links:
 - a. <https://www.reagents.com/2298646/Item/SEARCH/Sodium-Cyanide>
 - b. https://www.alphachemika.co/chemical/2413/POTASSIUM_CYANIDE_Extra_Pure.html

Standards	
Other	
Burrell Scientific Lab Equipment	

YOUR ACCOUNT	SPECIFICATIONS
Login Register	Boiling Point : 1497°C CAS # : 143-33-9 Chem Quantity : 125g Chemical Formula : NaCN Color : Colorless/White Composition : Sodium Cyanide 100% Density : 1.6 Grade : ACS Reagent Melting Point : 562°C Molecular Weight : 49g/mol Packaging Type : Glass Amber Container Physical State : Solid Shelf Life : 84 Months Size : 125g Solubility Information : Soluble in 48g/100mL Water at 10°C Storage : Room Temperature pH Range : Alkaline

Verification of Cyanide Powder

1. Test if on another suicidal person and see if he/she dies. And the manner of death.
2. HCN Gas Detector [For NaCN and KCN] - Must dissociate in water
3. Prussian Blue Test [$\text{FeSO}_4 + \text{FeCl}_3 + \text{HCl} + \text{NaOH}$]
4. Advantec JP Strips for Cyanide Test
5. Industrial Test Systems - Cyanide Test Emergency Kit

Cyanide Verification/Testing

1. [Patel] ETRL Chemical Lab - Result = KCN 98% Purity
 2. [Patel] HCN Gas Detector - Produces HCN Gas - Must dissociate in water
 3. [Patel] Advantec JP Strips for Cyanide Test - Positive test result
 4. [Patel] Industrial Test Systems - Cyanide Test Emergency Kit - Positive Test Result
 5. Consider if testing is enough or need 1 more lab test. Enough to be honest.
- Current Stock
- a. 18 Jan bottle verified tests 2,3,4 [4th test resulted in purple-pink strip]

Death Info.

1. Potassium cyanide releases hydrogen cyanide gas, a highly toxic chemical asphyxiant that interferes with the body's ability to use oxygen. Exposure to potassium cyanide can be rapidly fatal. It has whole-body (systemic) effects, particularly affecting those organ systems most sensitive to low oxygen levels: the central nervous system (brain), the cardiovascular system (heart and blood vessels), and the pulmonary system (lungs). Potassium cyanide is used commercially for fumigation, electroplating, and extracting gold and silver from ores. Hydrogen cyanide gas released by potassium cyanide has a distinctive bitter almond odor (others describe a musty "old sneakers smell"), but a large proportion of people cannot detect it; the odor does not provide adequate warning of hazardous concentrations. It is usually shipped as capsules, tablets, or pellets. Potassium cyanide absorbs water from air (is hygroscopic or deliquescent).
2. Both potassium and sodium cyanide react with stomach acid to produce hydrogen cyanide, which can then go on to cause toxic effects.

Cyanide Use:

1. Cyanide is used in inks/dyes for making blueprints.
2. It is present in the chemicals used to develop photographs .
3. It is used to make paper, textiles and plastics .
4. Salts of cyanide are used in metallurgy for electroplating,metal cleaning and removing gold from its ore.
5. Jewellery Cleaning - "Jewelleries Gold Cleaning" - To send in Whatsapp/While Purchasing
6. The compound of potassium cyanide is used to clean jewellery.

Where can I get Cyanide in India?

1. From Goldsmith plating (they have cyanide license). **Other options are from a Chemical Synthesis Lab** which has Cyanide license (this is difficult license like Explosive license), and they have to account for every amount sold & to manage to obtain through any of them is to manage to break through layers of trust. Other option is to Synthesise it. It's a little trouble but doable. Question is for what purpose you need it ? DM me
2. You can get Potassium Cyanide or any other compound at almost all the industrial chemical suppliers. You would have to buy industrial quantities though.

Important Links

What happens on ingestion of Cyanide?

1. It depends entirely on how much cyanide is introduced. A blood level of greater than 3 milligrams per liter is usually deadly, causing a coma with seizures, apnea, and cardiac arrest, with death following in a matter of seconds.
2. At lower doses, early symptoms include headache, dizziness, fast heart rate, shortness of breath, and vomiting. This may then be followed by seizures, slow heart rate, low blood pressure, loss of consciousness, and cardiac arrest. However, survival is possible as long as medical treatment is promptly provided (or if the dose was low enough that your liver is able to metabolize it).
3. The standard cyanide antidote kit in the U.S. begins with an inhaled dose of amyl nitrite, followed by intravenous sodium nitrite, followed by intravenous sodium thiosulfate. Vitamin B12 in the form of hydroxocobalamin has been recently approved, and Sulfanegen TEA can be introduced via intra-muscular injection.

Questions:

1. If you are taking a lethal dose, make it a LARGE lethal dose. Cyanide death is painful, but the bigger the dose, the quicker the end.
2. In fatal doses - for a typical person this is less than 0.5 gram - there'll be a dramatic and rapid onset of the above, often within a few seconds, which immediately affects the heart and cause sudden collapse then death very soon afterwards.
3. Difference between Potassium Cyanide & Sodium Cyanide:
 - a. Hydrogen cyanide is a gas. Sodium and potassium cyanide are salts, which are solid. Zyklon B is a diatomaceous earth permeated with hydrogen cyanide.

- b. **The poisonous part of cyanide is the cyanide anion. What the anion is attached to isn't that important is toxicity.** The attachment affects how it is dispersed. Potassium cyanide and sodium cyanide are both salts. They are solids at room temperature. However, they can be dissolved in water.
 - c. Solutions of these salts are highly toxic. You can kill animals by pouring the solution on them. However, they don't spread as gases. The salts can't evaporate from the solution.
 - d. The cyanide anion with hydrogen can form a gas, hydrogen cyanide. The gas can spread. It is still toxic.
 - e. https://en.wikipedia.org/wiki/Hydrogen_cyanide
 - f. https://en.wikipedia.org/wiki/Potassium_cyanide
 - g. https://en.wikipedia.org/wiki/Cyanide_poisoning
 - h. How does Cyanide kill? Does it convert to HCN gas which kills the body?
 - i. Is it possible to survive cyanide poisoning?
 - j. Does death by cyanide cause suffocation?
4. The lethal dose of sodium cyanide is usually 0.06 grams, and the maximum is no more than 0.1 grams. That is to say, 60 to 100 milligrams (mg) of sodium cyanide, which is as large as half a coin, is enough to cause death.
 - a. Once the body ingests different doses of sodium cyanide, symptoms will appear, such as:
 - i. mild poisoning: headache, dizziness, chest tightness, fatigue, difficulty breathing, tearing, nasal discharge, nausea, vomiting, bitter almond flavor in the mouth, etc. .
 - ii. Severe poisoning: In addition to the mild symptoms of mild poisoning, due to increased oxygen deficiency, there would also be irritability, chest tightness, arrhythmia, shortness of breath, convulsions, decreased blood pressure, disturbance of consciousness, coma. Breathing would be slower and then stop completely.
5. For a person who weighs 70 kg (~155 lb), the oral route would require 106 mg.
6. Levels of 0.5–1 mg/L are mild, 1–2 mg/L are moderate, 2–3 mg/L are severe, and greater than 3 mg/L generally result in death
7. The LD50 (Lethal Dose that will kill 50 percent of the population) is 350mg (a rather sizeable capsule) taken orally by a human being of 160 pounds with a kill time in most circumstances of less than one minute but in certain cases it can take as long as four minutes. However, consciousness is usually lost in a few seconds after ingestion following a sensation of extreme pain or shock by the victim.
8. Potassium Cyanide shows fast action than Sodium Cyanide.
9. We're looking at atleast 300 mg-350 mg of Cyanide.
10. Why less water? To make it more difficult to vomit. Food and drinks can slow down absorption of the poison, giving more time for the organism to develop such a reaction. Besides, it's barely possible to vomit if the amount of liquid in the stomach is low. Even if vomiting has started, the stomach can't throw everything out of it. There is always some minimum volume below which this mechanism is unable to work. So, one should dissolve KCN in 50 - 100 ml of water and avoid consuming additional amounts of liquids trying to cope with thirst or some discomfort associated with ingestion of the poison

Quora

1. A kill time in most circumstances of less than one minute but in certain cases it can take as long as four minutes. However, consciousness is usually lost in a few seconds after ingestion following a sensation of extreme pain or shock by the victim. Cyanide works by destroying the ability of cells to do their jobs, the biggest actions being collapse of the ability to transfer oxygen among cells and for neurons to fire correctly with the main cause of death being respiratory failure on two fronts, one from lack of oxygen and two from inability of the lungs to function. Apparently consciousness is lost very quickly, victims have been known to collapse after seemingly being surprised by the impact of the drug, often cry out once before collapsing and losing consciousness.
2. Since cyanide blocks ATP synthesis, you will live until you deplete your store of ATP, typically about three minutes.
3. As the salt in a water solution - a minute or two. As compressed HCN - useful consciousness is gone in two or three seconds.
4. A breathing mask fed from a cylinder of gas like nitrogen, argon, neon, krypton etc (nitrogen being a cheap welding gas) will trigger hypoxia and as you are able to exhale the CO₂, there is no panicky sensation. If someone is determined to die by their own hand, than an inert gas (and certainly not CO₂) is not a bad way compared to cyanide. If you hold your breath that panicky feeling is an excess of CO₂ building up in the body - it is NOT the lack of oxygen.
5. Despite the theme from "MASH" that "suicide is painless" ... nothing comes without a struggle. OK, that said, Cyanide taken in small amounts is going to kill you softly ... despite what others have said. You sense a "need to breathe" by CO₂ sensors and at first, since you are breathing in oxygen and expelling CO₂, the sensors believe everything is OK. Because the brain and heart can use lactic acid as an energy source, you will probably have knowledge that things are changing ... and not for the good. ... but it will pass into darkness quickly without panicked breathing.
6. I would venture that with high doses of cyanide entering the bloodstream rapidly, the tissues rich in circulation are affected first, those being the brain and the heart muscle. The brain cells in structures necessary for consciousness and subjective sensation of pain should be non-functional before convulsions start and before one can sense lack of O₂, rise in CO₂ from cardiopulmonary arrest. Of course ingestion or inhalation of lower doses, or witnessing others in a gas chamber dying in front of you could well be agonising.
7. It depends on the source. If the source contains a lethal concentration, death can be rapid and painless. Like with everything else, this is dose-dependent. If you're exposed to a high dose of inhaled cyanide, you will lose consciousness and die without being aware.
8. Although cyanide poisoning looks very painful to onlookers, because the person convulses, the testimony of people who have suffered cyanide poisoning and been saved by the use of cyanocobalamin is the consciousness is lost very early in cyanide poisoning. Therefore your assumption that cyanide is painful is not correct.
9. It's all a question of consciousness vs death. Cyanide stops oxygen metabolism in the brain very quickly and thus unconsciousness due to hypoxia would be very quick. The thrashing around and frothing at the mouth that may drag on may look like suffering to an outsider but effectively the victim is brain dead before that all happens.

10. It is very quick and rather painless from what I have seen. During a court procedure I saw a guy secretly slip a capsule in his mouth, it was later proven cyanide. He sat there as normal until about 2 1/2 mins. later when he swivelled around his chair and began making these loud unnatural sounds like snorting & snarling. His attorneys immediately knew something was seriously wrong, especially one female attorney sitting next to him who started to lose it as she called for help. Then he began seizing and fell onto the floor. The attorney was so shocked she could barely get any words out. I couldn't see the rest as people huddled over him but soon after he fell over and that was it. I think the entire episode took about 3 1/2 mins. Paramedics came & hooked him up but I believe he was gone as they wheeled him put .
11. Potassium Gold Cyanide: <https://pubmed.ncbi.nlm.nih.gov/31350229/>
- Gold Potassium Cyanide: Not exactly similar in terms of dosage, but yes it's toxic and the mode of toxicity is similar to that of cyanide itself.
 - Could take longer than Cyanide to die
12. Evidence from people who have suffered cyanide poisoning and been successfully saved by immediate administration of cyanocobalamin is that consciousness is lost very early in cyanide poisoning, so although the seizures look as if they would be painful, the victim does not feel them.
13. In suffocation or asphyxiation you are actually deprived of breathing oxygen. As a result, the arterial blood oxygen concentration decreases (hypoxemia) which is detected by the chemoreceptors of the carotid body and aortic arch. This induces a neuronal response in the medulla that increases the respiratory rate. Simply put, you get panicked. Prolonged suffocation may lead to seizures, cardiac and respiratory arrest and eventually death.
14. Cyanide poisoning is an example of histotoxic hypoxia resulting from tissue poisoning by CN⁻ ions. Unlike other forms of hypoxia where the concentration of oxygen is less in tissues, in cyanide poisoning, the concentration of oxygen is perfectly normal in both the extra- and intracellular fluid. It is the cell that is unable to utilize the oxygen present in/around it. As a result the arterial blood doesn't lose much oxygen during its course to the tissue as the oxygen gradient is not quite steep, resulting in an increase in the HbO₂ concentration in the venous blood as well. Thus your skin gets cherry red, not blue like in the case when you are deprived of breathing oxygen, which occurs due to an increase in the concentration of deoxygenated hemoglobin in the blood.
- 15. It kills much the same way as carbon monoxide in car exhaust — by preventing oxygen from getting to your blood cells, and by extension, the brain.**
16. However, all indications are that it is not painful, you just slowly stop all respiratory processes and die.
17. If someone is determined to die by their own hand, then an inert gas (and certainly not CO₂) is not a bad way compared to cyanide. If you hold your breath that panicky feeling is an excess of CO₂ building up in the body - it is NOT the lack of oxygen.
18. Depends on the dose. But unconsciousness, at least, seems to follow very quickly (within a minute).
19. At lower doses, loss of consciousness may be preceded by general weakness, giddiness, headaches, vertigo, confusion, and perceived difficulty in breathing. At the first stages of unconsciousness, breathing is often sufficient or even rapid, although

the state of the victim progresses towards a deep coma, sometimes accompanied by pulmonary edema, and finally cardiac arrest.

20. Simple cyanide can enter the body through the mouth, respiratory tract or skin and is easily absorbed by the body. After entering the stomach, cyanide can be immediately hydrolyzed to hydrocyanic acid by the action of gastric acid and absorbed into the blood.
21. The mechanism of toxicity is the same for "similar animals", i. e. one may conduct toxicity tests on say rats or mice and apply the LD50 data to human, since both are mammals.
22. An increased exposure to cyanide will gradually show as headache, nausea, confusion, weakness, fatigue, loss of coordination, hyperventilation, cardiac arrhythmia, bradycardia, loss of consciousness and coma. Death typically occurs due to problems with the nervous system or the heart.
23. Cyanide poisoning is a form of histotoxic hypoxia because the cells of an organism are unable to use oxygen, primarily through the inhibition of cytochrome c oxidase. Inhalation of high concentrations of cyanide causes a coma with seizures, apnea, and cardiac arrest, with death following in a matter of minutes. At lower doses, loss of consciousness may be preceded by general weakness, giddiness, headaches, vertigo, confusion, and perceived difficulty in breathing. At the first stages of unconsciousness, breathing is often sufficient or even rapid, although the state of the victim progresses towards a deep coma, sometimes accompanied by pulmonary edema, and finally cardiac arrest. Skin color goes pink from cyanide-hemoglobin complexes. A fatal dose for humans can be as low as 1.5 mg/kg body weight. Cases can be chronic or acute. It's similar to an ethanol overdose, in many respects
24. Potassium cyanide is a potent inhibitor of [cellular respiration](#), acting on mitochondrial [cytochrome c oxidase](#), hence blocking [oxidative phosphorylation](#). This prevents the body from oxidizing food to produce useful energy. [Lactic acidosis](#) then occurs as a consequence of [anaerobic metabolism](#). Initially, acute cyanide poisoning causes a red or ruddy complexion in the victim because the tissues are not able to use the [oxygen](#) in the blood. The effects of potassium and sodium cyanide are identical. The person loses consciousness, and death eventually follows over a period of time. During this period, [convulsions](#) may occur. Death occurs by [hypoxia of neural tissue](#).
25. Because the brain and heart can use lactic acid as an energy source, you will probably have knowledge that things are changing ... and not for the good. ... but it will pass into darkness quickly without **panicked breathing**.
26. Cyanide kills you by bonding to the haemoglobin in your blood more strongly than Oxygen.
27. Cyanide stops oxygen metabolism in the brain very quickly and thus unconsciousness due to hypoxia would be very quick.
28. The body starts to convulse in a process called myoclonic jerks or myoclonus. It's an effect of the brain dying of oxygen deprivation.
29. It depends on the source. If the source contains a lethal concentration, death can be rapid and painless. Like with everything else, this is dose-dependent. If you're exposed to a high dose of inhaled cyanide, you will lose consciousness and die without being aware.
30. Gold Potassium Cyanide: Not exactly similar in terms of dosage, but yes it's toxic and the mode of toxicity is similar to that of cyanide itself.

31. In terms of pain...hard to know since you can't ask dead people questions. However, all indications are that it is not painful, you just slowly stop all respiratory processes and die.
32. I've seen many pictures of dead corpses after they died from potassium cyanide. They all look very peaceful as it was like split second and death.
33. If you hold your breath that panicky feeling is an excess of CO₂ building up in the body - it is NOT the lack of oxygen. This is why hypoxia in aircraft is so dangerous - as the pilot (flying too high in an unpressurised cabin) slowly starts to become hypoxic, symptoms include feeling relaxed, cheerful, slightly "drunk" and (initially) just a little tired. As the oxygen concentration in the blood falls further, more "happy feelings" and increasingly tired. The result usually being the pilot eventually passes out, dies and the aircraft eventually comes down when the fuel runs out.
34. **Others volunteer that since cyanide blocks the cellular utilisation of oxygen that this would mean that the victim experiences intense air hunger and discomfort. Since air hunger is mediated through chemoreceptors that detect low oxygen or high carbon dioxide in the blood, and neither condition is present with cyanide poisoning I find this explanation lacking.**
35. You sense a "need to breathe" by CO₂ sensors and at first, since you are breathing in oxygen and expelling CO₂, the sensors believe everything is OK.
36. **The "in a second death" described in many thrillers, for example, usually only occurs in acidic conditions in the stomach and the resulting rapid release of hydrogen cyanide.**
37. When the stomach is full, there is mostly only hydrolysis (conversion) to potassium hydroxide (from potassium cyanide). This is often associated with a painful death from burns to the oesophagus, stomach and other parts of the body.
38. **Cyanide doesn't kill you instantly, or in 10 seconds. You are unconscious in a few seconds and unable to do anything before death in a minute or two. The HCN attaches to the haemoglobin in the blood somewhere around 700 times better than O₂, and the result is that the brain is deprived of oxygen and you quickly become unconscious. other parts of the body which are less affected by oxygen deprivation continue to function for awhile. But with the brain not telling the heart to beat or the lungs to breathe, they stop working and so the rest of the body dies, too.**
39. mild poisoning: headache, dizziness, chest tightness, fatigue, difficulty breathing, tearing, nasal discharge , nausea, vomiting, bitter almond flavor in the mouth, etc.
40. Severe poisoning: In addition to the mild symptoms of mild poisoning, due to increased oxygen deficiency, there would also be irritability, chest tightness, arrhythmia, shortness of breath, convulsions, decreased blood pressure, disturbance of consciousness, coma. Breathing would be slower and then stop completely.
41. **Cyanide Antidote Kit:** This 3-component process comprising amyl nitrite, sodium nitrate, and sodium thiosulfate releases cyanide from cytochrome a₃ by providing a target for which cyanide has a higher attraction. Amyl nitrite, contained in pearls that must be broken and inhaled, and IV sodium nitrate cause the formation of methemoglobin, for which cyanide has a high binding affinity. Sodium thiosulfate provides a source of sulfur that the enzyme rhodanese-the major pathway for metabolism of cyanide-utilizes to detoxify cyanide.
42. **Hydroxocobalamin (Cyanokit):** In addition to methemoglobin, cyanide also has a strong binding affinity to cobalt. Hydroxocobalamin, which contains cobalt, becomes

cyanocobalamin (vitamin B12) after binding to cyanide. It is then excreted in the urine.

43. Patients who are treated successfully for cyanide poisoning should be observed for development of long-term neuropsychiatric symptoms that are similar to symptoms experienced by survivors of cardiac arrest or carbon monoxide poisoning.
44. The effects of potassium and sodium cyanide are identical, and symptoms of poisoning typically occur within a few minutes of ingesting the substance: the person loses consciousness, and [brain death](#) eventually follows.
45. Once the body ingests different doses of sodium cyanide, symptoms will appear, such as:
 - a. mild poisoning: headache, dizziness, chest tightness, fatigue, difficulty breathing, tearing, nasal discharge, nausea, vomiting, bitter almond flavor in the mouth, etc.
 - b. Severe poisoning: In addition to the mild symptoms of mild poisoning, due to increased oxygen deficiency, there would also be irritability, chest tightness, arrhythmia, shortness of breath, convulsions, decreased blood pressure, disturbance of consciousness, coma. Breathing would be slower and then stop completely.
46. Upon swallowing such a solution, you would collapse almost immediately and lose consciousness within 10-20 seconds. Death would follow in a matter of minutes.
47. A victim poisoned will slip into a deep coma, followed by cardiac arrest.
48. I don't think so. The symptoms are pretty non specific, and are usually described as dizziness, headache, fatigue, restlessness, confusion, seizures and coma - but severe pain is not usually described. I suppose it might be different in people who have taken a lethal dose and die quickly as they obviously can't recount their experience but I don't see why the symptoms for a lethal dose would be very different from a non lethal.
49. so I've done this. Mitochondrial poisons do activate sensory nerves. In experiments the sensory nerves actually maintain action potential discharges for quite some time. This is because glycolysis (which does not need O₂) can supply enough ATP to keep the nerve functional. Of course cyanide affects other CNS and visceral systems quicker and so the pain is not really 'experienced' by an intact animal.
50. No, you don't actually get cyanosis from cyanide poisoning oddly enough. People sometimes describe a "cherry red" complexion.

Symptoms

People exposed to a small amount of cyanide by breathing it, absorbing it through their skin, or eating foods that contain it may have some or all of the following signs and symptoms within minutes:

1. Dizziness
2. Headache
3. Nausea and vomiting
4. Rapid breathing
5. Rapid heart rate
6. Restlessness
7. Weakness

Exposure to a large amount of cyanide by any route may cause these other health effects as well:

1. Convulsions
2. Loss of consciousness
3. Low blood pressure
4. Lung injury
5. Respiratory failure leading to death
6. Slow heart rate

1. Weakness
2. Confusion
3. Headache
4. Nauseous
5. Difficult in breathing
6. Hard to get air.
7. You pass out. Unconscious.
8. You have seizures.
9. You have cardiac arrest.
10. You die.

1. While in the coma, death will follow in 15 minutes, or at most 45 minutes, depending on the physical strength of the person and whether the stomach is full or empty. An empty stomach (with cyanide) promotes faster death.
2. During the coma period, the dying person will breathe heavily and snore loudly, similar to the people who have taken an overdose of barbiturates.

More Info

1. The fatal dose of potassium cyanide in humans is 200–300 mg. It is not a pleasant way to die. The length of time it takes for cyanide to kill a person ranges from around 2-5 minutes, and during this timeframe, they're fully conscious and experience every aspect of the chemical's effects.
2. Evidence from people who have suffered cyanide poisoning and been successfully saved by immediate administration of cyanocobalamin is that consciousness is lost very early in cyanide poisoning, so although the seizures look as if they would be painful, the victim does not feel them.
3. **Mild poisoning:** headache, dizziness, chest tightness, fatigue, difficulty breathing, tearing, nasal discharge, nausea, vomiting, bitter almond flavor in the mouth, etc.
4. **Severe poisoning:** In addition to the mild symptoms of mild poisoning, due to increased oxygen deficiency, there would also be irritability, chest tightness, arrhythmia, shortness of breath, convulsions, decreased blood pressure, disturbance of consciousness, coma. Breathing would be slower and then stop completely.
5. If you are taking a lethal dose, make it a LARGE lethal dose. Cyanide death is painful, but the bigger the dose, the quicker the end.
6. There will be several changes to the human body. The blood will be unusually bright red since the oxygen it is carrying will not be used by the body. One of the descriptions of the body is "cherry pink and apple blossom white." The victim will have an unusual pinkness looking very healthy, and then where there is contact with

the ground or other surface, will be very light. The stomach contents will have a characteristic odor described as "bitter almonds." I haven't smelled bitter almonds, but I can testify that it does indeed have a very characteristic odor.

7. It's all a question of consciousness vs death. Cyanide stops oxygen metabolism in the brain very quickly and thus unconsciousness due to hypoxia would be very quick. The thrashing around and frothing at the mouth that may drag on may look like suffering to an outsider but effectively the victim is brain dead before that all happens.

Cyanide Buy Links

1. Buy:
 - a. https://www.exportersindia.com/search.php?srch_catg_ty=prod&term=cyanide&cont=IN&ss_status=N
 - b. https://www.exportersindia.com/search.php?srch_catg_ty=prod&term=potassium+cyanide&cont=IN&ss_status=N
2. What does Pot. Cyanide look like?
 - a. <https://www.google.com/search?q=what+does+potassium+cyanide+look+like>
3. Wiki
 - a. https://en.wikipedia.org/wiki/Potassium_cyanide
4. Testing
 - a. Quantofix Kit: <https://www.sigmaaldrich.com/IN/en/product/sial/37070>
 - b. Other Kit: <https://www.sigmaaldrich.com/IN/en/product/mm/110044>
 - c. https://www.thomassci.com/Laboratory-Supplies/Water-Quality-Test-Strips/_/MQuant-Cyanide-Test-Method-colorimetric-with-test-strips-and-reagents
 - i. The cyanide test is suitable for monitoring cyanide ions in the effluent from electroplating works. Only readily dissociable cyanides are detected.
 - d. <https://www.thermofisher.in/chemicals/shop/products/cyanide-quantofix-test-strips-thermo-scientific/ALF-023273-QA> [Available for 27K]
 - e. <https://us.vwr.com/store/product/16919115/cyanide-quantofix-test-strips-thermo-fisher-scientific>
 - f. <https://www.alfa.com/en/catalog/023273/>
5. Chemicals
 - a. HCl:
 - i. <https://www.flipkart.com/labogens-lq2452-hydrochloric-acid-2m-2n-500ml-500-ml-solution-basin/p/itm5cb2f0b86e7b1>
 - b. HCl:
 - i. <https://in.carbanio.com/chemical/hydrochloric-acid-n10-solution-7647-01-0-ch-u9r6rtu>
 - c. NaOH
 - i. <https://in.carbanio.com/search?q=1310-73-2>
 - d. N/10 Solution (Google Search)
 - i. <https://www.google.com/search?q=N%2F10+solution&rlz=1C1ONGRenIN1018IN1018&sourceid=chrome&ie=UTF-8>
 - e. Buy HCl (Google Search)
 - i. <https://www.google.com/search?q=buy+hydrochloric+acid>
 - f. Buy Chemicals - New Delhi (Google Search)
 - i. <https://www.google.com/search?q=buy+chemicals+new+delhi>

- ii. <https://www.justdial.com/Delhi/Lab-Chemical-Dealers/nct-10289992>
- iii. KSR Store:
<https://www.indiamart.com/ksr-scientific-medicequipmentstore/>
- iv. <https://www.ibuychemicals.com/>
- v. <https://www.google.com/search?q=buy+lab+chemicals+online>

Cyanide 1 Week References

1. <https://www.quora.com/What-would-it-feel-like-to-die-from-cyanide-poisoning-Would-it-be-so-quick-you-wouldn-t-even-know-you-d-been-poisoned>
2. <https://biology.stackexchange.com/questions/60399/is-death-by-cyanide-the-same-as-suffocation>
3. <https://www.quora.com/What-would-it-feel-like-to-die-from-cyanide-poisoning-Would-it-be-so-quick-you-wouldn-t-even-know-you-d-been-poisoned>
4. <https://www.quora.com/How-deadly-is-cyanide-and-how-fast-can-it-kill-you-and-how-agonizing-it-is>
5. <https://www.quora.com/What-happens-to-someone-who-consumes-a-cyanide-capsule-What-one-feels-and-how-he-is-dying>
6. <https://www.quora.com/Is-KCN-poisonous-to-human-beings>
7. KCN thoughts of 1 person:
<https://sanctioned-suicide.net/threads/kcn-thoughts-and-buying-it-in-europe.167194/>

References:

1. <https://www.compoundchem.com/2015/02/26/cyanide>
2. <https://www.quora.com/Is-it-painful-to-die-by-cyanide-poisoning>
3. <https://www.quora.com/Is-death-by-cyanide-poisoning-painful>
4. <https://pubmed.ncbi.nlm.nih.gov/31350229/> [Potassium Gold Cyanide]

Sodium Nitrite (SN)

Exit Plan via SN

1. Materials Needed:
 - a. SN: 15g - 25g [3 tsp of the 1 TSP measured spoon]
 - b. Anti Vomit [Perinorm (Metoclopramide) available in box - 2 tablets]
 - c. Acidity reduction [Rablet D 20 - 1 tablet]
 - d. [Optional] Pain Killer/Benzo: For mild headache that may occur, anxiety
 - i. 600mg of Ibuprofen or 1000mg of paracetamol
 - ii. Benzo: Lorazepam = 10-40mg
 - iii. Propranolol - 2 tablets, 40 mg => Taking SN + Propranolol at the same time will have opportunity to puke it all, so I'm considering to take propranolol 1-2 hour before final mix
2. Procedure:
 - a. Beta Blocker for Tachycardia ("luxury")
 - b. Fasting for some hours with only water (Could skip dinner)
 - c. Take anti-emetic (Metoclopramide 10mg) - 1 to 3 Tablets and Esomac D (40mg)

- d. Wait 30-40 minutes
- e. Dissolve 15-25g of Sodium Nitrite in 50-100ml of glass of water [Don't add too much water]
- f. Drink it and lie down on bed
- g. **Note: Benzodiazepines work the best against panic/stress and fear.**

Sample SN Procedure

1. Guide:
 - a. <https://sanctioned-suicide.net/threads/sn-bible-sodium-nitrite-method-comprehensive-guide-sn-method.121672/>
2. Another Guide:
 - a. <https://sanctioned-suicide.net/threads/sn-megathread.1156/>
3. Sample Procedure
 4. 60 minutes before SN: Paracetamol 1000mg, Clobazam 10mg,
 5. 40 minutes before SN: Metoclopramide 30mg, Ondansetron 8mg, Omeprazole 80mg
 6. 00 minutes: 25g of SN and 400mg Propranolol in plain water, another glass for backup

ANTIEMETIC

Taking the Clobazam (benzo) before because I don't want to be anxious when I'm doing this procedure. I have few left from seeing my last psychiatrist. Otherwise, It's a really hard one to get. The propranolol should take care of the anxiety that comes afterward.

I have bought Mentos and tic-tac-toe for chewing something

In the PPH the doc recommends one to take meto with ondansetron or haloperidol 2mg.

Metoclopramide is a broad spectrum antiemetic, but my assumption is that when you combine it with other antiemetic. The chance of you being comfortable is higher.

ANTACIDS AND ACID REDUCERS

I want to explain a bit about these confusions around antacids/ acid reducers from what I have read.

Antacids work on the acids already present in the stomach. Whereas acid reducers inhibit the stomach from producing more acids. If there is a build up of acid in the stomach, then it often comes up.

Antacids are not recommended for now as it's speculated to slow down absorption. For the heartburn, he mentions to take either an H2 Antagonist or Proton pump inhibitors (PPI). Out of the two, it's known that PPI are superior (Omeprazole/ Esomeprazole 80mg)

PROPRANOLOL

When the body starts getting the effects of SN, the heart will be beat faster to compensate (Tachycardia). But with propranolol in the system that message is blocked, and you lose consciousness quickly. I have seen many long acting (LA) and slow releasing (SR) tablets. You will need a normal one for it to quickly get absorbed.

Testing SN

1. <https://bartovation.com/product/water-quality/nitrite-0-25-ppm-nitrate-0-500-ppm-two-pad-test-strip-vial-of-50-strips/>
2. SN Blood Test: Should turn blood chocolatey brown
 - a. <https://sanctioned-suicide.net/threads/sn-blood-test.102065/>
 - b. <https://sanctioned-suicide.net/threads/ccs-sn-test.106540/>
3. Search results for query: [sn test](#)

SN vs Cyanide

1. <https://sanctioned-suicide.net/threads/sn-or-potassium-cyanide.105853/#post-1890437>
2. [SN Bible]
<https://sanctioned-suicide.net/threads/sn-bible-sodium-nitrite-method-comprehensive-guide-sn-method.121672/>
3. Sedatives: Drugs such as oxazepam (20x30mg tablets), Valium (diazepam, 50x10mg) and the off-licence, bromazolam (10mg), can lessen anxiety and significantly shorten the time to consciousness loss. [@PPH]

SN Failed

1. <https://sanctioned-suicide.net/search/1114068/?q=SN+failed&o=relevance>
2. <https://sanctioned-suicide.net/threads/survived-my-sn-last-june.52780/>
 - a. Not much after effects
3. <https://sanctioned-suicide.net/threads/so-sn-isnt-painless.104724/#post-1797786>
4. <https://sanctioned-suicide.net/threads/the-sn-mindfuck.120127/>
5. <https://sanctioned-suicide.net/threads/sn-with-benzodiazepines.90590/#post-1605801>
6. <https://sanctioned-suicide.net/threads/sn-successful-and-unsuccessful-cases-2023-update.120854/>
7. <https://sanctioned-suicide.net/threads/compilation-of-fatal-non-fatal-attempts-using-sn.98062/>

SN Experiences

1. <https://sanctioned-suicide.net/threads/my-experience-with-sodium-nitrite.102940/>
 - a. After around 20 minutes from the ingestion I started feeling dizzy and decided to go to bed. I turned off my computer and then it all started. I fainted while standing and had fallen into my closet. I stayed there for a while until I managed to crawl my way into my bed which is near my closet. With the energy that I had left I took my pulse oximeter and jumped into my bed.
 - b. The whole experience was not that terrible, I just was burping really much and my stomach hurt, I did not vomit though.
 - c. but the vertigo and headache that I had gotten around 75% of oxygen were insane
 - d. Not at all, I had not a trouble with breathing at all to be honest. I could still breathe and there was not any discomfort in lungs.

- e. Yeah that is why I will take some painkillers before I drink the drink next time when I will actually be killing myself. Pain in general was like 2-3 and stomach pain was like 4
- f. Real fast heartbeat

Type of Death

1. 10-15 minutes to unconsciousness, 40 minutes = death
2. Symptoms experienced include: Lethargy, Confusion, Intoxication, Nausea and Vomiting
3. In large doses, nitrite acts as a vasodilator because of its relaxing action on vascular smooth muscle, causing a drop in blood pressure (and possibly hypotensive headache)

Storage

1. SN decomposes in contact with air?
2. SN is stable and can be stored at room temperature. However, it should be stored in a sealed container. It is hygroscopic. This means when exposed to air, it absorbs water and will slowly oxidise to sodium nitrate silently degrading over time. Oxidation will render the SN ineffective as end of life agent. Shelf life of the salt is almost infinite.

Notes:

1. The estimated lethal dose of sodium nitrite in adults can be as little as 5g, although for a reliable death 25g is advised.
2. Methylene blue is the antidote of sodium nitrite ingestion and can be administered intravenously.
3. Sodium Nitrite is very soluble in water. To prepare a lethal dose of the salt, 25g is dissolved in 50-100ml of water. The taste is salty and unremarkable.
4. **Potentialiation** of the drug can be achieved by mixing in 400mg (5 x 80mg tablet) of Propranolol before drinking??? Can skip this step? Potentialiation using Nexium (80mg) and Propranolol (400mg) can be taken at the same time as the anti-emetic.
5. Fasting for several hours prior to taking the nitrite (and propranolol) is suggested to further improve the rapid absorption of the nitrite.
6. Vomiting can be a problem when nitrite is taken as a drink and an anti-emetic is considered essential. The recommendation is metoclopramide 30mg (3 x 10mg tablets) and ondansetron 8mg (1 x 8mg tablet) taken 40 minutes before the nitrite drink. An alternative to ondansetron is haloperidol (2mg) tablet. Dopamine blocking antiemetics are the most effective. These include: metoclopramide, domperidone, and prochlorperazine. Metoclopramide also speeds up gastric emptying, which limits gastric conversion and nitric acid production.
7. It is wise to have a 2nd drink prepared should vomiting occur.
8. Potentiating Sodium Nitrite: There are several ways of increasing the effectiveness of the sodium nitrite drink. Of these, the use of a Beta blocker is considered most effective.
9. A reliable death is dependent on the nitrite overwhelming the restorative methemoglobin reductase. To achieve this, rapid gut absorption of the salt on ingestion is needed. **This can be facilitated by fasting for several hours before**

taking nitrite and by reducing the amount of gastric acid in the stomach. By using any antacid (example Mylanta or Cimetidine). Alternatively, use PPI 80mg, taken at the time of antiemetic.

10. The lethality of the nitrite can further be enhanced by the concurrent use of a beta blocker like propranolol, mixed with dissolved nitrite and taken in same drink. The propranolol is then quickly absorbed and interferes with the compensatory cardiac response to the effects of methemoglobin produced by the nitrite. As the brain receives insufficient oxygen, a message is sent to the heart to increase blood flow. However, with propranolol present, the message is blocked and with no increase in blood flow to the brain, **consciousness is lost quickly.**
11. Taking an antacid is no longer advised. 2022 - Could just take 1 antacid medication just in case. [PPill - Essentials]
12. Propranolol is no longer advised. Can skip it as it is considered a luxury add-on. [PPill - Essentials]
13. Could use painkillers for headache
14. Question: If saved, will I have long term damage to my brain or anywhere else?
 - a. Answer: With all the recorded survivors on this board and medical reports in the open forum nearly everyone has walked away without any damage. That is not to say that there could not be if an attempt to save you life happened quite a while after you ingested SN. It is why it is critical you do not get found.
15. Only N and SN have relatively few consequences if you fail as far as I'm aware. Everything else I know of has risks of brain damage, becoming paralyzed, or other permanent injury. That's just the way it is.
16. SN is very soluble in water and can easily be taken as a drink.

Bonus Materials

1. Propranolol helps with the wild heart rate. Ppeh doesn't recommend it these days, but I'm 100% gonna take some, as I know that my already-high anxiety will be very negatively impacted by the increased heart rate.
2. Pain Reliever (paracetamol, tylenol) will address the headache; it might not eliminate it completely, but the meds should at least dull the pain.
3. Benzos are for comfort/peace. Not everyone will be able to acquire these; but if you can, I'd wager that your transition will be more peaceful.

Sanctioned Suicide Notes:

1. I would review guidelines from both, plus get ideas from posts here, and then use your own best judgement. Stan's used to say to use beta blockers, not it says this is optional, but a number of people here have said that without beta blockers the racing heart rate was more distressing.
2. How does SN work? SN ends your life through a clinical process called Hypoxia. That means it deprives your body of oxygen. It achieves this by changing your blood. The blood that you have in you right now contains a lot of Hemoglobin, the bright red blood that carries oxygen to all parts of your body. SN poisoning converts Haemoglobin to something called Methemoglobin which cannot carry oxygen. This will change the colour of your blood to a blue or brown colour.
3. Question: is brain damage possible?

- a. Answer: Sodium Nitrite almost always does not cause brain damage if you are revived in time.(Assuming you mean major brain damage not something very minor like for instance drinking heavy for awhile) Sodium Nitrite is actually used to prevent brain damage for a variety of conditions. Ofcourse it still possible if you get revived towards near death rather than sooner. Brain damage cases are very rare
- 4. Causes fits & seizures (are they the same thing?) is that an inevitable part of the dying process with this method? Or only likely for some people ? Or where they just trying to scare me off doing it ?
 - a. A "fit" is more or less a slang term for seizure, so yes, they are the same thing, seizures often occur when the body is in the process of dying, They can happen, no matter what's your method: hanging, inert gas, SN, etc. Not to worry seizures do not cause pain. I once knew an epileptic who would have seizures in front of me, I ask him if it hurt, He said he didn't even know he was having one until after it is over, so no, no pain. For ctb, you are long unconscious before seizures start, if they occur at all.
- 5. Question: Do we know about any suicide monitored with SN? Can anyone tell me something else about the pains? It is very painful?
 - a. Answer: Observed cases by Exit/PeacefulPillHandbook show no pain little uncomfortable, Members on here who have been online for the first part of their exit have described feeling hot, feeling faint, feeling sleepy, things going black. With your antiemetic / fasting I hope the nausea is low. And with paracetamol beforehand I hope the headaches are minimal. There are no certainties, no absolutes. Too many variables. But seeing the increasing amount of SS members passing on using SN should give us hope.

References:

1. <https://sanctioned-suicide.net/threads/my-experience-with-sodium-nitrite.102940/>
2. <https://sanctioned-suicide.net/threads/stans-guide-to-sn.27535/>

Exit has a number of reports of successful use of nitrite. The following is a typical timeline and was reported from an observed death using 25gm of potentiated sodium nitrite.



- * @ 3 mins dizzy
- * @ 5 mins very drowsy, responsive
- * @ 12 mins unconscious
- * @ 15 min deep sleep/ un-rousable
- * @ 25 mins increasing cyanosis,
- * @ 30 mins irregular shallow breathing
- * @ 40 mins death

Sealed 200 gm container of sodium nitrite

Potentiating Nitrite by reducing stomach acid

Eg using:

H2 antagonist

Cimetidine/ Tagamet
(800mg)

or

Proton Pump Inhibitor

Esomeptizole/ Nexium
(80mg)

or

Omeprazole/ Prilosec
(80mg)



Nitrite potentiation by raiding gastric pH - over the counter drugs that facilitate absorbtion

Criteria	Sodium cyanide	Sodium azide	Sodium nitrite
Reliability (10)	10	9	7*
Peacefulness (10)	5	6	7
Availability (10)	2	7	9**
Preparation (5)	4	4	5
Undetectability (5)	3	4	2
Speed (5)	5	4*	3*
Safety (5)	2	3	5
Storage (5)	4	4	4
Legality (5)	1	4	5
Total (60 or 100%)	60% 36	75% 45	78% 47

Criteria	Sodium Nitrite	Sodium Azide
Reliability (10)	8	8
Peacefulness (10)	7	6
Preparation (5)	5	4
Undetectability (5)	2	5
Speed (5)	3	4
Safety (5)	5	3
Storage (5)	5	4
Legality (5)	5	5
Total (50)	40 (80%)	39 (78%)

Pentothal/Sodium thiopental (Barbiturate)

- 10-15g just taken by itself should end life. (From PPH Essentials)
1. Pentothal (Thiopental Sodium for Injection) is a thiobarbiturate, the sulfur analogue of sodium pentobarbital. Thiopental is injected into a vein through an IV. A healthcare

provider will give you this injection. You will be given this medication while you are lying down. You will fall asleep very quickly after thiopental is injected.

2. **Thiopental can cause severe drowsiness or dizziness, which may last for several hours.** You will need someone to drive you home after your surgery or procedure. Do not drive yourself or do anything that requires you to be awake and alert for at least 24 hours.
3. Thiopental, pentobarbital, propofol, all three very powerful sedatives. In high doses, they completely shut down consciousness and stop breathing and cause death. All three are the gold standard for euthanasia. Although thiopental is an ultra-short-acting anesthetic, it is not easily metabolized. Therefore, it is not used in the maintenance of anesthesia. **A rapid injection of 1.5 - 2 grams of thiopental is fatal for the average person. 10 grams of thiopental by oral administration should be fatal. This is my personal opinion. [SS user]**
 - a. Depression of respiratory activity is one of the characteristic actions of this drug. Consequently, the lethal-injection doses, as described in the Sodium Thiopental section below, will—even in the absence of the following two drugs—cause death due to lack of breathing, as happens with overdoses of opioids.
4. On December 8, 2009, Ohio became the first state to use a single dose of sodium thiopental for its capital execution, following the failed use of the standard three-drug cocktail during a recent execution, due to inability to locate suitable veins. [Kenneth Biros](#) was executed using the single-drug method.^[18]
5. Washington State became the second state in the US to use the single-dose sodium thiopental injections for executions. On September 10, 2010, the execution of Cal Coburn Brown was the first in the state to use a single-dose, single-drug injection. His death was pronounced approximately one and a half minutes after the **intravenous administration of five grams of the drug.**
 - a. They are using thiopental as a sedative. Actually pancuronium doing the job. It paralyzes the diaphragm and respiratory arrest. **A rapid injection of 2 grams of thiopental is also sufficient on its own.** Same procedure as in Canada. Propofol + rocuronium. I think it's a protocol administered by healthcare professionals.
6. Washington and Ohio are the only two states that use a single drug, sodium thiopental, to execute condemned inmates. In other states, lethal injection is done with a three-drug cocktail, a method that has come under fire from defense lawyers and groups opposed to the death penalty.
7. **After making a nearly three-minute statement from the prison's death chamber, Brown was administered five grams of sodium thiopental intravenously while strapped to a gurney. His chest heaved three times and his lips shuddered, then there was no movement.**
8. King County Prosecutor Dan Satterberg, who witnessed the execution along with members of Washa's family and several news reporters, characterised Brown's death as "quick and painless.
9. Portland-based anti-death-penalty attorney Jeff Ellis, who was a member of Brown's defence team, said "there are many reasons to conclude that the one-drug protocol lessens the risk of needless pain and suffering."
10. "I think that within a couple of years, they'll go to the one-drug protocol," Ellis said Friday. It's just more humane. There just isn't any debate about that.

11. Sodium thiopental is mainly metabolized to [pentobarbital](#), 5-ethyl-5-(1'-methyl-3'-hydroxybutyl)-2-thiobarbituric acid, and 5-ethyl-5-(1'-methyl-3'-carboxypropyl)-2-thiobarbituric acid.
12. Thiopental is a rapid and effective drug for inducing unconsciousness, since it causes loss of consciousness upon a single circulation through the brain due to its high [lipophilicity](#). Only a few other drugs, such as [methohexital](#), [etomidate](#), or [propofol](#), have the capability to induce anesthesia so rapidly. (Narcotics such as fentanyl are inadequate as induction agents for anesthesia.) Supporters argue that since the thiopental is given at a much higher dose than for medically induced coma protocols, it is effectively impossible for the condemned to wake up.
13. General anesthesia is not maintained with barbiturate drugs because they are so short-acting. An induction dose of thiopental wears off after a few minutes because the thiopental redistributes from the brain to the rest of the body very quickly. Also thiopental has a long half-life and needs time for the drug to be eliminated from the body. If a very large initial dose is given, little or no redistribution takes place because the body is saturated with the drug; thus recovery of consciousness requires the drug to be eliminated from the body. Because this process is not only slow (taking many hours or days), but also unpredictable in duration, barbiturates are unsatisfactory for the maintenance of anesthesia.
14. Thiopental has a half-life around 11.5 hours (but the action of a single dose is terminated within a few minutes by redistribution of the drug from the brain to peripheral tissues) and the long-acting barbiturate phenobarbital has a half-life around 4–5 days. In contrast, the inhaled anaesthetics have extremely short half-lives and allow the patient to wake up rapidly and predictably after surgery.
15. The average time to death once a lethal-injection protocol has been started is about 7–11 minutes.^[100] Because it takes only about 30 seconds for the thiopental to induce anesthesia, 30–45 seconds for the pancuronium to cause paralysis, and about 30 seconds for the potassium to stop the heart, death can theoretically be attained in as little as 90 seconds.
16. Ensure death after 2-3 minutes
17. Oral Administration
 - a. Terminally ill patients in Oregon who have requested physician-assisted suicide have received lethal doses of barbiturates. The protocol has been highly effective in producing a painless death, but the time required to cause death can be prolonged. Some patients have taken days to die, and a few patients have actually survived the process and have regained consciousness up to three days after taking the lethal dose.^[101] In a California legal proceeding addressing the issue of the lethal-injection cocktail being "cruel and unusual," state authorities said that the time to death following a single injection of a barbiturate could be as much as 45 minutes.^[102]
 - b. Barbiturate overdoses typically cause death by depression of the respiratory center, but the effect is variable.^[citation needed] Some patients may have complete cessation of respiratory drive, whereas others may only have depression of respiratory function.^[citation needed] In addition, cardiac activity can last for a long time after cessation of respiration. Since death is pronounced after asystole and given that the expectation is for a rapid death in lethal injection, multiple drugs are required, specifically potassium chloride to stop the heart. In fact, in

the case of [Clarence Ray Allen](#), a second dose of potassium chloride was required to attain asystole.

- 18. 10 grams of IV thiopental is deadly for everyone, nothing more needs to be added. Never give drugs that are not specifically prepared for IV administration by the IV route. If you think you need phenytoin for its cardiac toxicity, you're wrong. Thiopental will cause circulatory collapse within 2-3 minutes. Mixing methods further reduces your chances of success. You have one of the most ideal drugs for euthanasia. There is no difference between thiopental and N, even thiopental is faster because the hemodynamic effects work faster. I wish I had thiopental instead of propofol.**
19. An IV administration of 1.5 grams of thiopental or pentobarbital will kill the average person. There is no data set that provides statistical information such as N for oral administration. It will probably kill you but that's just a guess. Thiopental is an N derivative. It is much more lipophilic than N.
 - a. Thiopental - ultra short acting anesthetic
 - b. Pentobarbital - short-acting anesthetic.
20. 10gm of the drug (the contents of 20 ampoules) dissolves rapidly in ~50ml of water, and if drunk leads to rapid loss of consciousness and death. Alcohol is a useful Supplement.
21. Exit has tested the vacuum-packing of 10gm of dry sodium pentothal powder mixed with 1gm of phenytoin sodium. This can be easily transported and stored. Reconstitution is then carried out by breaking the vacuum seal and dissolving the sachet of powder in ~100ml of water before drinking.
22. There are many videos on youtube to show you how to do IV injection, you can practice it with regular infusion; if you got the substance then it's a sure VIP way to go. Because it acts faster than Pentobarbital, it's an ultra short barbiturate, and it was used and recommended as a golden standard for executions. The average time to go unconscious with Pentobarbital is 1-5 minutes, but with Thiopental Sodium it's only 10-30 seconds. The problem with Pentobarbital is there is a global shortage, but thiopental is widely sold in India, as an example.
23. Yes, thiopental should work but prepare for one of the worst taste you've ever had. Having sulphur in its molecule, it will taste pretty much like rotten eggs.
24. It's precisely the very fast-acting property that concerns me. Sure, to induce anesthesia it work wonderful, but will it stay in the brain long enough to hyperbolize the neurons, some portion of it will because it converts to pentobarbital in the liver, but what about the rest of it; will be enough to cause death? That's something i don't know.
25. Thiopental is the Ferrari of death. If you have got it. Congratulations, you're a lucky guy. maybe glorious. Edit: Ferrari not.....that's an undervalue concept,....it is the genuine rolls royce of the death.
26. If you have to do it, 20 grams of thiopental means VIP passenger ticket :)
27. Yes, it's a good alternative to pentobarbital sodium; it can be taken orally, dose should be no less than 10g. Be prepared for a slightly worse taste than N as thiopental sodium does have a sulphur ion in its composition. You'll probably have 1-2 minutes. Onset is faster than N. When given IV, the onset is in seconds.
28. I have about 12g of Sodium thiopental. Thinking to mix with 1g or 1.2g of Phenytoin (not sure about this part), according to ppeh 10g Sodium thiopental + 1g Phenytoin diluted in 50ml water. However I'm using more, should I increase the amount of

Phenytoin in proportion to Sodium thiopental and make it 1.2g? or 1g is fine as its there as a buffer and 1g recommended. To be taken orally. For anti-emetics I couldn't get a hold of Meto, I'll be going with Domperidone and Ondansetron. Possibly 24hour regimen (if possible 48hour) followed by a stat dose of 60mg Domperidone and 16mg Ondansetron (unsure here as well), anti-emetic regimen wiki recommends 8-16mg but I'll be using a little bit more than the recommend amount. Thinking to fast for possibly 6-8hours with probable last solid food to be taken at around 8-10hours maybe and as little water possible for the last 6-8hours. Finally 1hour before, having a cup of tea maybe(as suggested by ppeh). Something important I almost forgot, from my research its mentioned in multiple articles that when people are given Sodium thiopental, they are asked to count to 10 and most doesn't get past 5-7. I'm pretty sure I'm not what would be considered healthy or physically well or even close. How long would I have before I'm unconscious? I'm not a fan of guessing but well based on the research data, my best guess is 2/3 sec after swallow? but its oral so it has to pass through some body parts/processing which may delay the immediate action that takes place from intervenus route. I could really use some suggestions with this. Anything I'm missing or should do or not do? Any input is more than welcome. Much appreciated.

29. **First, the physician administers the patient a narcotic drug, lidocaine, to prevent possible pain when injecting the sedative as much as possible.** Then the doctor puts the patient in a deep coma. To this end, the patient receives a sleeping aid (coma inducer) via an infusion needle. This sleeping aid is thiopental or propofol. The patient consciously receives a large overdose, to ensure that the patient does not experience anything more.
30. I've failed previously with oral solution of thiopental at almost twice the suggested dosage with anti-emetics and 48 hour fasting regime. I was found almost 8+ hours later and somehow I'm still here. Don't know why or how but if I can, I don't want to risk it this time. I still have to test the whole iv thing on myself. I really hope it goes well. Not 10g. I don't recall the exact dosage but I'm pretty sure it was double. My body started to feel weak and I knew I was gonna lose consciousness soon enough. I laid down on the bed and tried to play some music but my eyes were blurry and it was quite difficult to see. As soon I've managed to play music, I just payed down on my back and closed my eyes. The waters coming out of my eyes wouldn't stop and I felt some pressure in my eyes, that scared me but it was still okay. Then I vaguely remember switching to my sides and I think maybe I've turned on my stomach afterwards (not sure) and afterwards I don't remember anything. I wish I knew what went wrong so I could maybe fix it something but to this day I have no clue but guesses and my best guess is that the medications were bad. But there maybe a slight possibility that the white foamy stuff was vomit and I vomited out a lot of the solution that I drank but it's just a guess. Idk
31. It is advisable to inject a small intravenous "test" dose of 25 to 75 mg (1 to 3 ml of a 2,5% solution) to assess tolerance or unusual sensitivity to thiopental and pausing to observe patient reaction for at least 60 seconds. If unexpectedly deep anaesthesia develops or if respiratory depression occurs, consider these possibilities:
 - a. The patient may be unusually sensitive to thiopental.
 - b. The solution may be more concentrated than had been assumed.
 - c. The patient may have received too much premedication.

- d. If the test dose results in local or regional pain, extravasal or intraarterial administration should be suspected (see section 4.4).

32. Potentiation

- a. Analgesics: Pretreatment with aspirin has been shown to potentiate thiopental sodium anaesthesia. Opioid analgesics can potentiate the respiratory depressant effect of barbiturate anaesthetics and the dose of anaesthetic may need to be reduced. The analgesic effect of pethidine can be reduced by thiopental sodium.
- b. Benzodiazepines: Midazolam potentiates the anaesthetic effects of thiopental sodium.
- c. Midazolam: Benzo, Sedative
 - i. Midazolam, sold under the brand name Versed among others, is a benzodiazepine medication used for anesthesia. It induces sleepiness, sedative.
 - ii. Midazolam overdose can lead to Death too. But, how much? Need tablet as well.
 - iii. Midazolam is a benzodiazepine. It works by increasing the action of GABA producing relaxing effects.
 - iv. Oral Dosage abouts 20 to 50 mg for 100 kg guy. Atleast 500mg needed for Death.
- d. Gabapentin: Increases GABA producing relaxing effects. Dosage: 900 – 3,600 mg. Take atleast 1200mg (if needed)

33. Common side effects may include:

- a. ongoing drowsiness;
- b. weak or shallow breathing;
- c. slow heartbeats;
- d. chills or shivering;
- e. sneezing, coughing, tight feeling in your throat; or
- f. bronchospasm (wheezing, chest tightness, trouble breathing)

34. https://en.wikipedia.org/wiki/Lethal_injection

The barbiturate pentothal was used as the main intravenous induction agent for human anaesthesia. When administered intravenously consciousness is lost within a few seconds. The drug is still available on prescription, but has been largely replaced in anaesthesia by propofol.

Pentothal is marketed as soluble, thiopentone sodium powder packaged in 500mg sterile ampoules. To end life 10gm (20 ampoules) of powder can be dissolved in ~100ml of water and taken as a drink. It can also be administered rectally. Alcohol is a useful supplementary drug.

Pentothal is marketed as soluble thiopentone sodium powder in sterile ampoules. These are designed to be mixed with sterile water before being administered intravenously. The powder can be dissolved in water and taken orally with rapid effect. 10gm of the drug (the contents of 20 ampoules) dissolves rapidly in

~50ml of water, and if drunk leads to rapid loss of consciousness and death. Alcohol is a useful supplement.

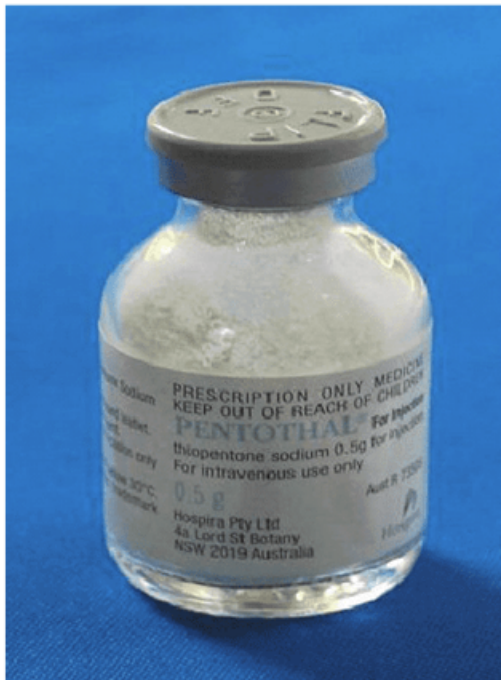


Fig 19.7: 500mg ampoule of dry Pentothal

Exit has tested the vacuum-packing of 10gm of dry sodium pentothal powder mixed with 1gm of phenytoin sodium. This can be easily transported and stored. Reconstitution is then carried out by breaking the vacuum seal and dissolving the sachet of powder in ~50ml of water before drinking.

Improving the taste of Thiopental/Nembutal

<https://sanctioned-suicide.net/threads/n-taste-guide-draft.26278/>

Example : If you have decided that your method is to mix something sweet with the liquid, use the benzocaine spray, and eat chocolate after drinking, then you would do all of those things, and do a "test run" (using the test liquids or very small quantity of N, or water, as explained above). If you found it was hard to swallow the liquid after using that spray, then you might decide to re-think your method. If on the other hand the test goes smoothly, and you can comfortably drink the liquid at the required speed, then you might conclude that your chosen method is right for you.

1. Eat chocolate and/or alcohol immediately after drinking. Example: Chocolate peppermint sweet(s)
2. Topical anaesthetic like benzocaine spray (e.g. "Ultra Chloraseptic") or lidocaine (darknet). Use to coat mouth, tongue and throat.

3. Bottle of 20% Benzocaine liquid (brand "Anbesol") at grocery store. Swish capful in mouth and spit out. Should be no feeling left in mouth. Someone tested on 200ml of foul tasting supplement, was able to swallow with ease.
4. Mouth Wash. When tongue is numb, drink liquid
5. Cough Medicine
6. Redbull/Cocktail/Mocktail (Like 1-2 sips at most)

References

1. <https://sanctioned-suicide.net/threads/sodium-thiopental.95354/>

Barbiturates (Nembutal)

1. Barbiturates affect the action of brain chemical GABA in that they enhance the effect of GABA in brain and may even act in its place. GABA slows the activity of the brain. Enhancing its effects causes sedation and sleep. In larger doses, the barbiturate may even replace the GABA in brain. An overdose of barbiturate can depress the brain function so severely that respiration ceases and the person dies.
2. If the drug is administered intravenously, the effect is even more profound.
3. The recommended lethal dose of Nembutal is >10g. [2 x 100ml bottles usually]
 - a. Dissolve 10-15g Nembutal powder in 200ml water and drink
 - b. Anti-Emetic: Take 3x10mg tablets (30mg) metoclopramide tablets 40 minutes before drinking Nembutal solution.
 - c. You can consider eating something light to eat 6-12 hours before taking the drug. Additionally, you can consider eating something very light 1-2 hours before the Nembutal drug. Like a piece of chocolate.
 - d. [Optional (No need): Phenytoin (Anticonvulsant) powder 1g can be added to the Nembutal mix]
 - i. Nembutal of uncertain quality can have its its potency enhanced by dissolving 1-2g of Phenytoin Sodium in the solution before drinking.
 - ii. [Eptoin](#), [Epsolin](#)
4. Nembutal liquid is strongly alkaline and is very bitter to taste. Because of its bitterness, an antiemetic (metoclopramide) is usually required.
 - a. Take 3x10mg tablets (30mg) metoclopramide tablets.
 - b. Wait 40 minutes
 - c. Drink the Nembutal
 - d. Follow with a small drink of alcoholic spirit (eg whiskey)
5. Because Nembutal is absorbed from the stomach, it will be more effective if the stomach is empty. Don't eat a heavy meal beforehand. Tea and toast will suffice. Loss of consciousness will occur within minutes, with death from respiratory failure and cerebral hypoxia following within the hour. Even though liquid Nembutal has an unpleasant taste, it is best to not disguise this. Drink the liquid quickly and follow with a strong alcoholic spirit of liquor. This will quickly take away the bitter after-taste.
6. White powder - Chinese can also work. 10g?
7. Nembutal:
 - a. To directly answer your question, yes it does. Ten liquid grams of it, in a **glycol** base to reduce its bitterness, is used in countries where euthanasia or doctor-assisted death is legal. It is quick, easy and painless. I don't know if it's

used in executions. Nembutal, another name for it, is used widely by veterinarians to euthanize suffering pets.

8. Dutch Final Exit Cocktail Syrup
 - a. Pentobarbital = 9g
 - b. Alcohol 96% = 20ml
 - c. Water = 20ml
 - d. Sugar Syrup = 65g
 - e. Propylene Glycol = 10ml
 - f. Anise Oil = 1 Drop
9. The pharmacist should dissolve the pentobarbital sodium by shaking it into pure water, propylene glycol, and alcohol in the proportions listed above. Then add anise oil and sugar syrup and mix thoroughly. Some crystallization will take place, but it is offset by the addition of alcohol and propylene glycol, which also help to preserve the elixir for up to a month. It should be destroyed if not used in that period. This is not a pleasant potion to drink, but the bitter-ness is offset by the sweetener and the fishy taste is reduced by the anise oil. Some doctors put the pentobarbital sodium in tap water and dispense with the additives.
10. Anti-emetic: With assisted suicide by the oral method, the patient must have only a small amount of food in the intestine, and in the hours before the elixir is taken the patient must also consume an antiemetic at the rate of one or two every two hours.
11. When a patient has consumed-and kept down-9 grams of Nembutal or Seconal, he or she will not live. But exactly how long before death will come can vary widely from case to case. An extremely frail person will probably die within thirty minutes. Some will take between one and five hours. In rare cases it has taken several days. The delayed-action cases will probably be younger people with a strong heart, and possibly AIDS victims.
12. With assisted suicide by oral ingestion, the family should be warned of the possible delay, and also be advised of the noises-heavy breathing and snoring-that occur in almost all cases as death approaches.
13. Oral administration is also used. A Swiss pharmacist reported in 2022 that the dose for assisted suicide had been raised to 15 grams because with lower doses death was preceded by a coma of up to 10 hours in some cases. The Dutch have found that about a quarter of the cases of assisted suicide by mouth go over the thirty-minute mark at a dose of 9g.

summed.

Here is what Dutch doctors use today (1996) when assisting the suicide of a patient:

Pentobarbital	9 g
Alcohol 96% v/v	16.2 g (20 ml)
Pure water	15 g
Propylene glycol	10.4 g (10 ml)
Sugar syrup	65 g
Anise oil	1 gt (a drop)

Criteria	Score
<i>Reliability</i>	<i>10/10</i>
<i>Peacefulness</i>	<i>10/10</i>
<i>Availability</i>	<i>2/5</i>
<i>Preparation</i>	<i>5/5</i>
<i>Undetectability</i>	<i>4/5</i>
<i>Speed</i>	<i>4/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>4/5</i>

Nembutal

1. Buy:
 - a. <https://www.exportersindia.com/indian-suppliers/nembutal-powder.htm>
 - b. https://www.medindia.net/doctors/drug_information/pentobarbital.htm
 - c. <https://www.practo.com/consult/pentobarbital-or-nembutal-pentobarbital-or-nembutal-is-known-in-india-as-which-name-how-can-i-get-it-br-in-tablet/q>
 - d. <https://www.tradeindia.com/products/buy-nembutal-pentobarbital-online-whatsapp-31684024728-c6007325.html>

Hanging

1. 2 types of hanging -
 - a. Full Suspension
 - b. Partial Hanging

2. One of the most easiest ways to go is hanging. I tied a long, strong, narrow scarf around the banister at the top of the stairs and the other end I made a knot, so it was like a hoop and pushed my head through. I threw myself down the stairs and used all my body weight to press the scarf against my neck really hard. Don't try to breathe, just hold your breath and count to ten, you'll quickly be unconscious. I actually did pass out, but my ex heard when I threw myself down the stairs.
3. Try different materials for ligature and see which one works best for you. The position of the rope on the neck works different for every one. High up close to the jawline gave me that same gag reflex too. Try it lower on the bottom third of your neck. Also different positions put different pressure on the neck so try changing your position and see which one works best for you.
4. **Full suspension hanging relies on using your body weight to compress your carotid arteries, therefore cutting off circulation to your brain, and rendering you unconscious within 20 seconds if done right, and death within a max of 15 minutes after that.**
5. The knot should be placed behind your neck for a full suspension hanging,
6. The thing you tie the other end of the rope to will need to be strong, and at least a foot higher than your height. A rolling hitch or two will be used to tie the other end to the support. [Anchor Know = Can use rolling hitch]
7. You will want the rope above your adam's apple, as close to your jaw as you can get it, as that's there the carotid arteries are most 'vulnerable'
8. Always test the hell out of your rope and anchor point.
9. Polypropylene rope is also frequently recommended, it's strong, resistant to stretching, and smooth.
10. A lot of people use pull-up bars, over-the-door hangers, closet rods, and clothing racks as anchor points.
11. Some people overcome SI (the fear of stepping off the stool) by hyperventilating to induce syncope, which can cause you to blackout and fall. -- I've heard that huffing compressed air can do this too, but I don't know much about that.
12. This is NOT a silent method. Hanging causes convulsions and sometimes noises from strangled breathing (even if you're unconscious), so make sure you're going to be alone for a good while.
13. You have to take into account that the noose moves down when it pulls tight. The diameter of your neck will be reduced by half. I guess that's the reason why many planned full hangings ended unintentional as a partial hangings. Testing is easy, put something like a broomstick in the noose, grasp the stick with both hands and pull yourself up. Your feet should not touch the ground in the up-position.
14. Grease the noose and your neck with petroleum jelly (preferably) or soap, to help reduce any friction and make both as cinchable as possible.
15. You need to plan full hanging. It is simple but the rope, tie-off (anchor) point and height all need to be correct. Take a little time to review your plan. Test knots and anchors. Under tension, the rope may stretch more than anticipated. Give yourself enough height to ensure your feet are nowhere near the floor.
16. As long as the knot sat at the back of your neck this was fine.
17. **Consider using bed as an anchor?**

References:

1. <https://lostallhope.com/suicide-methods/hanging/dangers-failing-reliability>

Jumping from height

1. Whilst jumping from height can be a very effective method of suicide (providing it is from sufficient height), it does not account for a particularly high percentage of suicides in either the US or the UK. Having said that, in Honk Kong it accounted for over half of all suicides in 2006¹, so easy access to tall buildings seems to impact the propensity to use this method.
2. The most important factor in suicide by jumping is height. Stone² states that jumping from 150 feet (46 metres) or higher on land, and 250 feet (76 metres) or more on water, is 95% to 98% fatal. 150 feet/46 metres, equates to roughly 10 to 15 stories in a building, depending on the height of one story. 250 feet is the height of the Golden Gate Bridge in San Francisco.
3. Ideally, anyone jumping on land should try and land on their head, as this maximises the chances of fatal head injuries. In a study by Goonetilleke³, head impact was the most frequent landing area in fatal falls. If a person is jumping from lower heights, going head first becomes even more important, as the chances of death reduce the shorter the drop, and brain haemorrhage is the most frequent cause of death for jumpers.
4. It should go without saying that great care should be taken when jumping to not land on any person, or anything that might break the fall. It is also important to land on something hard, and not a forgiving surface like soft grass or sand that might cushion the fall. High cliffs with rocky landings are likely to fulfil the requirement for height, a hard landing and not having anyone underneath. Beachy Head in East Sussex, UK, is a notorious suicide spot for this reason.
5. Stone² presents worrying statistics from a number of studies showing a high percentage of people jumping from four stories or less. Of those, a high percentage survive, invariably with fractures to spine, pelvis or major bone. Landing on the head can cause brain damage. Even jumping from seven stories can have a decent survival rate.
6. Jumping off the Golden Gate Bridge still does not guarantee death, as a study of 885 jumpers found that 19 (around 2%) survived^{5,6}, although it is likely some (undiscovered) suicides did not even make it to the statistics, meaning the likely true percentage of survivors is less than 2%
7. Providing the jump is from sufficient height, certainty of death is very high. Jumping from insufficient height gives a fair chance of survival, with high probability of significant, and often long term, physical injury, plus possibly brain damage. As such, this method is not recommended for a suicidal gesture. [LostAllHope]
8. Buildings Height in Delhi
 - a. 17-18m
 - b. https://nmanoc.nic.in/home/delhi_height_restriction
 - c. <https://www.propertypistol.com/blog/residential-building-heights-might-be-raised-according-to-ndmc/>
9. Tallest buildings in Delhi
 - a. https://en.wikipedia.org/wiki/List_of_tallest_buildings_in_Delhi_NCR

References:

1. <https://lostallhope.com/suicide-methods/jumping-high-building>

Fentanyl

1. Fentanyl can kill in a matter of minutes. Peaceful for sure.
2. “Fentanyl is so potent that teens, particularly teens who have never used an opioid before and have no tolerance to them, can die really quickly. We’re talking within seconds to minutes.”
3. Across the country, people with opioid addictions who use illicit drugs rely on fentanyl test strips to know if the substance they're about to take contains fentanyl.
4. The strips use the same technology as workplace drug tests, they're cheap and they prevent overdoses because the fentanyl they detect is so potent.
5. Fentanyl can come in different forms, such as pills, powder, and liquid. It has also been found mixed with other drugs, including heroin, counterfeit pills, methamphetamine (meth) and cocaine
6. Due to its potency, a relatively small amount of fentanyl can be deadly. **Just two milligrams can cause overdose or death.** It’s very powerful and can be addictive. Fentanyl cannot be smelled or tasted, making it nearly impossible to tell if drugs contain or have been laced with the opioid without special [fentanyl test strips](#).
7. Fentanyl acts on multiple organ systems in the body. It can act on the brain, so a patient who has overdosed on fentanyl can continue to fall asleep. They may fall unconscious.
8. Most important is the effect that fentanyl can have on breathing. Fentanyl can cause you to slow or even stop your breathing and that is what can cause a patient to actually pass away.
9. We talked about the effect of fentanyl on breathing so that stopping breathing and lack of oxygen means that a patient can pass away in a matter of minutes.
10. Fentanyl, if you are talking about illicitly-produced fentanyl, usually takes the form of two different forms – one is powder, and the other is a liquid.
11. When mixed with other drugs like cocaine, Fentanyl works by blocking pain receptors in the brain and increases production of the ‘happiness-inducing’ chemical dopamine.
12. How does it affect the body? Similar to other opioid analgesics, fentanyl produces effects such as: relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea and vomiting, urinary retention, pupillary constriction, and respiratory depression

Both fentanyl and the analogues have potential for use as end of life drugs. However, the narrow therapeutic index (the dosage range in which the drug is an effective analgesic) and the small quantities needed for lethal depression of respiratory function are important factors. As little as 3mg of fentanyl taken intravenously can be lethal. However, larger quantities would be needed for reliably-lethal, oral administration, unless metabolism-slowing steps (eg. taking cimetidine or the drinking of grapefruit juice) are adopted. For carfentanil, even smaller does will end life.



Giovanni 8 months ago

I was an addict for 20 years, now 2 years clean and after experiencing 3 fentanyl overdose i can say it would be a very peaceful death...One minute your conscious and then youre not...Nothing in between. It would be an extremely humane execution.

👍 9 🗨️ REPLY

▲ 1 REPLY



TRADE CODE 10 hours ago

Wow.. that sounds like a perfect suicide drug.

👍 🗨️ REPLY

Exit RPA Test - Opioids

Criteria	Morphine	Fentanyl
Reliability (10)	4	6
Peacefulness (10)	10	9
Availability (10)	4	2
Preparation (5)	5	5
Undetectability (5)	2	4
Speed (5)	2	3
Safety (5)	5	5
Storage (5)	3	3
Legality (5)	1	1

References:

1. <https://health.ucdavis.edu/blog/cultivating-health/fentanyl-overdose-facts-signs-and-how-you-can-help-save-a-life/2023/01>
2. <https://www.cdc.gov/stopoverdose/fentanyl/index.html>
3. <https://nextdistro.org/testingdrugs>
4. [Good] <https://www.uchealth.org/today/fentanyl-overdose-facts/>
5. <https://www.deccanchronicle.com/nation/current-affairs/071218/crush-for-horror-drug-is-on-the-rise-in-india.html>
6. <https://about.kaiserpermanente.org/health-and-wellness/health-tips/one-pill-can-kill-understanding-the-risks-of-fentanyl>
7. <https://nida.nih.gov/publications/drugfacts/fentanyl>
8. Google Search:
 - a. fentanyl strips
 - b. fentanyl death
 - c. Online Suicide Forums
 - d. how fast does fentanyl kill
 - e. fentanyl india



Carfentanil.

This picture shows lethal doses of fentanyl and carfentanil relative to heroin.

As you can see, one grain of carfentanil, an ***elephant tranquilizer***, is enough to kill a human being.

—**Roland Salazar**

Lethal Injection

Lethal injection is the practice of injecting one or more drugs into a person (typically a [barbiturate](#), [paralytic](#), and [potassium solution](#)) for the express purpose of causing rapid [death](#). The term may also be applied in a broader sense to include [euthanasia](#) and other forms of [suicide](#).

The drugs cause the person to become unconscious, stops their breathing, and causes a heart arrhythmia, in that order.

3 Drugs:

1. [Sodium thiopental](#) // [midazolam](#) // Pentobarbital for sedation and unconsciousness
2. [Pancuronium bromide](#) (Pavulon) is used to cause muscle paralysis and respiratory arrest
3. [Potassium chloride](#) to stop the heart

Video: [Link](#)

1. Sodium thiopental

Sodium thiopental (US trade name: Sodium Pentothal) is an ultra-short acting barbiturate, often used for anaesthesia induction and for medically-induced coma. The typical IV anaesthesia induction dose is 0.35 grams. Loss of consciousness is induced within 30–45 seconds at the typical dose, while a 5 gram dose (14 times the normal dose) is likely to induce unconsciousness in 10 seconds.

A full medical dose of thiopental reaches the brain in about 30 seconds. This induces an unconscious state. Five to twenty minutes after injection, approximately 15% of the drug is in the brain, with the rest in other parts of the body.

Barbiturates are the same class of drug used in medically assisted suicide. In euthanasia protocols, the typical dose of thiopental is 1.5 grams; the Dutch Euthanasia protocol indicates 1-1.5 grams or 2 grams in case of high barbiturate tolerance.

The [half-life](#) of this drug is about 11.5 hours,^[43] and the concentration in the brain remains at around 5–10% of the total dose during that time. When a 'mega-dose' is administered, as in state-sanctioned lethal injection, the concentration in the brain during the tail phase of the distribution remains higher than the peak concentration found in the induction dose for anaesthesia, because repeated doses—or a single very high dose as in lethal injection—accumulate in high concentrations in body fat, from which the thiopental is gradually released.^[31] This is the reason why an ultra-short acting barbiturate, such as thiopental, can be used for long-term induction of medical [coma](#).

Lethal injection dosage: 2–5 grams

2. Pancuronium bromide (Pavulon)

Pancuronium bromide (Trade name: Pavulon): The related drug [curare](#), like pancuronium, is a [non-depolarizing muscle relaxant](#) (a [paralytic](#) agent) that blocks the action of [acetylcholine](#) at the motor end-plate of the [neuromuscular junction](#). Binding of acetylcholine to receptors on the end-plate causes depolarization and contraction of the muscle fiber; non-depolarizing neuromuscular blocking agents like pancuronium stop this binding from taking place

The typical dose for pancuronium bromide in capital punishment by lethal injection is 0.2 mg/kg and the duration of paralysis is around 4 to 8 hours. Paralysis of respiratory muscles will lead to death in a considerably shorter time.

Other drugs in use are [succinylcholine chloride](#) and [tubocurarine chloride](#).

Lethal injection dosage: 100 milligrams

3. Potassium chloride

Causes heart arrhythmia and stops the heart from beating.

Lethal injection dosage: 100 mEq ([milliequivalents](#))

Procedure

1. In the United States, the typical lethal injection begins with the condemned person being strapped onto a [gurney](#); two [intravenous](#) cannulas ("IVs") are then inserted, one in each arm. Only one is necessary to carry out the execution; the other is reserved as a backup in the event the primary line fails. A line leading from the [IV line](#) in an adjacent room is attached to the prisoner's IV and secured so that the line does not snap during the injections.
2. The arm of the condemned person is swabbed with [alcohol](#) before the cannula is inserted.
3. Following connection of the lines, [saline](#) drips are started in both arms. This, too, is standard medical procedure: it must be ascertained that the IV lines are not blocked, ensuring the chemicals have not precipitated in the IV lines and blocked the needle, preventing the drugs from reaching the subject. A [heart monitor](#) is attached to the inmate.
4. In most states, the intravenous injection is a series of drugs given in a set sequence, designed to first induce [unconsciousness](#) followed by death through [paralysis](#) of respiratory muscles and/or by [cardiac arrest](#) through [depolarization](#) of [cardiac muscle](#) cells. The execution of the condemned in most states involves three separate injections (in sequential order):
 - a. [Sodium thiopental](#) or [pentobarbital](#):^[30] ultra-short-action barbiturate, an anesthetic agent used at a high dose that renders the person unconscious in less than 30 seconds. Depression of respiratory activity is one of the characteristic actions of this drug.^[31] Consequently, the lethal-injection doses, as described in the Sodium Thiopental section below, will—even in the absence of the following two drugs—cause death due to lack of breathing, as happens with overdoses of [opioids](#).
 - b. [Pancuronium bromide](#): non-depolarizing muscle relaxant, which causes complete, fast, and sustained paralysis of the [striated skeletal muscles](#), including the [diaphragm](#) and the rest of the respiratory muscles; this would eventually cause death by [asphyxiation](#).
 - c. [Potassium chloride](#): a [potassium](#) salt, which increases the [blood and cardiac concentration of potassium](#) to stop the heart via an [abnormal heartbeat](#) and thus cause death by [cardiac arrest](#).
5. The drugs are not mixed externally to avoid [precipitation](#). A sequential injection is also key to achieve the desired effects in the appropriate order: administration of the pentobarbital renders the person unconscious; the infusion of the pancuronium bromide induces complete paralysis, including that of the lungs and diaphragm rendering the person unable to breathe.
6. **Note:** If the person being executed were not already completely unconscious, the injection of a highly concentrated solution of potassium chloride could cause severe pain at the site of the IV line, as well as along the punctured vein; it interrupts the electrical activity of the heart muscle and causes it to stop beating, bringing about the death of the person being executed. **Don't botch it. Ensure I'm completely unconscious before administering the 2nd drug. You need to ensure that your drugs don't fail. I'm strong.**
7. Procedure in Prisons:

- a. The intravenous tubing leads to a room next to the execution chamber, usually separated from the condemned by a curtain or wall. Typically, a prison employee trained in [venipuncture](#) inserts the needle, while a second prison employee orders, prepares, and loads the drugs into the lethal injection syringes. Two other staff members take each of the three syringes and secure them into the IVs. After the curtain is opened to allow the witnesses to see inside the chamber, the condemned person is then permitted to make a final statement. Following this, the warden signals that the execution may commence, and the executioner(s) (either prison staff or private citizens depending on the jurisdiction) then manually inject the three drugs in sequence. During the execution, the condemned's cardiac rhythm is monitored.
8. Death is pronounced after cardiac activity stops. Death usually occurs within seven minutes.

Euthanasia

Not sure if prisoners can “opt” for the single drug injection, rather than the traditional 3 drug combo of sodium thiopental (“truth serum”) pancuronium bromide, followed lastly by Potassium chloride to stop the heart.

It seems the paralyzing action of pancuronium bromide, isn't always enough to control the intense muscle contractions when one is dying, causing the victim undue pain, and suffering, defeating the purpose of a “humane” way of executing prisoners.

New Lethal Injection Protocol

The [Ohio](#) protocol, developed after the incomplete execution of [Romell Broom](#) (failed to locate the vein), ensures the rapid and painless onset of [anesthesia](#) by only using [sodium thiopental](#) and eliminating the use of Pavulon and potassium as the second and third drugs, respectively. It also provides for a secondary [fail-safe](#) measure using intramuscular injection of midazolam and hydromorphone in the event intravenous administration of the sodium thiopental proves problematic.^[47] The first state to switch to use [midazolam](#) as the first drug in a new three-drug protocol was Florida on October 15, 2013.^[33] Then on November 14, 2013, Ohio made the same move.

- Primary: Sodium thiopental, 5 grams, intravenous
- Secondary: [Midazolam](#), 10 mg, intramuscular, and [hydromorphone](#), 40 mg, intramuscular

In individuals who are incapable of swallowing lethal doses of medication, an intravenous route is preferred.

Euthanasia can be accomplished either through oral, intravenous, or intramuscular administration of drugs. In individuals who are incapable of swallowing lethal doses of medication, an intravenous route is preferred. The following is a Dutch protocol for parenteral (intravenous) administration to obtain euthanasia, with the old protocol listed first and the new protocol listed second:

First a coma is induced by intravenous administration of 1 g sodium thiopental (Nesdonal), if necessary, 1.5–2.0 g of the product in case of strong tolerance to barbiturates. Then, 45 mg [alcuronium chloride](#) (Alloferin) or 18 mg [pancuronium bromide](#) (Pavulon) is injected. To ensure optimal availability, these agents are preferably given intravenously. However, they can also be injected intramuscularly. In severe hepatitis or cirrhosis of the liver, alcuronium is the agent of first choice.^[46]

Intravenous administration is the most reliable and rapid way to accomplish euthanasia, so can be safely recommended. A coma is first induced by intravenous administration of 20 mg/kg sodium thiopental in a small volume (10 ml physiological saline). Then, a triple intravenous dose of a nondepolarizing neuromuscular muscle relaxant is given, such as 20 mg pancuronium bromide or 20 mg [vecuronium bromide](#) (Norcuron). The muscle relaxant should preferably be given intravenously, to ensure optimal availability. Only for pancuronium dibromide, the agent may also be given intramuscularly in a dose of 40 mg.^[46]

Opponents to Lethal Injection

Opponents of lethal injection believe that it is not actually painless as practiced in the United States. Opponents argue that the thiopental is an ultrashort-acting barbiturate that may wear off ([anesthesia awareness](#)) and lead to consciousness and an uncomfortable death wherein the inmates are unable to express discomfort because they have been rendered paralyzed by the paralytic agent.^[78]

Opponents point to the fact that sodium thiopental is typically used as an induction agent and is not used in the maintenance phase of surgery because of its short-acting nature. Following the administration of thiopental, pancuronium bromide, a paralytic agent, is given. Opponents argue that pancuronium bromide not only dilutes the thiopental, but, as it paralyzes the inmate, also prevents the inmate from expressing pain. Additional concerns have been raised over whether inmates are administered an appropriate amount of thiopental owing to the rapid redistribution of the drug out of the brain to other parts of the body.^[78]

Additionally, opponents argue that the method of administration also is flawed. They contend that as the personnel administering the lethal injection lack expertise in anaesthesia, the risk of failure to induce unconsciousness is greatly increased. In reference to this issue, [Jay Chapman](#), the creator of the American method, said, "It never occurred to me when we set this up that we'd have complete idiots administering the drugs".^[79] Also, opponents argue that the dose of sodium thiopental must be customised to each individual patient, and not restricted to a set protocol. Finally, they contend that remote administration may result in an increased risk that insufficient amounts of the lethal-injection drugs enter the inmate's bloodstream.^[78]

In summation, opponents argue that the effect of dilution or of improper administration of thiopental is that the inmate dies an agonizing death through [suffocation](#) due to the paralytic effects of pancuronium bromide and the intense burning sensation caused by potassium chloride.^[78]

Opponents of lethal injection, as currently practiced, argue that the procedure employed is designed to create the appearance of serenity and a painless death, rather than actually providing it. More specifically, opponents object to the use of pancuronium bromide, arguing that its use in lethal injection serves no useful purpose since the inmate is physically restrained. Therefore, the default function of pancuronium bromide would be to suppress the autonomic nervous system, specifically to stop breathing.^[78]

Lethal Execution Procedure using Thiopental

(Ohio Protocol)

1. Pentobarbital; or
2. Thiopental sodium; or
3. A three-drug combination of:
 - a. Midazolam Hydrochloride; and
 - b. One of the following three drugs:
 - i. Vecuronium bromide; or
 - ii. Pancuronium bromide; or
 - iii. Rocuronium bromide; and
 - iv. Potassium Chloride.

Drug Preparation

1. The Execution Drugs shall be prepared for injection by a Drug Administrator. The
2. preparation of the drugs shall be monitored by a second Drug Administrator who shall independently verify the preparation and dosage of the Execution Drugs. Both Drug Administrators shall complete form Order for Execution Medications (DRC2001).
3. If the Warden determines that a sufficient quantity of pentobarbital is available and has been selected to be used, then a Drug Administrator shall prepare the drug as
4. Follows:
 - a. i. Syringes 1 and 2: Five (5) grams of pentobarbital shall be withdrawn and divided
 - b. into two (2) syringes labeled "1" and "2".
 - c. ii. Syringes 3 and 4: Five (5) additional grams of pentobarbital shall be obtained and
 - d. kept available in the Equipment Room, but need not be withdrawn into syringes
 - e. unless the primary dose of five (5) grams proves to be insufficient for the
 - f. procedure. If prepared, these two (2) additional syringes shall be labeled "3" and
5. If the Warden determines that a sufficient quantity of thiopental sodium is available and has been selected to be used, then a Drug Administrator shall prepare the drug as follows:
 - a. i. Syringes 1, 2, 3, 4 and 5: Five (5) grams of thiopental sodium shall be withdrawn and divided into five (5) separate syringes, labeled "1", "2", "3", "4" and "5".
 - b. ii. Syringes 6, 7, 8, 9 and 10: Five (5) additional grams of thiopental sodium shall be obtained and kept available in the Equipment Room, but need not be

withdrawn into syringes unless the primary dose of five grams proves to be insufficient for the procedure. If prepared, these five (5) additional syringes shall be labelled "6", "7", "8", "9" and "10".

- c. Alternatively, if the Warden has decided, pursuant to subsection VI.C.5 of this policy above, to proceed with thiopental sodium, then upon the Warden's signal, a Drug Administrator shall intravenously administer the previously prepared syringes 1, 2, 3, 4 and 5 of thiopental sodium.
 - d. The low-pressure saline drip shall be allowed to flush saline through the line(s) during and following completion of the IV drug administration.
6. In the event that the Drug Administrator who is administering the Execution Drugs detects a problem in the administration of the drugs, the Drug Administrator shall use any other viable IV site. Whenever it is necessary to change IV sites, the Drug Administrator shall administer a full dosage of the Execution Drugs through the alternate, viable IV site using additional syringes, as necessary, prepared in accordance with the terms of this policy, above.

(Oklahoma Protocol)

C. Chemical Charts

1. CHART A: One (1) Drug Protocol with Pentobarbital

CHEMICAL CHART	
Syringe No.	Label
1A	2.5 gm pentobarbital GREEN
2A	2.5 gm pentobarbital GREEN
3A	60 ml heparin/saline, BLACK

- a. Syringes 1A and 2A shall each have a dose of 2.5 grams of pentobarbital for a total of 5 grams. Each syringe containing pentobarbital shall have a **GREEN** label which contains the name of the chemical, chemical amount and the designated syringe number.
- b. Syringe 3A shall contain 60 milliliter of heparin/saline solution at a concentration of 10 units of heparin per milliliter. The syringe shall have a **BLACK** label which contains the name of the chemical, chemical amount and the designated syringe number.

2. CHART B: One (1) Drug Protocol with Sodium Pentothal

CHEMICAL CHART	
Syringe No.	Label
1A	1.25 gm sodium pentothal, GREEN
2A	1.25 gm sodium pentothal, GREEN
3A	1.25 gm sodium pentothal, GREEN
4A	1.25 gm sodium pentothal, GREEN
5A	60 ml heparin/saline, BLACK

- a. Syringes 1A, 2A, 3A, and 4A shall each contain 1.25 grams/50 milliliter of sodium pentothal in 50 milliliter of sterile water in four (4) syringes for a total dose of 5 grams of sodium pentothal. Each syringe containing sodium pentothal shall have a **GREEN** label which contains the name of the chemical, the chemical amount and the designated syringe number.

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- b. Syringe 5A shall contain 60 milliliter of heparin/saline solution at a concentration of 10 units of heparin per milliliter. The syringe shall have a **BLACK** label which contains the name of the chemical, chemical amount and the designated syringe number.

Sanctioned Suicide Threads

1. Swiss VAD/Pegasos
 - a. <https://sanctioned-suicide.net/threads/others-applying-to-pegasos-right-now-relate-to-doctor-pushing-you-over-the-edge.107111/>
 - b. <https://sanctioned-suicide.net/threads/anyone-willing-to-travel-to-pegasos-in-switzerland-with-me.163810/page-2>
 - c. <https://sanctioned-suicide.net/threads/potential-vad-date-set-with-pegasos.172512/#post-2638780>

Links to browse:

Symptoms nearing Death

Signs of Dying:

As someone moves closer to the end of their life, they may experience:

1. [noisy breathing](#)

Phenobarbital (Barbiturate):

1. <https://sanctioned-suicide.net/threads/i-finally-got-my-barbital-100-d.111115/>
2. It's almost if not just as deadly as N (Pentobarbital), but while N is fast acting, Pheno is slow acting. You'll black out after half an hour or two, it can take up to 3 days before you CTB. Whereas with N you'll usually die within an hour or 2.
3. Don't use.

Euthanasia/VAD in Swiss:

1. Pegasos
2. <https://www.theswitzerlandalternative.com/guide/visits-to-the-end-of-life-centres/visit-to-pegasos/>
3. Nembutal

Some other lethal substances:

Suicide Methods

1. Suffocation, as a classification of suicide method, includes strangulation and hanging.^{[19][20]}
 - a. Suicide by suffocation involves restricting breathing or the amount of oxygen taken in, causing asphyxia and eventually hypoxia. It is not possible to die simply by holding the breath, since a reflex causes the respiratory muscles to contract, forcing an in-breath, and the re-establishment of a normal breathing rhythm.^[21] Therefore, inhaling an inert gas such as helium or nitrogen, or a toxic gas such as carbon monoxide, is used to bring about unconsciousness.^{[22][23]} As of 2010, organizations supporting a right to die promoted death by helium inhalation, although most cases using this method in the US were people with psychiatric conditions
2. Hanging:
 - a. Hanging is a common method of suicide.^{[20][19]} Hanging involves the use of a ligature such as a rope or cord attached to an anchor point with the other end used to form a noose placed around the neck. The cause of death will either be due to strangulation or a broken neck. About half of attempted suicides by hanging result in death.^[25] People who favor this method are usually unaware that it is often a "slow, painful, and messy method that [needs] technical knowledge".^[26]
 - b. Hanging is the prevalent means of suicide in impoverished pre-industrial societies, and is more common in rural areas than in urban areas.^[27]
3. Poisoning:
 - a. Suicide by poisoning, also called self-poisoning, is usually classed as a drug overdose when drugs such as painkillers or recreational drugs are used.

Additional Methods:

Other Stuff

1. Palliative Care, Hospice Care
 - a. <https://www.forbes.com/health/healthy-aging/palliative-care-vs-hospice/>
 - b. https://en.wikipedia.org/wiki/Palliative_care
 - c. https://en.wikipedia.org/wiki/Hospice_and_palliative_medicine
2. Persistent Vegetative State
 - a. https://en.wikipedia.org/wiki/Persistent_vegetative_state
3. End of Life Care:
 - a. https://en.wikipedia.org/wiki/End-of-life_care
4. Benzodiazepines
 - a. <https://en.wikipedia.org/wiki/Midazolam>

Vegetative State

1. A vegetative state (VS) or post-coma unresponsiveness (PCU),[1] is a disorder of consciousness in which patients with severe brain damage are in a state of partial arousal rather than true awareness. After four weeks in a vegetative state, the patient is classified as being in a persistent vegetative state (PVS).
 - a. A vegetative state that lasts for more than 1 month is considered a persistent vegetative state
2. "Care/Save"
 - a. Providing good nutrition (nutritional support) is important. People are fed through a tube inserted through the nose and into the stomach (called tube feeding). Sometimes they are fed through a tube inserted directly into the stomach or small intestine through an incision in the abdomen. Medications may also be given through these tubes.
 - i. A tube inserted through the nose, mouth, or skin into the stomach or intestine (tube feeding)
 - ii. A catheter inserted in a vein (intravenous feeding)
 - b. Tube Feeding:
 - i. Tube feeding (enteral nutrition) is a way to deliver nutrients to a person who cannot or will not eat food or cannot or will not consume enough nutrients by mouth to meet their nutritional needs. A liquid formula is given through a tube and delivered directly into the stomach or small intestine.
 - c. Intravenous Feeding
 - i. Intravenous feeding is a way to deliver nutrients to a person who cannot absorb enough food from their gastrointestinal tract to meet their nutritional requirements. The nutrient solution is given through a vein where it enters the bloodstream and is absorbed by the body.
 - ii. If a person's digestive tract is functioning but [nutritional support](#) is needed, doctors usually give tube feeding ([tube feeding](#)).
 - d. Because people are incontinent, care should be taken to keep the skin clean and dry. If the bladder is not functioning and urine is being retained, a tube (catheter) may be placed in the bladder to drain urine. Catheters are carefully

cleaned and regularly examined to prevent urinary tract infections from developing.

3. A vegetative state is a disorder of consciousness or an altered consciousness. It is caused by severe brain damage. Someone in a persistent vegetative state may look like they're awake, but they don't have an awareness of their surroundings
4. What Causes a Vegetative State?
 - a. Most commonly, a vegetative state is caused by severe brain damage due to a head injury or a disorder that deprives the brain of oxygen, such as cardiac or respiratory arrest.
 - b. The main symptom of a vegetative state is a lack of consciousness. People in this state don't show the usual signs of consciousness, such as being able to speak, respond to commands, move with purpose, or avoid painful stimuli.
5. A person in a vegetative state, however, has many normal physical functions, including heartbeat and breathing. They sleep and wake up in typical patterns. They may chew and swallow food. They may make sounds, though they don't use language. They keep their eyes open when they are awake. They may have a functional startle reflex and react to sudden stimuli around them.
6. Recovery is most likely if the cause of the vegetative state is an injury or a reversible condition such as low blood sugar or a drug overdose. If brain damage is due to lack of oxygen after a stroke or cardiac arrest, recovery is much less common.
7. People in a vegetative state can open their eyes, but they cannot speak or do things that require thought or conscious intention, and they have no awareness of themselves or their environment.
8. A persistent vegetative state is not a coma. A coma involves a complete lack of awareness along with unconsciousness, and the individual appears to be asleep. A coma usually lasts for less than 2 to 4 weeks, during which time an individual may awaken, or progress into a vegetative state, or minimally conscious state.
9. Failed Case Study of Night-Night method
 - a. Coma for some time? Possibly lying person.
 - b. <https://sanctioned-suicide.net/threads/been-in-a-coma-for-a-year-and-a-half.168826/>
10. https://en.wikipedia.org/wiki/Vegetative_state

References:

1. https://en.wikipedia.org/wiki/Vegetative_state

Coma

1. A coma is a medical emergency that occurs when a person is in a deep state of unconsciousness and cannot be awakened.
2. A person in a coma:
 - a. Is unresponsive to painful stimuli, light, or sound
 - b. Lacks a normal wake-sleep cycle
 - c. Does not initiate voluntary actions
 - d. Has closed eyes
 - e. Has limbs that do not respond or voluntarily move

3. Coma outcomes vary depending on the cause, severity, and site of the damage. Some people may come out of a coma with physical, intellectual, and psychological problems. Others may remain in a coma for years or even decades
4. Coma outcomes vary depending on the cause, severity, and site of the damage. Some people may come out of a coma with physical, intellectual, and psychological problems. Others may remain in a coma for years or even decades
5. A coma is a deep state of prolonged unconsciousness in which a person cannot be awakened, fails to respond normally to painful stimuli, light, or sound, lacks a normal wake-sleep cycle and does not initiate voluntary actions.[1] The person may experience respiratory and circulatory problems due to the body's inability to maintain normal bodily functions. People in a coma often require extensive medical care to maintain their health and prevent complications such as pneumonia or blood clots.[2] Coma patients exhibit a complete absence of wakefulness and are unable to consciously feel, speak or move.[3][4] Comas can be the result of natural causes, or can be medically induced.

References

1. <https://en.wikipedia.org/wiki/Coma>

Coma vs Vegetative State

1. The vegetative state is a chronic or long-term condition. This condition differs from a coma: a coma is a state that lacks both awareness and wakefulness. Patients in a vegetative state may have awoken from a coma, but still have not regained awareness. In the vegetative state patients can open their eyelids occasionally and demonstrate sleep-wake cycles, but completely lack cognitive function. The vegetative state is also called a "coma vigil". The chances of regaining awareness diminish considerably as the time spent in the vegetative state increases.
2. <https://en.wikipedia.org/wiki/Coma>
3. https://en.wikipedia.org/wiki/Vegetative_state

Archive

Air Embolism

1. Some sanctioned suicide articles
 - a. <https://sanctioned-suicide.net/threads/self-induced-embolism.92849/>
 - b. <https://sanctioned-suicide.net/threads/what-happens-if-air-enters-vein.109016/#post-1866097>
 - c. <https://sanctioned-suicide.net/threads/can-u-die-from-injecting-a-syringe-with-full-of-air.97129/#post-1692910>
 - i. Just keep in mind the HIGH CHANCE of debilitating injury this can cause, as it runs the risk of becoming a self induced stroke, which can cause all sorts of permanent neurological and neurophysical side effects.
 - d. <https://sanctioned-suicide.net/threads/self-inflicted-air-embolism.96340/#post-1683448>

- e. <https://sanctioned-suicide.net/search/1169328/?page=2&q=embolism&o=relevance>

Air in Veins

Time: Couple of minutes claimed

Available: Plenty of air about... Need a hypodermic & syringe

Certainty: only 1 known case.. patient may already have been dead

Notes: The only case I know about, it killed with 40cc of air. Smaller amounts are harmless. The case was the death of Abbie Borroto, who died in 1950 from a 40cc injection in New Hampshire. She died in minutes. This was the 1949 Dr H Sander case. He was found not guilty to murder on the grounds that the patient may already have been dead when he gave the injection. (A doctor and a nurse could find no pulse earlier the same day).

The following 2 quotes are from [\[1\]](#):

Prof. Y Kenis says: "... not a suitable method, nor a gentle death... extremely difficult to utilize as a method of suicide.

.. possibly with very serious consequences, such as paralysis or permanent brain damage. .. this is only an impression, and I have no real scientific information on the subject."

Dr Pieter V Admiraal .. describes the theoretical air bubble method of suicide as impossible, disagreeable and cruel. "To kill somebody with air you would have to inject at least 100 -> 200 millilitres as quickly as possible in a vein as big as possible close to the heart. You would have to fill the whole heart with air at once. The heart would probably beat on for several minutes, perhaps 5 -> 15 minutes, and during the first minutes the person may be conscious.

Countries

1. Association pour le Droit de Mourir dans la Dignité: Belgium <https://www.admd.net/>
2. LevensEinde Informatie Forum: Belgium <https://leif.be/home/>
 - a. LEIF is an open initiative of people and associations that strive for a dignified end of life for everyone, in which respect for the will of the patient is paramount.
3. Only Swiss and Belgium that accept foreigners.
4. Germany:
 - a. <https://www.dghs.de/service/vermittlung-von-freitodbegleitungen.html>

Carbon Monoxide (CO)

Details:

1. Carbon monoxide poisoning occurs when carbon monoxide builds up in your bloodstream. When too much carbon monoxide is in the air, your body replaces the oxygen in your red blood cells with carbon monoxide. This can lead to serious tissue damage, or even death.
2. Signs and symptoms of carbon monoxide poisoning may include:
 1. Dull headache
 2. Weakness
 3. Dizziness
 4. Nausea or vomiting
 5. Shortness of breath
 6. Confusion
 7. Blurred vision
 8. Loss of consciousness
3. SS Megathread:
<https://sanctioned-suicide.net/threads/carbon-monoxide-megathread.2053/>

Low/No Priority:

1. how does carbon monoxide kill in a car
2. carbon monoxide death
3. https://en.wikipedia.org/wiki/Carbon_monoxide_poisoning

References:

1. <https://www.mayoclinic.org/diseases-conditions/carbon-monoxide/symptoms-causes/syc-20370642>
2. <https://www.mayoclinic.org/diseases-conditions/carbon-monoxide/diagnosis-treatment/drc-20370646>

Noble Gas

1. Quora: There's a hell of a lot more peaceful and painless ways to commit suicide: Make a big plastic tent and fill it with a noble gas (nitrogen, helium, argon etc) and slowly fall asleep inside. Your body only feels like it is suffocating when there are high levels of CO₂ in your bloodstream. Noble gases remove the CO₂ so you feel like you are breathing normally but the noble gases are suffocating you. You eventually pass out and sleep forever.

Random #1

1. Anticipatory Grief
 - a. https://en.wikipedia.org/wiki/Anticipatory_grief
2. Because terminal patients are aware of their impending deaths, they have time to prepare for care, such as [advance directives](#) and living wills, which have been shown to improve end-of-life care.
3. Coping with impending death is a hard topic to digest universally. Patients may experience [grief](#), [fear](#), [loneliness](#), [depression](#), and [anxiety](#) among many other possible responses. Terminal illness can also lend patients to become more prone to psychological illness such as [depression](#) and [anxiety disorders](#).

4. [Depression](#) is relatively common among terminal patients, and the prevalence increases as patients become sicker. Depression causes quality of life to go down, and a sizable portion of patients who request [assisted suicide](#) are depressed.
5. A variety of symptoms become more apparent when a patient is nearing death. Recognizing these symptoms and knowing what will come may help family members prepare.
6. Things I can try:
 - a. CBT
 - b. Acupuncture
 - c. Massage
 - d. [Relaxation techniques](#)
7. Terminal patients may experience depression or anxiety associated with impending death, and family and caregivers may struggle with psychological burdens.
8. Sulphas Tablets: Fumigant - Painful Death
9. https://en.wikipedia.org/wiki/Aluminium_phosphide_poisoning
10. Paraquat - Toxic chemical/herbicide used to kill weeds
11. Carfentanil (Opioid)
12. Aconite (Monkshood) - Natural Substance that causes poisoning
13. Succinylcholine: [Link 1](#), [Link 2](#) | by injecting herself with an altered dose of succinylcholine, said Police Commissioner of Warangal A.V. Ranganath. "She also Googled on how to inject and about the doses of the substance before administering the dose to herself," said the police official.
14. Hitler first tried the cyanide on his dog blondi to make sure it worked.
15. **Lithium.** This is used as a medication for bipolar disorder, and people who take it have to have their blood levels regularly checked because, like chemotherapy drugs, it has a narrow therapeutic margin. In this case, lithium could be used to disguise a murder as a suicide. If you use this method, make sure to research bipolar disorder well enough to write either a realistic case of bipolar disorder, or a reason for your victim to be taking lithium even though they don't have bipolar disorder, like a villain psychiatrist who misdiagnoses and then tells the patient to double their dose.
16. **Nicotine.** Surprisingly deadly, an overdose of this substance can cause death from what looks like a heart attack, and can be administered in the form of multiple nicotine patches or refined from tobacco. If your victim is a smoker with heart disease, the detective will have only the unusually high level of nicotine in the victim's body to distinguish their death from a natural sudden cardiac death.
17. **Curare.** Used to poison blowdarts by hunters in South America, this poison causes paralysis—including paralysis of the respiratory muscles. This poison is interesting because, even though it causes paralysis, it doesn't directly cause death—someone who is put on a ventilator or even given mouth-to-mouth resuscitation can survive its effects and be perfectly fine after the poison wears off. Additionally, total paralysis can look very much like death at first. You can see the story potential in that, I'm sure!
18. Curare / succinylcholine / anectine / tubarine / pavulon. A class of very similar drugs. Acts almost instantly, will kill you stone dead by paralysis/suffocation. Curare is pretty famous, to be honest. Needs to be injected.
19. Nerium oleander (aka Oleander)
20. Aconitum (aka monkshood, wolfsbane, and devil's helmet) More effective than Oleander.

21. *Abrus precatorius* (aka Jequirity, Crab's Eye, Rosary Pea) Competes favorably in toxicity with *Aconitum*.
22. *Cerbera odollam* (aka The Suicide Tree) This is the second most used by assassins poison after the 2 main cyanides. It is related to *Oleander*.
23. *Ricinus communis* (aka the Castor Oil Plant) and its derivative Ricin. A single cubic millimeter of pure Ricin divided in 3 equal pieces will easily kill 3 people. But that small amount takes 2 to 3 days to finish the job.
24. Any drug combination which is synergistic (Adds on to the action of each other) eg. Calcium Channel blocker especially peripherally acting like Amlodipine+Sildenafil (Viagra). Both these are vasodilators and may lead to severe lowering of blood pressure, reactive increase in heart rate, arrhythmias, sudden death.
25. 1st generation antihistaminics (Pheniramine)+TCA or any drug with central anticholinergic activity like benztropine, atropine etc.
26. Anticancer medication along with zidovudine to an HIV patient=Severe myelosuppression, recurrent infections, death.
27. NSAIDs (Which inhibit PG synthesis) along with a diuretic (Like Furosemide, brand name LASIX, which works partially by producing PG which alters hemodynamics of kidney in such a way to promote diuresis) . eg. A person suffering from CHF taking NSAIDs for some other cause will not respond to Furosemide during an emergency. Also this combination is Nephrotoxic.
28. CNS depressants like BZD, Barbiturates, Alcohol, Opiates.
29. CNS stimulants like Tea, Coffee, Theophylline along with Amphetamine=Cardiac arrhythmias.
30. Use of Vancomycin, Aminoglycoside, Loop diuretic, Amphotericin B must not be done together since each of them is severely Nephrotoxic and the patient may end up in Acute kidney failure.
31. The reaction mentioned about MAO inhibitors in one of the answers=Sympathetic overactivity-Hypertensive crisis.
32. Erythromycin (Which is an enzyme inhibitor) along with any drug metabolised by same enzyme causing QT prolongation (eg Terfenadine, Astemizole which were Antihistaminic and banned because of serious torsade de pointe arrhythmia when used with Erythromycin)
33. Paracetamol to an alcoholic. (Increased production of hepatotoxic metabolite NAPBQ)
34. Combinations of medicine which are lethal
35. Drowsiness, increased sleep, and/or unresponsiveness (caused by changes in the patient's metabolism)
36. Decreased socialisation and withdrawal (caused by decreased oxygen to the brain, decreased blood flow, and mental preparation for dying).
37. Decreased need for food and fluids, and loss of appetite (caused by the body's need to conserve energy and its decreasing ability to use food and fluids properly).
38. Decreased oral intake and impaired swallowing (caused by general physical weakness and metabolic disturbances, including but not limited to [hypercalcemia](#))
39. Weak or Tired and may need to sleep more
40. Less able to have conversations
41. Eat and Drink less, body is slowing down
42. loss of consciousness
43. [shallow or irregular breathing](#)

44. The end of life may be months, weeks, days, or hours.
45. In the final days to hours of life, patients often lose the desire to eat or drink, and may not want food and [fluids](#) that are offered to them. The family may give ice chips or swab the mouth and lips to keep them moist.
46. Patients may withdraw and spend more time sleeping. They may answer questions slowly or not at all, seem [confused](#), and may not be interested in what's going on around them.
47. Often people become less able to do things that they did before, such as getting out of bed or having a conversation. They may need more help with things such as washing, changing position or eating. They may also get an increase in symptoms, such as breathlessness or restlessness.
48. feeling weak and tired
49. sleeping more or being drowsy
50. feeling hot or cold
51. cold hands or feet
52. [breathlessness \(dyspnoea\)](#)
53. weight loss
54. being confused or [delirious](#)
55. being restless or agitated
56. talking or communicating less.
57. Psychotherapeutic interventions may alleviate some of these burdens, and is often incorporated into [palliative care](#).
58. Some of the decisions that advance directives may address include receiving fluids and nutrition support, getting blood transfusions, receiving antibiotics, resuscitation (if the heart stops beating), and intubation (if the patient stops breathing).
59. During the final few weeks, symptoms will vary largely depending on the patient's disease. During the final hours, patients usually will reject food and water and will also sleep more, choosing not to interact with those around them. Their bodies may behave more irregularly, with changes in breathing, sometimes with longer pauses between breaths, irregular heart rate, low blood pressure, and coldness in the extremities. It is important to note, however, that symptoms will vary per patient.^[53]
60. The use of [pesticides to self-poison](#) is the most common method used in some countries.^[2] Poisoning through the means of [toxic plants](#) is usually slow and painful.
61. Apply with Dignitas?
62. If I don't get approved this time, can I apply again next year when my health further deteriorates? As I've decided that I'll go with Nembutal only. Whether this year or next is a bit less relevant. It is my only hope.
63. <https://www.mariecurie.org.uk/help/support/terminal-illness/preparing/what-to-expect>
64. <https://www.mariecurie.org.uk/help/support/terminal-illness/preparing/final-moments>
65. <https://www.mariecurie.org.uk/help/support/being-there/end-of-life-preparation/signs-of-dying>
66. <https://www.cancer.gov/about-cancer/advanced-cancer/caregivers/planning/last-days-pdq#section/all>
67. [Fatigue](#) (feeling very tired) is one of the most common symptoms in the last days of life. A patient's fatigue may become worse every day during this time. Drowsiness, weakness, and sleep problems may occur. Drugs that increase brain activity, alertness, and energy may be helpful.
68. Other lethal drugs

69. End of Life Clinic: Netherlands - <https://expertisecentrum euthanasie.nl/en/>
 - a. <https://www.thejakartapost.com/news/2019/06/08/dutch-clinic-sees-jump-in-foreign-euthanasia-requests-after-teens-death.html>
 - b. <https://sanctioned-suicide.net/threads/euthanasia-in-the-netherlands.17122/>
 - c. Considers foreigners could test
70. Suicide by glass injuries
 - a. <https://www.siasat.com/hyderabad-youngster-dies-by-suicide-in-trimulgherry-rehabilitation-centre-2513037/>
71. Suicide Forum Website:
<https://www.thesun.co.uk/news/10931252/callie-lewis-learned-how-to-kill-herself-and-fool-carers-in-online-suicide-forums/>
72. In 2020, roughly 12.2 million adults in the US seriously considered suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicide, according to federal data.
73. <https://www.thehindu.com/news/cities/Visakhapatnam/quick-response-from-police-saves-lives-of-elderly-couple-in-visakhapatnam/article66262886.ece>
 - a. In the investigation, the police found that the couple attempted to end lives due to loneliness.
74. Unhelpful responses from people about euthanasia/willful death =>
<https://sanctioned-suicide.net/threads/unhelpful-responses-from-non-suicidal-people.140669/#post-2233540>
75. Narcolepsy
76. <https://lostallhope.com/suicide-methods/carbon-monoxide-co-poisoning>
77. <https://lostallhope.com/help-me>
78. PPill - 4 Drug method
79. PPill
80. Right now I have a mother, father and sister who can do Euthanasia for me. Then there'd be no one who'll be able to help me in Euthanasia?
81. I have one last wish remaining. I want to die on my own terms.
82. Should I start a RIT
83. What can possibly happen? Which of my illnesses are seriously affecting my quality of life?
84. I'm starting to get detached from death.
85. Decreasing ability to participate in activities that made life enjoyable
86. does listening to music increase adenosine
87. is death by cyanide peaceful
88. suicide forum
89. Vecuronium
90. Ask someone who has ingested cyanide.
91. Ask someone to ingest cyanide right in front of you.
92. IV Route [Preferred] Betrayal by doctor
93. Jones, somewhere along the way, acquired a jeweller's licence, and
94. Google Search: jewellers licence
95. <https://blog.ipleaders.in/jewelry-store-licensing-india/>
96. <https://timesofindia.indiatimes.com/city/mumbai/cop-commits-suicide-at-police-quarters-in-mumbai/articleshow/97421749.cms>
 - a. Contains note that no one else should be held responsible
97. Fentanyl

- a. <https://www.dailymail.co.uk/health/article-11680323/Fentanyl-deathly-grip-America-1-500-deaths-week-cities-turned-wastelands.html#comments>
 - b. <https://www.dailymail.co.uk/news/article-11694103/Drug-dealer-convicted-dealing-fentanyl-tainted-drugs-killed-three-people-one-day.html#newcomment>
98. Kevorkian revolutionized the concept of suicide by working to help people end their own suffering, because he believed physicians are responsible for alleviating the suffering of patients, even if that meant allowing patients to die
99. Need an expert in anaesthesia.
100. Alpha-blockers: Enhanced hypotensive effect when general anaesthetics given with alpha-blockers.
101. <https://www.medicines.org.uk/emc/product/665/smpc>
102. Suicide Studies:
- a. https://en.wikipedia.org/wiki/List_of_suicides
 - b. https://en.wikipedia.org/wiki/List_of_suicides_in_the_21st_century
103. <https://www.quora.com/If-cyanide-is-painful-why-did-the-Nazis-use-it-to-end-pain-quicker>
104. <https://www.quora.com/What-is-the-use-of-cyanide>
105. <https://onlinelibrary.wiley.com/doi/10.1002/9780470513712.ch14> [The Mechanism of Cyanide Intoxication]
106. One potassium cyanide tablet will kill a human being
107. Cyanide gas is used to kill pests
108. Sometimes , occasionally it is used in emergency medical condition to produce rapid decrease in blood pressure in humans..
109. But cyanide is like a dead poison. It's not good to intake.. if consumed it can cause death also..
110. <https://www.exportersindia.com/buyers/potassium-cyanide.htm> [Buyers looking for Pot. Cyanide] - Could contact them to resell/talk to them about taking it.
111. <https://www.huffpost.com/entry/assisted-suicide-for-healthy-people-at-dignitas> [Euthanasia for healthy people at Dignitas] - In 2007, Dignitas launched an effort to gain legal permission for healthy foreigners, including married couples committed to suicide pacts, to end their lives in Switzerland
112. <https://www.quora.com/Why-did-Hitler-kill-his-own-dog>
113. <https://www.quora.com/How-fast-does-swallowing-a-cyanide-pill-kill-you>
114. <https://biology.stackexchange.com/questions/60399/is-death-by-cyanide-the-same-as-suffocation>
115. <https://www.quora.com/Why-arent-heroin-and-fentanyl-used-to-execute-people>
116. Friends:
<https://sanctioned-suicide.net/threads/does-anybody-else-here-genuinely-not-have-any-friends.88284/>
117. Some other quora stuff:
<https://www.quora.com/Have-you-ever-killed-another-human-being-1>
118. The Sea Inside
119. Is it happy hypoxia as mentioned by Peaceful Pill Handbook?
120. Ordered Quantofix Cyanide Test Kit
121. https://en.wikipedia.org/wiki/Suicide_tourism
122. <https://www.huffpost.com/entry/assisted-suicide-for-healthy-people-at-dignitas>
123. court cyanide
124. Symptoms near death

125. potassium cyanide convert to hydrogen cyanide in stomach
126. does a person suffocates in cyanide ingestion
127. Increase reliability of primary method:
<https://sanctioned-suicide.net/threads/cardiac-switch-with-sn.149618/#post-2325714>
128. Hospice: <https://my.clevelandclinic.org/health/articles/21673-hospice>
129. Death Care: Death Doula: <https://health.clevelandclinic.org/death-doula>
130. Caregiver delhi [<https://en.wikipedia.org/wiki/Caregiver>]
131. Order another Cyanide brand for confirmation
132. As the Cyanide is producing HCN gas, does HCN gas production in stomach is enough to kill? Nitriles aren't as toxic because they don't easily release the carbon-nitrogen ion, which is what acts as a poison in the body.
133. Cyanide confirmation on suicide forum
134. <https://sanctioned-suicide.net/threads/which-sounds-better-to-you-and-why.103886/>
135. In the last weeks and days, people might experience
136. <https://www.healthline.com/health/cyanide-poisoning>
137. [eating and drinking less](#)
138. [bladder or bowel problems](#)
139. [pain](#)
140. [feeling or being sick](#) (nausea or vomiting)
141. [difficulty swallowing](#)
142. [Happened in 2022]
143. So, if you are looking to get some for personal experiments, you can get it via a friend from their university or school. They always have a cyanide compound in their labs
144. Yes. If you want to kill yourself be prepared for pain, there's not many ways of getting off this planet without it.
145. Only for a second why are you evaluating your options?
146. Not important at all! Being alive with no reason would be extremely more painful.
147. Y - is cyanide painful
148. [Palliative care](#) is normally offered to terminally ill patients, regardless of their overall disease management style, if it seems likely to help manage symptoms such as pain and improve quality of life. [Hospice care](#), which can be provided at home or in a long-term care facility, additionally provides emotional and spiritual support for the patient and loved ones. Some complementary approaches, such as [relaxation therapy](#), [massage](#), and [acupuncture](#) may relieve some symptoms and other causes of suffering.
149. Palliative Sedation
 - a. https://en.wikipedia.org/wiki/Palliative_sedation
150. Has anybody seen the movie or read, "Soylant Green?" There is a euthanasia clinic and the scene is so wonderful. Watching a scene on screen, listening to favorite music and the IV drip. Now THAT'S an ideal way to go. Wish that was happening here these days.
151. How will I die? I just want to die a good reliable peaceful death.
- 152.

Random #2

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"Overall test/practice"

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Your "method" will be based on choosing one or more of the "approaches" listed below (see "Basic" approaches section, and following sections). Once you've chosen a method you should "test" or "practice" it.

It is recommended to test/practice your method(s), using one of the deliberately bitter "test liquids" below, or using a *very* small quantity of N, to make the test more "realistic". If you have liquid veterinary N, the peaceful pill handbook explains how to extract a small test quantity of N that could be used for this.

Alternatively you could just use water, although that might be an inferior test. You may even wish to test using one of the bitter "test liquids" then test again using the very small quantity of N, for extra thoroughness.

You should aim to do the tests at a realistic drinking speed (see "Speed practice" notes below).

The test(s) will allow you to confirm you can follow your method smoothly and drink the liquid successfully, which will give you confidence in your chosen method.

["recommended"]

Before drinking, coat mouth thoroughly with honey, or just take 1 or 2 tablespoons of honey
eg use pure liquid honey

["recommended"]

Mix something sweet in with the liquid, eg pure / simple syrup (eg grenadine or online recipes with sugar or honey) / sugar / maple syrup / peach or apricot nectar

It's probably best to avoid anything that increases the volume too much (such as orange juice), since you'll have a lot more of a still-unpleasant liquid to drink, plus excessive dilution may lessen effectiveness.

A concentrated and sweet syrup should be ideal, needing only a small amount to be added. To test your sweetening method, use one of the "test liquids" below, or use a *very* small quantity of N.

note : If you're already using the recommended honey approach above, then this additional sweetening approach might not be needed, however you might still decide to use it, for a "double effect" and additional confidence, although that still probably won't completely eliminate the unpleasant taste (but it should certainly help).

Lay ice cube on back of tongue to sedate taste buds.

Use small funnel so it doesn't touch your tongue

[IF POSSIBLE, WE'LL UPDATE THIS SECTION TO GIVE SOME HINTS ON WHICH ONE TO PICK, ETC, BUT FOR NOW YOU'LL HAVE TO MAKE THAT CHOICE YOURSELF. ANY SUGGESTIONS IN THAT REGARD MOST WELCOME (PLEASE).
ALSO, IF SOMEONE WOULD LIKE TO SUGGEST A RANKING OF THESE IN ORDER OF MOST BITTER FIRST (OR ADD ANY, ETC), THEN PLEASE SEND ME SUGGESTIONS]

Calea Z tea
Tylenol or Benadryl
Valerian tea
Nyquil
Bitter digestive enzymes
Apple cider vinegar
Strong liquor (eg 40 percent alcohol content) : obviously exercise caution if using this

Hold nose, or put cotton wool balls in nose, while drinking, so you don't have to smell the liquid, which should lessen the taste experience

Drink using a straw
This should reduce the amount of contact the liquid has with the mouth and tongue

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"Further" approaches (if you want to go a step further)

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Baileys Original Irish Cream, etc

["recommended"]

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"Basic" approaches :

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(Could also snort a little lidocaine powder, numbing sense of smell)

Strong mouth wash (don't dilute, hold in mouth until nose runs and eyes water). When tongue is numb, drink liquid

Practise drinking the volume of liquid you will be drinking when you are drinking the N for real.

For this you would use water or ideally one of the "test liquids" - see below.

Aim for "25ml per gulp" (eg 8 gulps if drinking 200ml, or 2 gulps if drinking 50ml) and aim to drink it all in 30 or 40 seconds, or faster if you can do so while remaining composed.
This should ensure you'll be able to quell the aftertaste in good time, and drink all the liquid before falling asleep.

Note : For reasons that are hopefully very obvious, you *cannot* use "N" for this speed practice, since you'll be drinking a full amount of liquid.

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"Speed practice"

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During "testing/practice" (see above), one of these bitter liquids can be used in place of N, to "simulate" the N, to try to get a more realistic test (to determine if the sweetening is working, or check if you can handle bitter liquids). Alternatively, just pick any bitter liquid you happen to have available.

Note : You'll need to check how safe the liquid you choose is for you to use.

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"Test liquids"

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Bitter soda

Chew Codeine Phosphate tablets

Drink any of the "test liquids" below

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"Bitter taste/drinking practice"

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One of these can be done to get accustomed to bitter tastes :

Let panadol powder / paracetamol / aspirin tablets / melt on tongue

Chew paracetamol or ibuprofen

Test it on a dog. And see if it dies.

Lethal Execution Procedure using Thiopental

(Kentucky)

Section 3. Protocol. (1) One (1) of the following substances under whatever name it may be known or sold by, including generic, trade, brand, or other name, may be used:

- (a) Pentobarbital; or
- (b) Thiopental sodium.

(2) For the substance being used for the execution, the following syringes shall be prepared for both the primary and backup IVs:

- (a) For pentobarbital:

3. A separate syringe shall be prepared with saline to flush the line; or

- (b) For thiopental sodium:

1. Sufficient syringes shall be prepared for a total of five (5) grams of thiopental sodium;

2. The five (5) grams may consist of four (4) syringes prepared with 1.25 grams/50 milliliters; and

3. A separate syringe shall be prepared with saline to flush the line.

(3) The flow of saline through the IV to be used shall be discontinued.

(4) The five (5) grams of the selected substance and saline shall be administered.

(5) A stopwatch shall be started after the injection of the final syringe.

(6) During the injection the warden and deputy warden shall watch the primary IV for failure, leakage, the catheter coming out of a vein, or any other problem. If the IV fails or leaks, the catheter comes out of the vein, or any other significant problem arises, the execution team shall be instructed to switch to the backup IV.

shall be instructed to switch to the backup IV.

(7) A designated execution team member shall:

(a) Observe the heart monitor; and

(b) Advise the coroner and physician when electrical activity of the heart has ceased as indicated by a flat line on the heart monitor.

(8) The viewing curtain shall be drawn before the:

(a) Coroner enters the chamber to declare death; and

(b) Physician enters the chamber to certify the cause of death.

(9) If the heart monitor does not show a cessation of electrical activity of the heart after twenty (20) minutes of all injections through the primary IV, then the Warden shall order the injection of the substance and saline contained in the backup syringes be administered through the backup IV in accordance with this section.

(4) The witnesses shall be escorted out of the witness room.

Section 5. Stabilization Procedure. (1) Before an execution commences:

(a) The warden shall arrange for an ambulance and staff to be present on penitentiary property during the execution; and

(b) A medical crash cart and defibrillator shall be located in the execution building in close proximity to the execution chamber.

(2) If at any time during the execution process the Governor grants a pardon or commutes the sentence of the condemned person or if a court of competent jurisdiction issues a stay after an execution has commenced:

(a) The execution team shall stop the execution; and

(b) The medical staff on site shall attempt to stabilize the condemned person with the

Execution Drugs - As used in this policy, the terms "Execution Drugs" means any of the following three options, under whatever names those drugs may be available to DRC from a pharmacy, manufacturer, supplier, wholesaler, distributor, pharmacist, or compounding pharmacy: